First Jail Accredited for Mental Health Services

Like jails and prisons around the country, Chatham County (GA) Detention Center has seen a steady rise in the mental health needs of its inmates. So as soon as he was elected, Sheriff John Wilcher made mental health care a top priority. “Correctional facilities have become the country’s largest mental health providers,” Sheriff Wilcher says. “The best way to tackle this problem is head on, by ensuring we provide high quality, effective care that can help people turn their lives around.”

That commitment led Chatham County to become the first facility in the country to be NCCHC-accredited for mental health services, as well the first to achieve dual accreditation in mental health and health services.

The journey began at an NCCHC conference, where representatives from Chatham County and CorrectHealth, the jail’s new health services vendor, attended a workshop on accreditation for mental health services.

“We were looking for an efficient improvement process, so we jumped at the idea,” says Todd Freesemann, MBA, CCHP, Chatham County’s director of policy. “Since we were already working toward accreditation for health services, we knew NCCHC’s is the best third-party accreditation in the field,” adds Susan Hatfield, FNP-C, CCHP-RN, executive director of clinical services at CorrectHealth. Hatfield admits that preparing for the accreditation surveys was “quite the undertaking,” involving weekly meetings, a color-coded spreadsheet listing each NCCHC standard and compliance indicator, and a huge amount of teamwork among the jail, vendor, county and NCCHC – but says it was well worth it.

“The entire process provided a lot of opportunity to learn and teach. It revealed ways to improve the program in more ways than we anticipated, from initial screening to referrals to community resources,” she says. “We encountered challenges, but we figured things out.”

For Freesemann, who was recently certified as a CCHP, working through the NCCHC standards was eye-opening. “I’m not a nurse or a doctor, but I now see the importance of the guidance provided in the standards.”

Changes include additional mental health staff, including a full-time psychiatrist; enhanced crisis intervention and mental health first aid training for police and corrections officers; an improved intake screening process and more.

For some, the idea of treating mental illness like any other chronic or acute health need requires a change in mindset, Freesemann says. But many understand the importance. “When you take care of mental health, it helps solve other problems too,” he explains. “Security issues and length of stay are reduced. Fewer resources are drained.

“Like everyone, we are working with limited resources. But with the NCCHC standards as our roadmap, we now have the right resources in the right places.”
Mental Health Challenges: Turn to NCCHC for Help

Corrections is facing a serious – and growing – mental health challenge. The number of people in our jails and prisons who have some form of mental illness is staggering. Estimates range from 16% to as high as 70%, if substance use disorders are included.

Furthermore, most jails and prisons are ill-equipped to deal with this population. The correctional system was never intended to care for large numbers of mentally ill people. The current situation has left facilities asking: What do we do with these individuals? How do we care for them? What happens when they return to their community? What can we do that will lead to potentially better outcomes, better success and less recidivism?

Some insight into those challenging questions can be found in NCCHC’s Standards for Mental Health Services in Correctional Facilities manual, commonly known as “the brown book.” Like the Standards for jail and prison health services, the mental health Standards cover care and treatment, clinical records, administration, and personnel and legal issues, while also explaining what is required specifically for mental health care. The standards are an indispensable tool to help facilities determine proper levels of care, organize systems and demonstrate that constitutional requirements are being met. They also serve as the foundation for NCCHC’s mental health services accreditation and professional certification in correctional mental health (CCHP-MH).

By becoming accredited in mental health services, a facility can verify that it meets NCCHC’s standards for delivering mental health care as efficiently and safely as possible. (See cover story.).

By hiring professionals with the CCHP-MH credential, employers can be confident that their mental health staff knows the NCCHC standards and understands what it means to deal with this unique population and setting.

By becoming CCHP-MH-certified, mental health professionals demonstrate their expertise and gain credibility.

I’m proud to carry the credential myself.

Sincerely,

Thomas J. Fagan, PhD, CCHP-MH
Chairman, Board of Directors, NCCHC

Standards for Mental Health Services in Correctional Facilities can be purchased from the NCCHC online bookstore (ncchc.org) or by calling 773-880-1460.

CORRECTIONAL MENTAL HEALTH CARE CONFERENCE

JULY 21-22, 2019 • LAS VEGAS
mental-health-conference.ncchc.org
What’s the (In)difference? A Legal Primer

In 1976, the U.S. Supreme Court case *Estelle v. Gamble* established that incarcerated individuals have a constitutional right to adequate health care under extension of the Eighth Amendment of the Constitution, which prohibits cruel and unusual punishment.

The following year, *Bowring v. Godwin* extended that to include mental health care, finding “no underlying distinction between the right to medical care for physical ills and its psychological or psychiatric counterpart.”

Since then, in hundreds of cases, three basic rights have emerged:

- The right to access to care
- The right to care that is ordered
- The right to a professional medical judgment

Most cases are measured on the question of deliberate indifference: did the professional know of and disregard an excessive risk to an inmate’s health and safety? That conscious or reckless disregard of the consequences of one’s acts or omissions is deliberate indifference. (From “Standards of Care: Mental Health in Our Jails and Prisons,” presented by Jim Martin, MPSA, CCHP, accreditation specialist, NCCHC, at the National Conference on Correctional Health Care, October 2018)

NEW at NCCHC

The Suicide Prevention Resource Guide for Correctional Facilities, an authoritative resource developed by NCCHC in conjunction with the American Foundation for Suicide Prevention, will be available this summer.

NCCHC and the National Sheriffs’ Association partnered to produce Jail-Based Medication Assisted Treatment, a resource to support jail administrators in providing effective treatment for individuals with opioid use disorder and helping to halt the opioid epidemic. Find this resource online at ncchc.org/jail-based-mat.

Position Statements Support Humane, Constitutionally Sound Mental Health Care

In addition to the *Standards for Mental Health Services*, NCCHC publishes position statements to help facilities develop sound mental health policies and practices.

**Health Services to Adolescents in Adult Correctional Facilities** (2018): Adolescents should not be incarcerated in adult facilities, and correctional programs caring for adolescents should be designed to meet their unique needs. The statement outlines several principles to guide such programs.

**Solitary Confinement** (2016): Prolonged (greater than 15 consecutive days) solitary confinement is cruel, inhumane, degrading and harmful to an individual’s health. Mentally ill individuals, along with juveniles and pregnant women, should be excluded from solitary confinement of any duration.

**Women’s Health Care in Correctional Facilities** (2014): In addition to gender-specific health needs, women have unique mental health needs. Counseling needs to be available to address alcohol and/or drug problems, issues of victimization and perpetration of violence, sexual and physical abuse, parenting and child custody issues, postpartum depression and psychosis, and other mental health issues.

**Prevention of Juvenile Suicide** (2012): All juvenile facilities should develop and implement a comprehensive suicide prevention program that takes into consideration the unique characteristics of juvenile suicide risk in correctional settings.

Read the position statements in their entirety at ncchc.org/position-statements.
Did You Know?

Several leading mental-health-related organizations are counted among NCCHC’s supporting organizations:

• American Academy of Child & Adolescent Psychiatry
• American Academy of Psychiatry & the Law
• American Counseling Association
• American Psychiatric Association
• American Psychological Association
• American Society of Addiction Medicine
• International Association for Correctional & Forensic Psychology
• National Association of Social Workers

A liaison from each supporting organization serves on the NCCHC board, creating a well-rounded, multidisciplinary governing system.

“As a licensed psychologist, the CCHP-MH designation has helped me stand out among my peers as an identified expert in the field of correctional behavioral health care. As an executive who recruits and hires behavioral health professionals for prisons and jails, the CCHP-MH designation tells me an applicant possesses the highest level of training, expertise and knowledge in the field.”

Mark Fleming, PhD, CCHP-MH
Group Director, Universal Health Services

For more information: ncchc.org/CCHP-MH

---

Connect with NCCHC on social media to keep up with the latest correctional health news!

facebook.com/NCCHC  twitter.com/NCCHC  youtube.com/NCCHC

linkedin.com/company/national-commission-on-correctional-health-care