Introduction to Correctional-Based Behavioral Health Care

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Purpose:

• To provide the ICCMHC 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.
Background on the Growth of the Mental Health Population In Corrections

• Deinstitutionalization of large psychiatric hospitals
• Under-funded community systems of care
• Jails/Prisons have become mental health provider of last resort
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
Mental Health Incarceration Statistics

- Jails 20 percent
- Prisons 17 percent
- Persons with an SMI with a co-occurring SA issue
  - 72 percent jails
  - 59 percent prisons
  - 50 percent of incarcerated women have a SMI
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)
A high percentage of newly admitted inmates have a dependence on alcohol and opioids.

Identification/referral/treatment important in jail setting.
Developmental Disability

- 6 percent of incarcerated people
- Borderline or mild
Correctional Suicide
Suicide rate in jails is 36 per 100k
Suicide rate in prisons is 16 per 100k
National suicide rate is 12 per 100k
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 (important in jails)
• Referral to mental health/medical
• Residential
• Supportive employment
• Supportive transportation
• Intensive case management
• Substance abuse services
Quality Improvement Activities

• Continuous Quality Improvement (CQI)
• Accreditation
  • American Correctional Association (ACA)
  • National Commission on Correctional Health Care (NCCHC)
Questions

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