Introduction to Correctional-Based Behavioral Health Care

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Purpose:

• To provide the ICCMHC members with an overview of behavioral health issues within corrections.

• Create discussion for collaboration and initiatives to increase recovery opportunities for incarcerated persons with a serious mental illness.
Legal Issues Regarding Inmates Rights To Receive Basic Health Care

- Estelle vs. Gamble (1976 US Supreme Court): Inmates right to treatment for serious medical needs
- Bowring vs. Godwin (1977 US Supreme Court): No distinction between physical health and mental health needs
Background on the Growth of the Mental Health Population In Corrections

- Deinstitutionalization of large psychiatric hospitals
- Under-funded community systems of care
- Cross-institutionalization
- Jails/Prisons have become mental health provider of last resort
National Behavioral Health Statistics in Corrections

- Jails 20 percent serious persistent mental illness
- Prisons 17 percent serious persistent mental illness
- 50 percent of incarcerated women have a serious persistent mental illness (related to abuse histories)
Key Components of a Correctional-Based Mental Health Program

• Training of medical and security staff
• Identification
• Referral
• Evaluation
• Active treatment
• Emergency response
• Housing
• Monitoring
• Communication/treatment/security
• Suicide prevention
• Discharge planning/collaboration with community providers
Frequent Diagnoses

• Depression
• Psychotic disorders
• Bipolar disorder
• Anxiety disorders
• Traumatic brain injuries (rise in veteran population)
Prevalence of Substance Abuse in Corrections

- 74 percent of male prison population, 63 percent female
- 89 percent male, 11 percent female in juvenile population
- Over 75 percent of population with serious persistent mental illness (co-occurring disorders)
Developmental Disability

- 6 percent of incarcerated people
- Borderline or mild
Correctional Suicide

Suicide rate in prisons is 16 per 100k
National suicide rate is 12 per 100k

Suicide Victims:

- 67% were white.
- 93% were male.
- The average age was 35.
- 42% were single.
- 43% were held on a personal and/or violent charge.
- 47% had a history of substance abuse.
- 28% had a history of medical problems.
- 38% had a history of mental illness.
- 20% had a history of taking psychotropic medication.
- 34% had a history of suicidal behavior.

NATIONAL INSTITUTE OF CORRECTIONS STUDY OF SUICIDE:
20 YEARS LATER, BY LINDSAY M. HAYES
Components of a Correctional-Based Suicide Prevention Program

- **Training** – all staff need to be trained regarding suicide prevention program
- **Identification** – program needs to ensure inmates are screened at intake for suicide risk
- **Referral** – systems need to be in place where staff can refer inmates quickly to medical/mental health staff
- **Evaluation** – medical/mental health staff need to be in place to evaluate for risk
- **Treatment** – programs need to be developed to address symptoms
- **Housing/Monitoring** – special housing needs to be in place to provide increased safety
- **Communication** – clear lines of communication between security and treatment staff for rapid referral
Collaborative Efforts for Post-Discharge Services

- Identification of issues/needs at admission
- Referral to mental health/medical
- Residential
- Supportive employment
- Supportive transportation
- Intensive case management
- Substance abuse services
- Administration of CANS and ANSA prior to discharge
- Tele-conferencing for discharge planning with local CMHC
Quality Improvement Activities

- Continuous Quality Improvement (CQI)
- Accreditation
  - American Correctional Association (ACA)
  - National Commission on Correctional Health Care (NCCHC)
Behavioral Health Components of RFP #13-51 for Comprehensive Medical Services within the Indiana DOC

- Identification and Stabilization
- Treatment Plan Development
- Medication Management
- Operation of Specialized Mental Health Units
- Group and Individual Counseling
- Discharge Planning/Re-entry Services
Addiction Recovery/Substance Abuse

- Therapeutic Communities utilizing IDOC Models
- Outpatient Services utilizing IDOC Curriculum
- Utilization of IDOC Electronic Substance Abuse Management System (SAMS)
Recovery-Based Treatment Focus

- Living in Balance, Hazelton Publications
- Beyond Trauma, by Stephanie Covington
- Anger Management for Substance Abuse and Mental Health Clients, SAMHSA
- Life Skills Development
Juvenile Services

- Interdisciplinary Treatment Approach
- Utilization of Approved IDOC Curriculums
- Addiction Recovery Services
- Mental Health Services
- Re-entry Planning
Questions

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