

From Mega-Jail to Mini-Jail: New Integrated Teamwork for Effective Mental Health Management

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Disclosure: Liberty Healthcare Corporation is a for-profit behavioral health provider contracted to provide correctional mental health services for the San Bernardino County Sheriff's Department.

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Educational Objectives

Learning Objective 1: List the key elements of collaboration between custody and mental health

Learning Objective 2: Describe the advantages of dormitory-style housing units for people with SMI

Learning Objective 3: Discuss the challenges in the effective integration of mental health, medical, and custody

From Mega Jail to Mini Jail:

Five Ideas That Can Be Used Any Correctional Setting

- #1 - Promote freedom of movement within MH housing areas
- #2 – Avoid practices that isolate SMI inmates
- #3 – Take advantage of dormitory style Housing
- #4 – Collaborative management of inmates with SMI
- #5 – Conjoint MH/custody disciplinary response

The “Mega Jail” – San Bernardino County Sheriff’s Dept. Corrections Bureau

Four Jail Facilities, Total Capacity: ~ 6,860

West Valley Detention Center

Capacity: 3,347

Males: 2,911 Females: 436

Central Detention Center

Capacity: 1,104

Males: 940 Females: 164

Glen Helen Rehabilitation Ctr

Capacity: 1,024

Females: 326

High Desert Detention Center

Capacity: 2,098

Current: 1,049

The “Mega Jail” – San Bernardino County Sheriff’s Dept.

- Largest geographical area for a county in US (size of WV)
- County population: 2,181,654
- 5th most populous county in California; 14th in US
- Borders Arizona and Nevada
- Borders five counties (Los Angeles, Orange, Riverside, Kern and Inyo)
- Unique expanse of metropolitan and rural desert/mountains
- Established April 26, 1853

San Bernardino Sheriff's Dept. Corrections Bureau

- 6th or 7th largest corrections bureau in US
- 75,000 inmates booked per year
- 40% identified gang members or associates
- Over 800 identified gangs in San Bernardino County
- 99% are felony (less than 1% misdemeanants)
- Since inception of AB109/Proposition, 47 assaults on staff (475% increase)

Types of Mental Health Inmates

- SMI – Seriously Mentally Ill
- SMIL – Seriously Mentally Ill - Lockdown
- IST – felony Incompetent to Stand Trial defendants (served separately from other inmates)
- SMI and SMIL averages about 600+ (9% of inmate population)
- *1800 to 2200 inmates throughout Bureau receive mental health services (about 32%)

Correctional Mental Health Services (CMHS)

Provided by private MH provider: Liberty Healthcare Corporation

- 106+ mental health staff (psychiatrists, RNs, social workers, psychologists, etc.)
- Features dedicated multiple housing units for inmates with SMI, SMI-Lockdown, and Acute MH Observation (672 beds)
- Includes separate 146-bed Jail Based Competency Treatment (JBCT) units for restoration of felony ISTs with 44 additional MH clinicians
- Raised MH services to meet NCCHC standards of care
- NCCHC industry standard consistent with PLO Remedial Plan

Mental Health Level of Care Housing Options

Levels of MH Housing	Description	Services Offered
Seriously Mentally III (SMI)	Dorm style setting for SMI patients who are stable and higher functioning	<ul style="list-style-type: none"> ● Daily wellness checks. ● Seen monthly (or as clinically needed) by both QMHP and psychiatrist ● Minimum 5 hours of group treatment weekly
Seriously Mentally III – Lockdown (SMIL)	For SMI patients who are lower functioning, more acute, or need more intensive behavioral support	<ul style="list-style-type: none"> ● Daily cell and wellness checks ● Seen weekly by QMHP and psychiatrist ● Minimum 5 hours of group treatment weekly
Mental Health Observation Unit	For psychiatric stabilization of acutely disordered patients, suicidal risk, and involuntary commitments	<ul style="list-style-type: none"> ● Seen daily by QMHP ● Seen as needed by psychiatrist (typically daily) ● Minimum of daily group treatment
Jail-Based Competency Treatment	Specific treatment for restoration of competency of felony ISTs (87% have psychotic disorders)	Seen exclusively by JBCT clinicians, but MH follow-up from non-JBCT QMHPs following discharge to general pop.

Mental Health Classifications

9.805.20. Medical/Mental Health Recommendation for Housing

- NCCHC Standards and Certifications
- Staff shall notify a Qualified Health Professional (QHP) or Qualified Mental Health Professional (QMHP) if inmates have physical or mental disabilities, or if the inmate is displaying mental illness.
- QHP/QMHP is responsible for completing the Housing Assignment form in the EHR when identifying an inmate with MH needs and/or MH housing recommendation (sheltered housing).

Point: Mental Health makes all decisions/recommendations for MH housing

Staffing – Safety Supervisors

Supervision

Sergeant and Corporal (Centralization Concept)

- Supervise MH Rovers and JBCT Rovers
- Liaison between MH staff and custody
- Cell extractions for cell cleanliness and emergent medication
- Review all disciplines for SMI and SMIL
- Assign Deputies to MH units and Rover positions
- Ensure Units have needed equipment and supplies
- Answer grievances related to MH inmates
- Use of Force initiated by MH Rovers

Staffing – Safety Line Staff

32 MH Rovers – responsible for facilitating movement within the facility.

MH Rovers are on facility 7 days a week with staggered schedules and days off.

Disciplines

- Disciplines written for SMI/SMIL inmates must be reviewed prior to any disciplinary action
 - Discipline receives MH review prior to being served to the inmate
 - MH Discipline review form
- SMI / SMIL inmates should NOT be placed into disciplinary housing unless exigent
 - If admin housing is necessary, placed in admin housing located in the MH unit

Seriously Mentally Ill (SMI) Procedures

- Have been evaluated for mental illness and placed into MH housing per MH staff
- Typically receive daily medication & 30-day assessments by MH staff
- Can be walked and transported with General Population inmates
- Are not allowed typical blanket. Instead given 2 gray blankets
- No razors
- SMIs housed in cells should have no tier restrictions unless on discipline
- SMIs in dorm have no tier restrictions

Seriously Mentally Ill Locked (SMIL) Procedures

- Have been evaluated by MH staff and determined to be a danger to staff and/or inmates or self
- Must have shown aggressive, combative, or extremely abnormal behavior to be considered for SMIL
- Any inmate can be placed in SMIL housing if decompensates and begins to display extreme behavior
- SMI inmates whose classification requires segregation are housed as SMIL

SMIL Safety Measures

- Shall be walked alone, handcuffed to the rear & leg shackled
- Typically housed alone
- Tier alone, or with others of same classification only after consulting with interdisciplinary team
 - Interdisciplinary Team is comprised of Custody, MH Clinician, Psychiatrist, MH Nurse
- Thick wool blankets. Soft cups. No razors. No spoons. No IDS card (IDs kept in unit control booth)
- All other privileges provided the same as other classifications (i.e., visits, commissary, clothing exchange, etc.)

Cell Extractions

MH staff conduct daily cell checks and cell cleanliness program.

Procedures for Cell Extractions:

- Emergent involuntary medication
- Court ordered involuntary medications
- Health concerns
- Housing change

Steps in Cell Extraction

- 1 -- Housing deputy attempts to deescalate
- 2 – Mental Health staff attempts to deescalate
- 3 – Contact Medical for potential health risk and clearance to use chemical agent
- 4 – Second attempt by housing deputy
- 5 – Supervisor contacted and makes attempt to deescalate
- 6 – 10 minute cool off time period (terminate contact)
- 7 – Supervisor recontacts inmate and decision stage (pepper or cooperate)
- 8 – In the rare event that pepper spray is ineffective, ERT is engaged

Cell Extractions for MH - Video

What to Prepare for in the Near Future -- Video

#1 - Promote freedom of movement within MH housing areas

Enable inmates with Serious Mental Illness to experience greater freedom of movement within their housing area (i.e., reducing time spent alone in cells) so they can benefit from:

- Available mental health treatment, activities, and services
- Therapeutic effects of increased socialization.

#2 – Avoid practices that isolate SMI inmates

Conversely, avoid procedures and practices that increase the time that inmates with SMI spend in isolation.

#3 – Take Advantage of Dormitory Style Housing

Dormitory-style housing (i.e., without cells) appears most optimal for the desired freedom of movement and social contact for the SMI population.

For example, inmates can be gathered for small treatment and activity groups of 4 or more and there is more opportunity to socialize under the supervision of custody trained in mental health principles.

#4 - Collaborative Management of Inmates with SMI

The model incorporates multiple mechanisms for collaborative management and problem-solving between custody and the mental health provider, Liberty Healthcare, especially through conjoint team meetings on the unit and proactive suicide/crisis prevention planning.

- PC2603 Team
- Direct line to custody
- MH staff work with same deputies who are regularly assigned to MH duty
- Higher level care for SMI and SMIL who is actively harming self – secure ward in community hospital - consults with our psychiatrist

Mechanisms for Integrated Teamwork between Custody & MH

Formal Committees:

- Correctional Health Services Committee
- PLO Remedial Plan CQI Committee
- Strategic Planning for County Healthcare
- NCCHC Survey Prep Committee

Formal Team Meetings:

- Jail Excellence Teams (JET)
- Captains Meeting
- Executive Team
- ★ Multidisciplinary Discipline Reviews
- ★ Persons of Interest Review Team

Daily and As Needed Interdisciplinary Coordination/Teamwork:

- ★ MH / Security Reviews (daily)
- ★ Daily Briefings (at the unit level)
- ★ Suicide Watch Interdisciplinary Team

Integrated Teamwork: Formal Committees

- **Correctional Health Services Committee** – twice monthly with the Health Services Administrator.
- **Strategic Planning for County Healthcare Committee (monthly):** MH Director and Clinical Manager meet County Dept. of Behavioral Health supervisors to coordinate discharge planning and enhance post-release integration of follow-up health and MH services.
- **Readiness for NCCHC Accreditation** – as needed, includes Health Services Administrator, Chief Medical Officer, and Chief Psychiatric Officer.
- **PLO Remedial Plan CQI Committee:** Liberty's Mental Health Director and Chief Psychiatrist actively participate with all of the SBCSD Department heads in this monthly interdisciplinary committee to review critical key metrics and performance indicators and discuss various topics related to the improvement and delivery of quality health care services.

Integrated Teamwork: Formal Team Meetings

- **Executive Team (monthly):** MH Director and Clinical Manager meet with Chief Executive Officer, Health Services Administrator, Chief Medical Officer, and Nurse Supervisors from each facility to review and promote integrated health services.
- **Captains Meeting (bimonthly):** MH Director and JBCT Director meet with Captain, Operations Lt., Executive Officer Lt., heads of Culinary and Maintenance Depts to review operational issues, facilitate efficiencies, promote collaboration, anticipate and resolve problems, and plan accordingly.
- ★ **Persons of Interest Review Team (monthly):** Reviews and problem solves any individual presenting with extreme problematic behavior or who needs extra attention for any reason (medical, mental health, security, etc.). Members include MH Director, Chief Psychiatrist, Clinical Manager, Chief Medical Officer, Health Services Administrator, MHRN Supervisor, medical physicians, and custody representative.
- ★ **Multidisciplinary Discipline Reviews (monthly):** MH Director & Clinical Manager meet with Classification Lt., Classification Sergeants, Admin Support Unit Lt, and MH Sergeant to determine if disciplinary charge related to MH or ID, is mitigating factor for inappropriate behavior, & if indicated, develop individualized behavior mod plan.
- **Provision of mental health training to security personnel**

Daily and As Needed Interdisciplinary Coordination / Teamwork

- **Mental Health/Security Reviews (daily):** Interdisciplinary treatment team meetings between MH and custody to systematically review status of patients at risk for psychiatric and behavioral issues.
- **Daily briefings** between MH Clinical Supervisors and respective floor deputy/Sergeant.
- **Suicide Watch Interdisciplinary Team Reviews:** Liberty's assigned psychiatrist, assigned clinician, and the Clinical Team Lead meet with custody staff to review the case of any individual who has been on suicide watch for three consecutive days.

#5 - Conjoint MH/custody disciplinary responses

- Any discipline issued by custody must be assessed by MH for their recommendations
- Advantages of conjoint disciplinary responses
 - Chance to discuss alternative behavior strategies with inmate after the crisis/action for future adaptation
 - Improved consistency in responses
- Advantages of having security staff who are regularly assigned to MH units and MH-related duties
 - Enhanced teamwork through staff familiarity
 - Opportunities for security staff to improve skills in crisis intervention and behavioral management

Challenges to maintaining integrated teamwork

- Corrections is unique environment to provide MH treatment
- MH adapting to a paramilitary/correctional system
- Corrections must adapt to inmates having access to MH care
- Learning distinguish between behavior from MH vs conduct problems
- Bringing large staff numbers together for training per MH, safety, industry standards, operational procedures
- Ultimate benefit for both is easy to perform their respective jobs

Question and Answers



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