Introduction to Correctional-Based Behavioral Health Care

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William P. Kissel MS,CCHP

Assistant VP of Mental Health Operations

NaphCare, Inc.

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

William P. Kissel, MS, CCHP
NaphCare, Inc.
2090 Columbiana Road, STE 4000
Birmingham, AL 35216

(678) 232-3576
bill.kissel@naphcare.com