

Standards of Care:

Mental Health in our Jails and Prisons...Now What?

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NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

Faculty Disclosure

Jim Martin is salaried employee of the National Commission on Correctional Health Care



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Educational Objectives

- Identify legal context for care in correctional facilities
- Identify and discuss challenges to providing mental health care in a correctional environment
- Present standards of care that addresses mental health care in correctional facilities
- Describe resources for help



Introduction to NCCHC

- A 501 (c)(3) whose sole mission is to improve the health care delivery system in jails, prisons, mental health programs, and juvenile detention and confinement facilities.
- Today, our board has 37 professional organizations representing the fields of criminal justice, law, and health.



Selected Supporting Organizations

- American Academy of Child & Adolescent Psychiatry
- American Academy of Psychiatry & the Law
- American College of Neuropsychiatrists
- American Psychiatric Association
- American Psychological Association
- International Assoc. for Correctional & Forensic Psych.
- National Association of Social Workers



NCCHC Today

- Accredits many hundreds of correctional facilities across the nation,
- Certify thousands of correctional health professionals
- The largest provider of correctional health care education in the world



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Introduction

- Jails, Prisons, Juvenile Facilities or Other
- Correctional Administrators
- Health or Mental Health Care Professionals
- Social Workers
- Criminal Justice System
- Consumers
- Family Members
- Advocates
- Other



Question: Which major court decision established inmate's right to mental health care?

- a. Estelle v. Gamble (1976)
- b. Bowring v. Godwin (1979)
- c. Terry v. Ohio (1968)
- d. Mapp v. Ohio (1961)
- e. None of the Above

Major Court Decisions

- Supreme Court rule that prisoners have a right to be free of “deliberate indifference to their serious health care needs”
 - US Supreme Court: 1976 *Estelle v. Gamble*
- “We see no underlying distinction between the right to medical care for physical ills and its psychological counterpart.”
 - 4th Circuit Court: 1979 *Bowring v. Godwin*
- It extended the Estelle decision to mental health care



Deliberate Indifference

- Conscious or reckless disregard of the consequences of one's acts or omissions
- Professional knows of and disregards an excessive risk to an inmate's health or safety

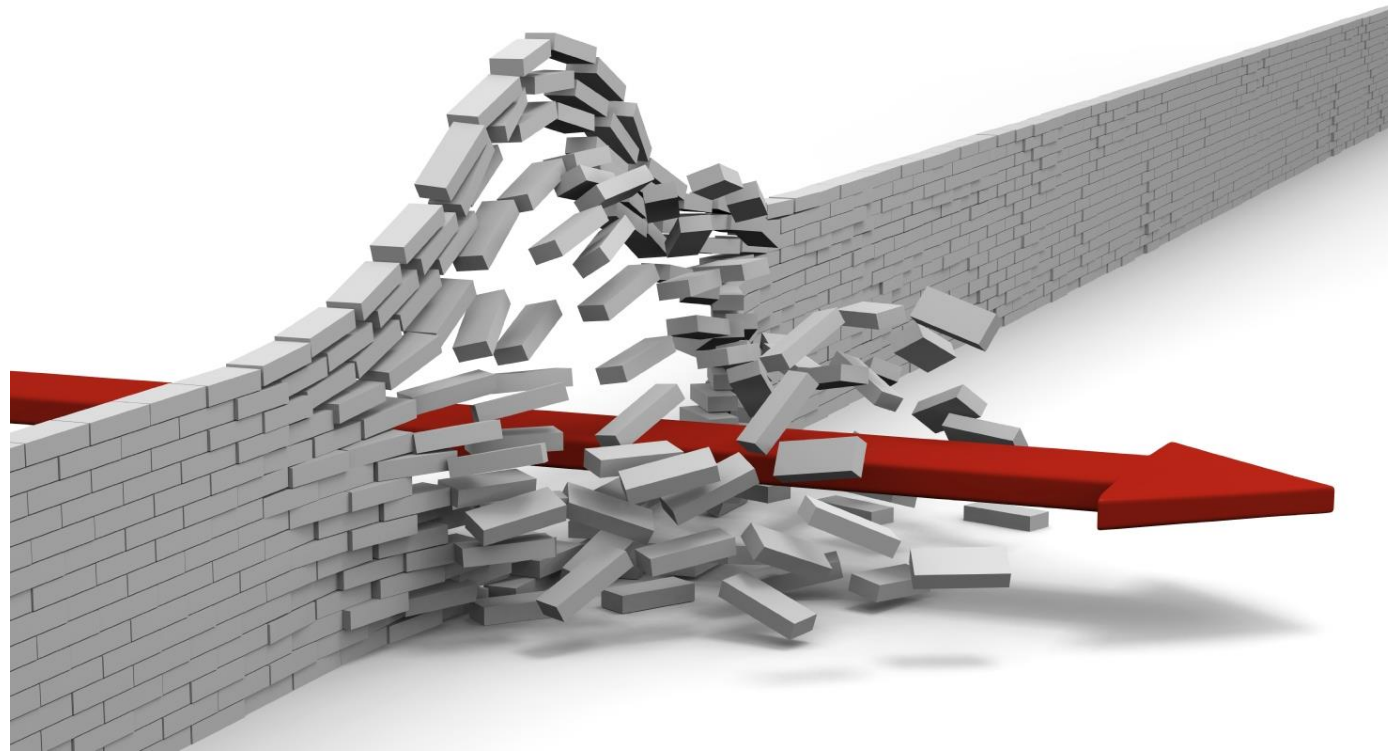


In the hundreds of cases following *Estelle v. Gamble* three basic rights have emerged:

- Right to access to care
- Right to care that is ordered
- Right to a professional medical judgment



Challenges of Providing Effective Mental Health Services in Jails and Prisons



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Challenges when planning mental health services

Growing

- Increased number of mentally ill inmates in jails
- Will continue to grow
 - Lack of resources in the community
 - Funding cuts
 - Focus on reducing prison population



Challenges when planning mental health services

Crisis Oriented/Transitory

- Arrested
- Experiencing crisis
- Intoxicated or under influence of drugs
- Lack of coping resources



Challenges when planning mental health services

Sentence Structure - Varying

- Pre-sentenced inmates
- Inmates approaching trial date
- Sentencing



Challenges when planning mental health services

Clinical Challenges

- Crisis identification and management
- Stabilization
- Substance intoxication vs. mental illness



Challenges when planning mental health services

Environmental Considerations

- Authoritarian environment
- No control
- Fear and uncertainty of legal process
- Isolation from family, friends
- Shame of incarceration
- Fear of other inmates and staff
- Harsh attitude of officers



NCCHC wants your opinion...

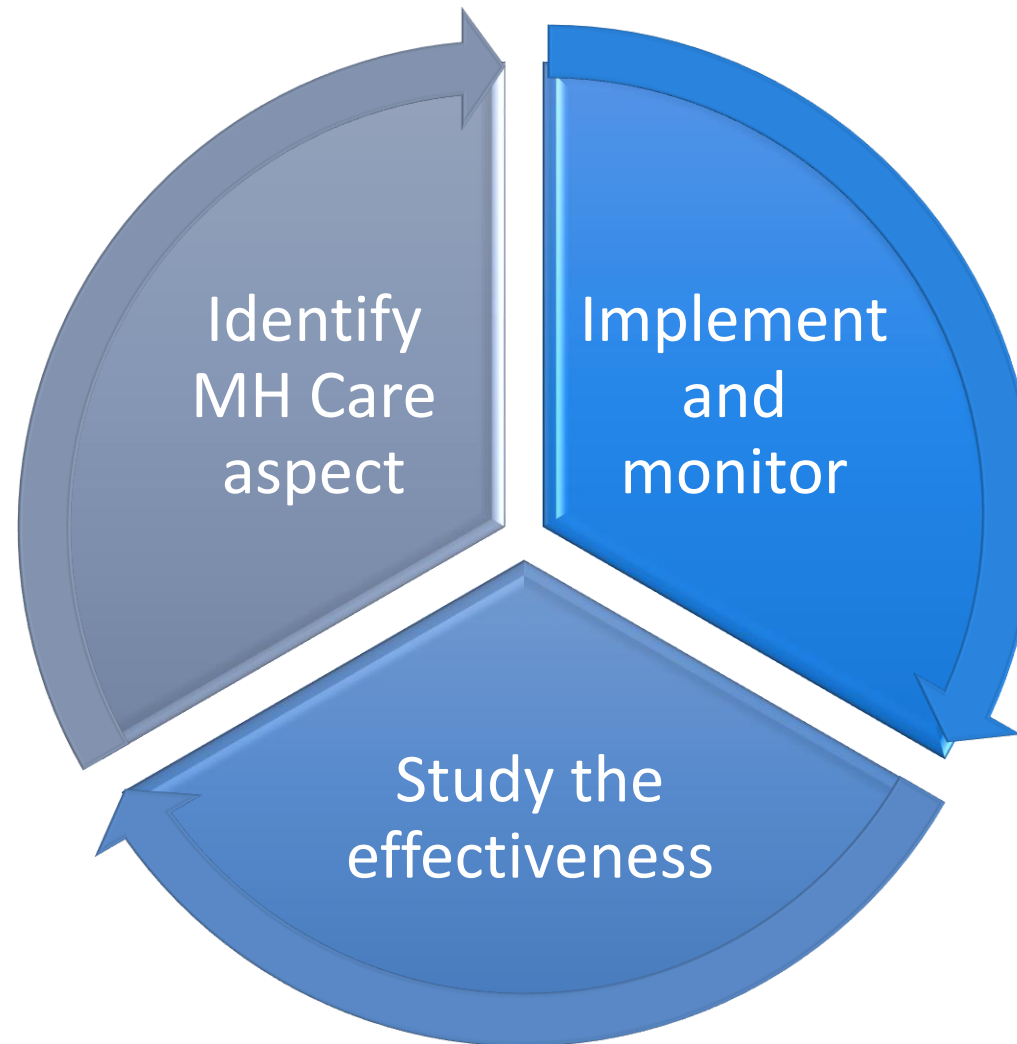
What do you think is the biggest challenge when planning mental health services?

1. Growing number of cases
2. Crisis Oriented/Transitory affects
3. Sentence Structures
4. Clinical Challenges
5. Environmental Considerations



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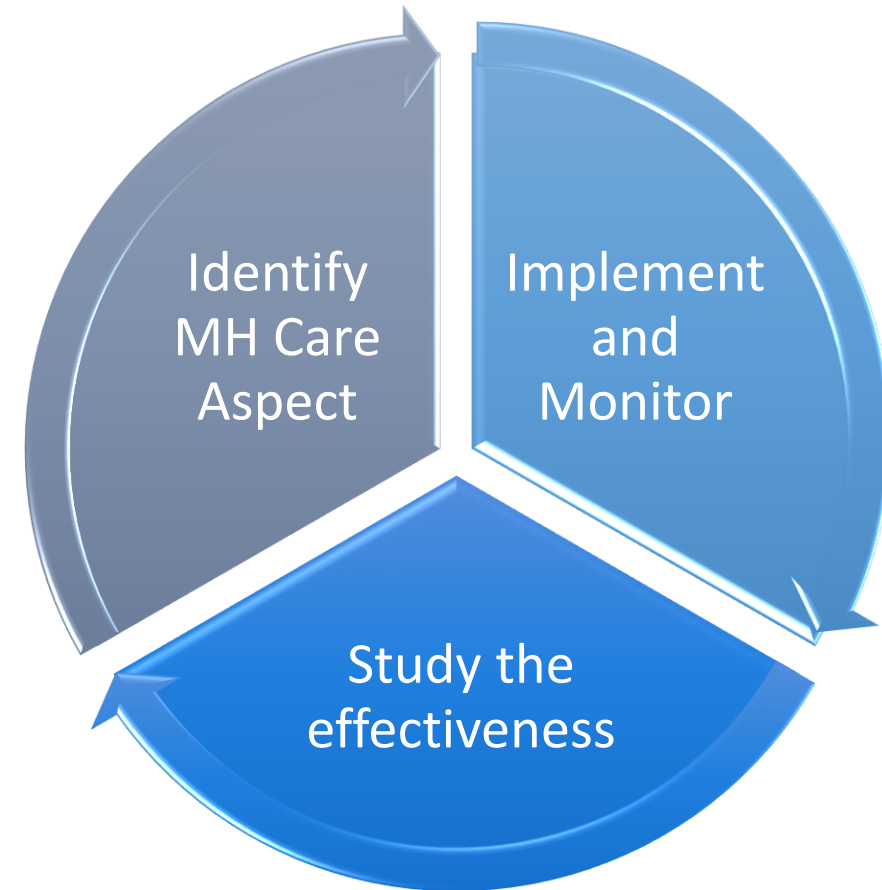
Principles of Incident Risk Management:



Common Risk Incident	NCCHC Standard
Failure to recognize system breakdown	Continuous Quality Improvement Program
Failure to monitor patients	Receiving Screening for Mental Health Needs & Patient Safety
Poor communication between staff	Communication on Patients' Mental Health Needs & Staff Training
Failure to supervise staff	Clinical Performance Enhancement
Failure to adequately treat health problems	Mental Health Assessment and Evaluation & Nonemergency Mental Health Care Requests and Services
Negligent discharge	Suicide Prevention Program & Discharge Planning

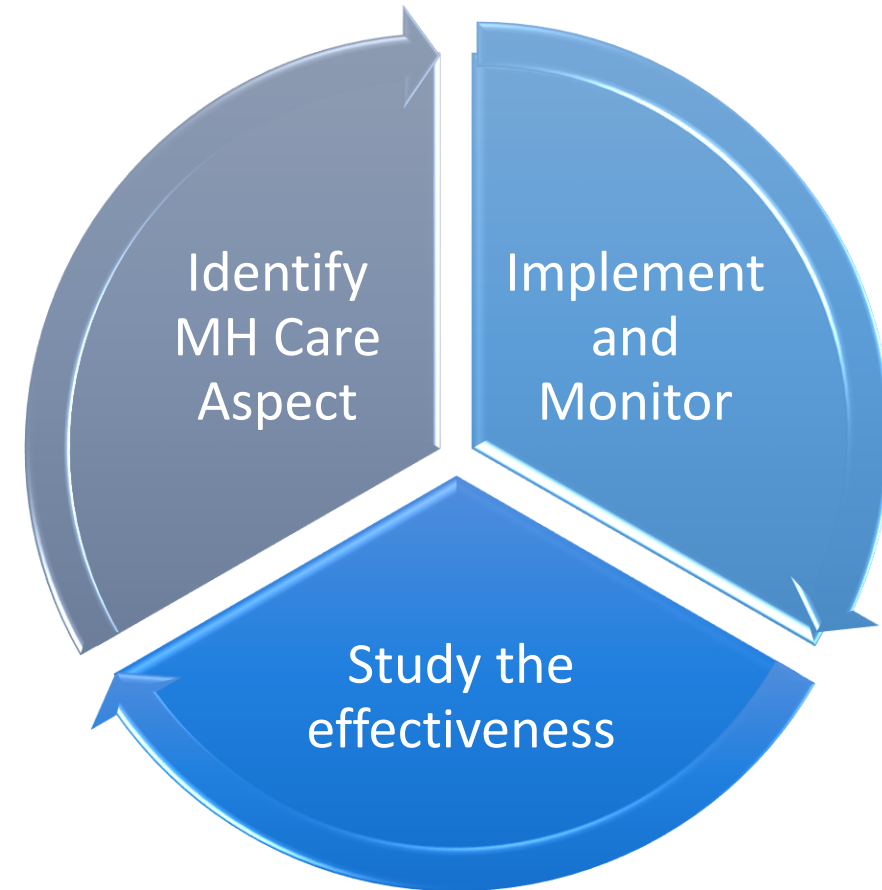
Comprehensive Quality Improvement Plan

- Identify problems
- Study problem
 - Process study
 - Outcome study
- Interpretation of data
- Problem-solving
- Corrective action or plan
- Identification of thresholds
- Monitor results
- Annual review of the effectiveness



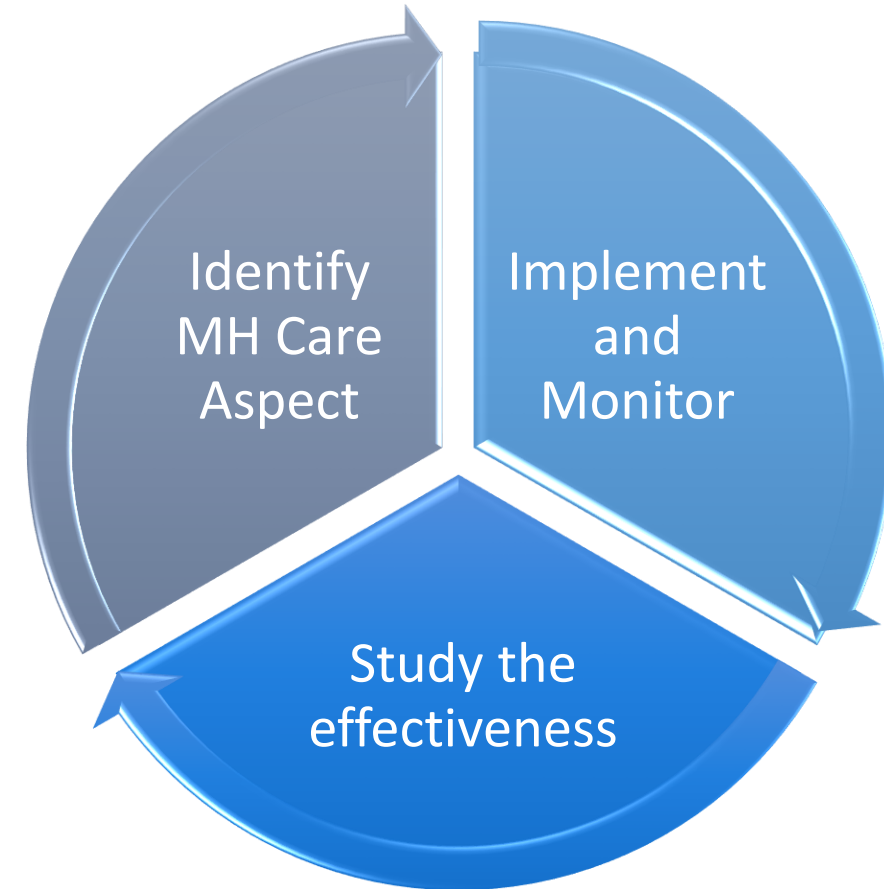
Receiving Screening for Mental Health Needs

- Arrival at intake
- Medical/MH clearance obtained
- Qualification of screener
- Disposition of the inmate
- Inquiry on past and present MH conditions/illness or special MH requirements
- Prescribed medications



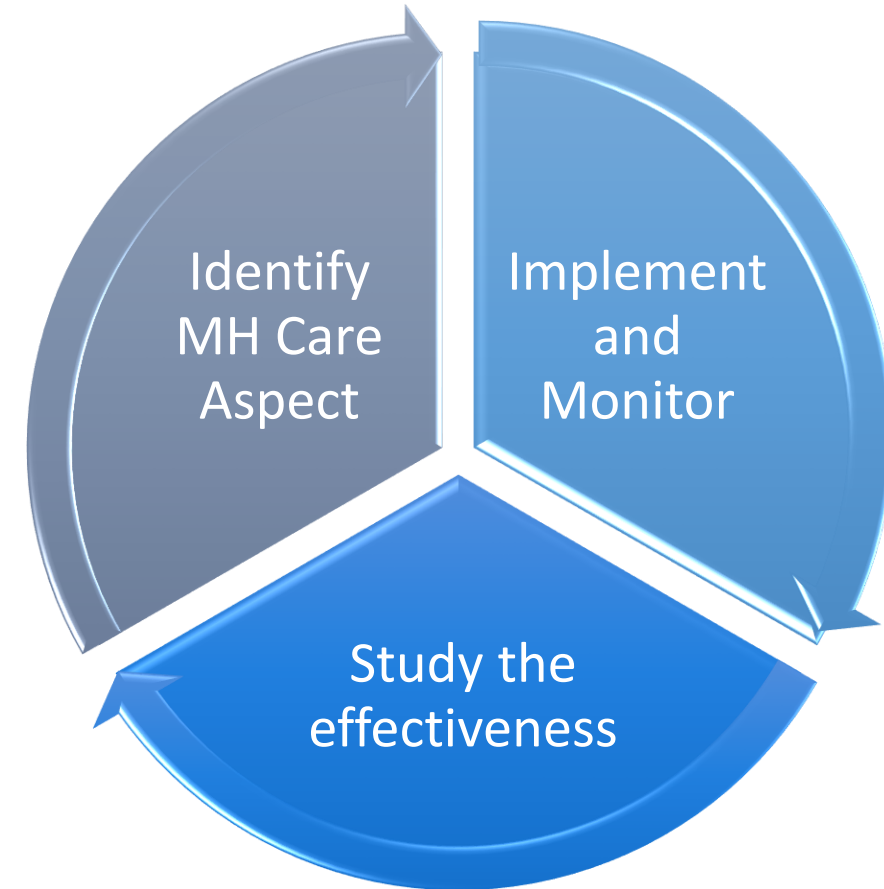
Receiving Screening for Mental Health Needs

- Referral to appropriate health care service
- Outcome study
 - Those who were referred for immediate mental health care
- Process study
 - What was the average delay after admission?
- Threshold an acceptable risk?



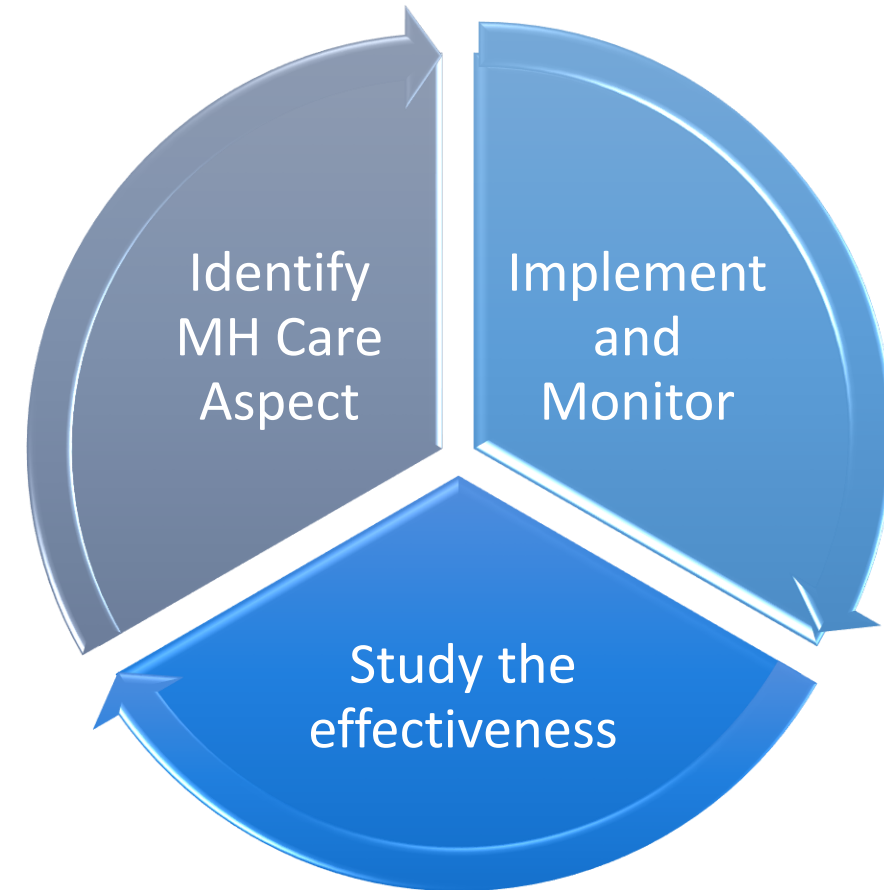
Patient Safety

- System to report errors
- Non-punitive
- CQI study
- Threshold percentage within acceptable range?



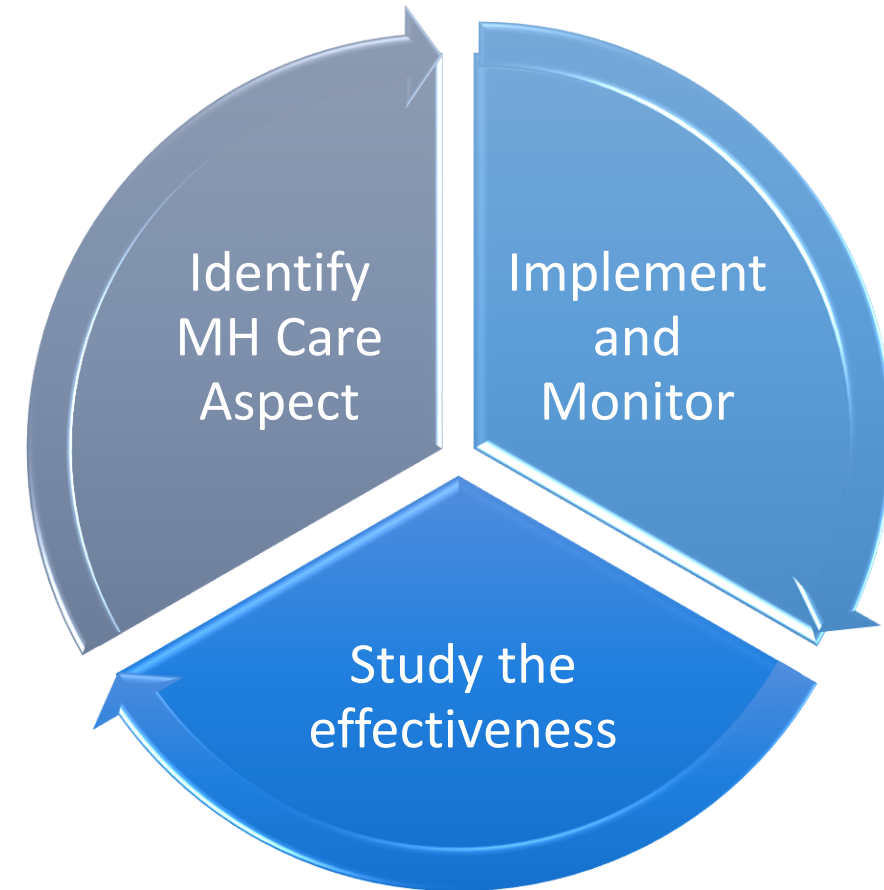
Communication on Patients' Mental Health Needs

- Mental Health Needs
 - Chronic mental illness
 - Suicidal intention or behavior
 - Developmental disability
 - Significant addiction
 - Other serious mental health problems
- *Conduct CQI study*
- Miscommunication threshold at an acceptable level of risk?



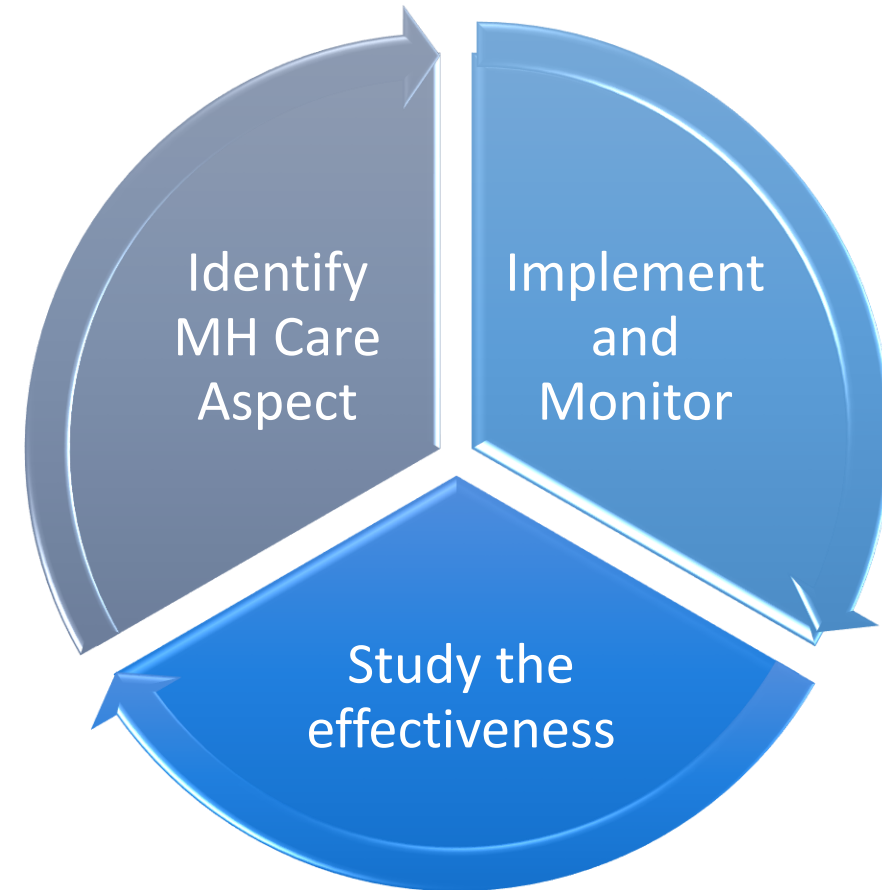
Staff Training

- Correctional officer mental health-related training
- *CQI process study*
 - COs trained in recognizing signs and symptoms of mental illness
 - COs trained on procedures for suicide prevention/intervention
 - COs trained on appropriate referral to mental health staff
- Threshold of not trained within the past year at acceptable level of risk?



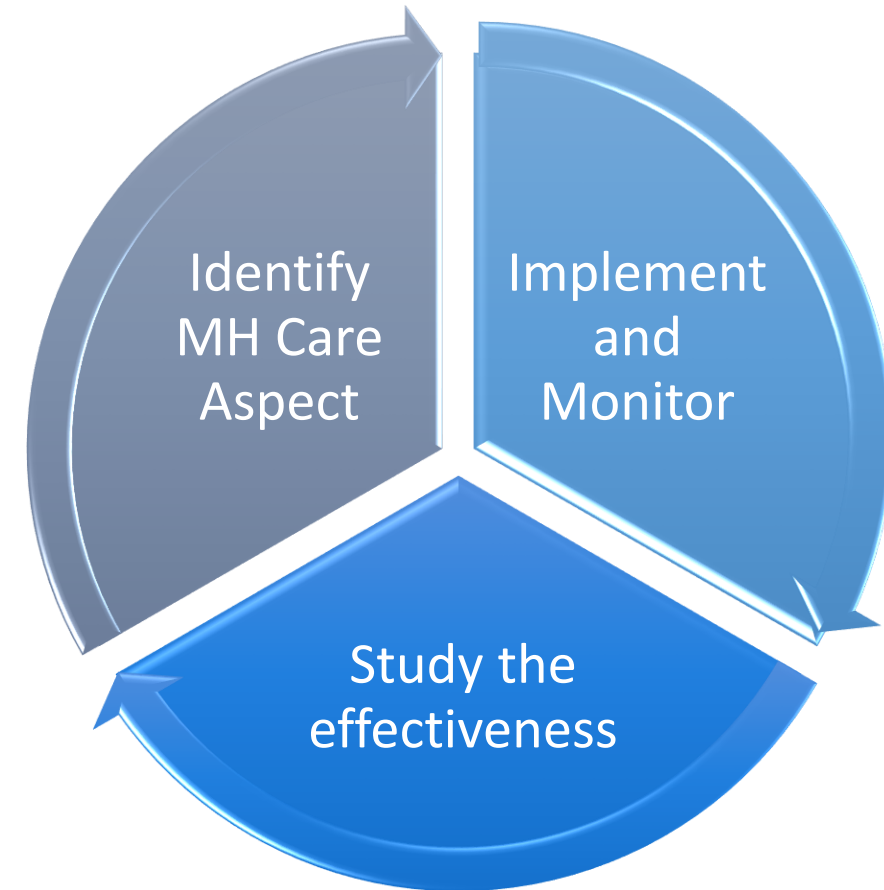
Clinical Performance Enhancement

- Evaluate the appropriateness of mental health professionals' services
- Annually review clinical performance
- External resource to assess clinical management
- Threshold is acceptable risk?



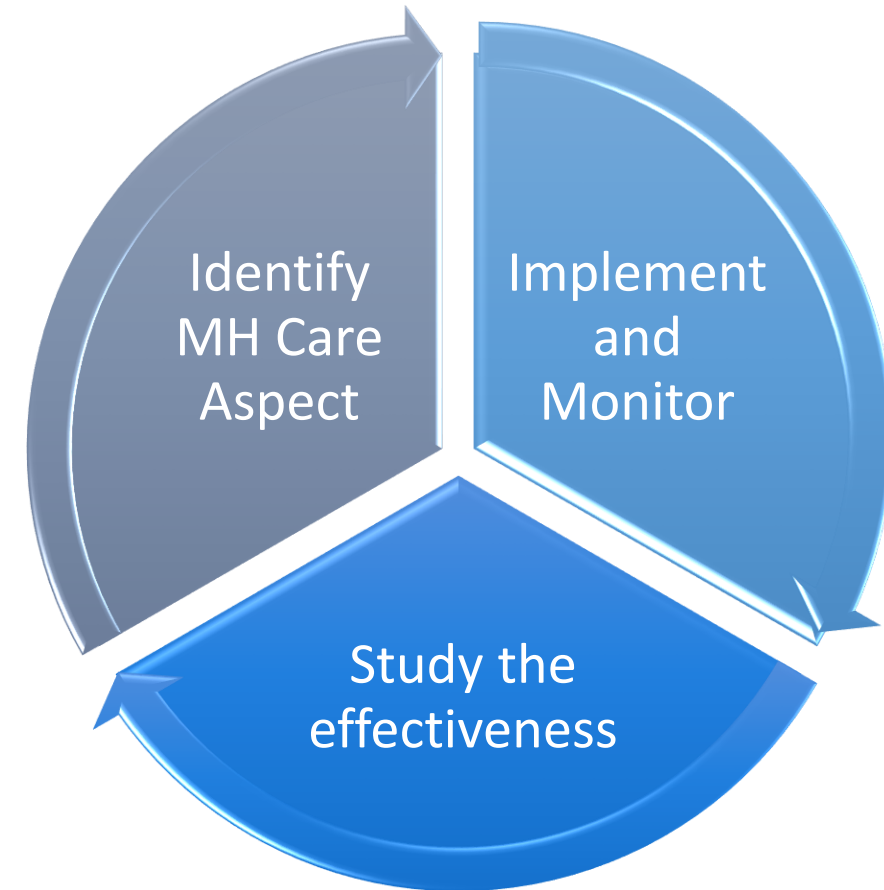
Mental Health Assessment and Evaluation

- Assessment by qualified staff
- Appropriate screening inquiries
- Completed within time limit
- Appropriate referrals
- Threshold of results at an acceptable risk level?



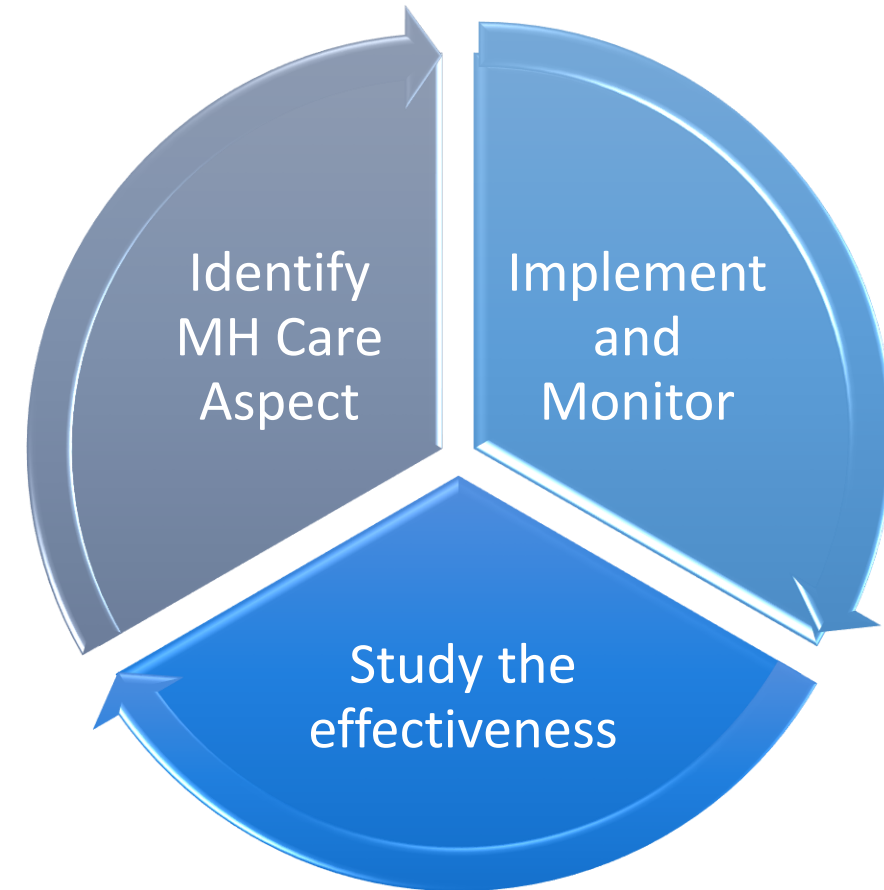
Nonemergency Health Care Requests and Services

- System integrated with health care requests or separate
- Timeliness of triage and follow-up
- Clinical setting
- Threshold of deviation from system requirements an acceptable risk?



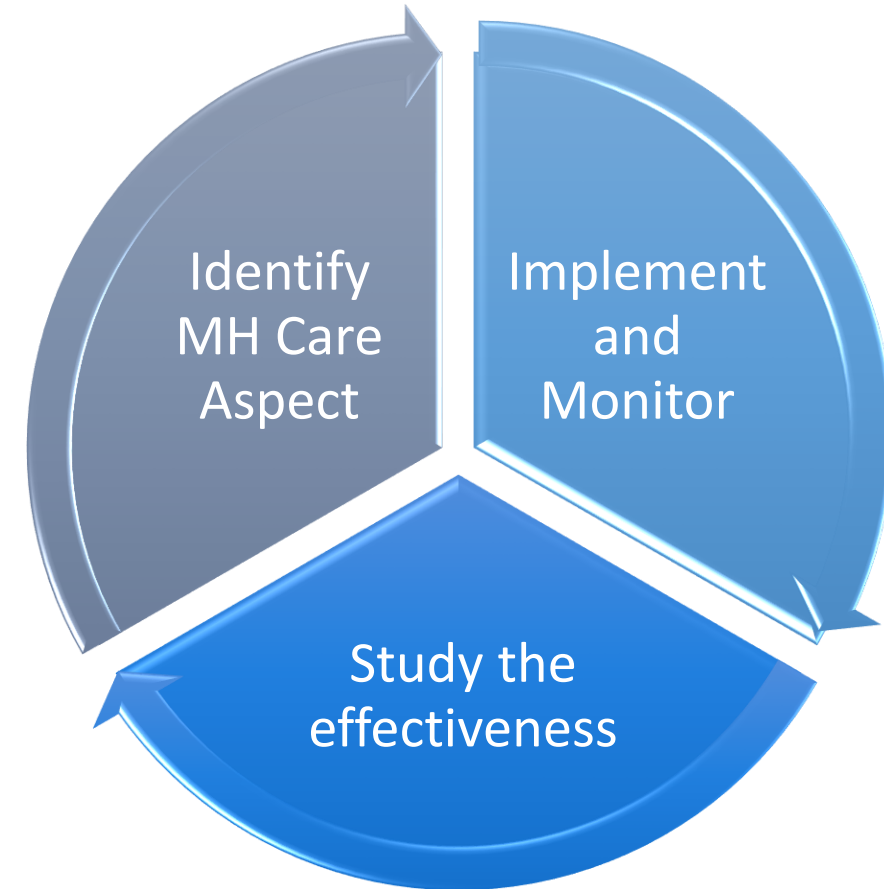
Suicide Prevention Program

- Identify and intervene
- Average time it takes staff to identify suicidal inmates
- Potentially suicidal inmates monitored on an irregular schedule
- Actively suicidal inmates monitored constantly
- Thresholds at an acceptable risk level?



Discharge Planning

- Discharge planning serious mental health needs
- Notification of discharge
- Inmates receive a sufficient supply of medications
- Referrals or appointments with community providers
- Thresholds of discharge planning at acceptable levels?



Standards for Health Services in Jails and Prisons

- Recommended requirements for the proper management of a correctional health services delivery system.
- Help improve health of inmates and the communities to which they return.
- Reduce risk of adverse patient outcomes and legal judgments.



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Standards for Health Services in Jails and Prisons

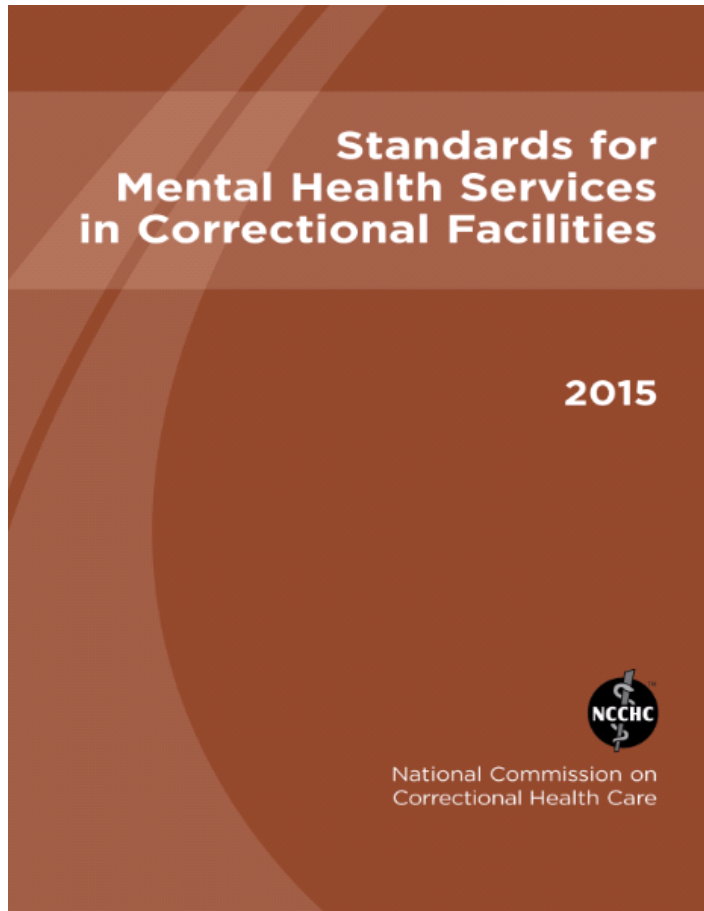
- Proven to be an effective tool in achieving and maintaining peak organizational performance for correctional health care
- Addresses certain aspects of mental health care:
 - Suicide Prevention and Intervention
 - Health Training for Correctional Officers
 - Medication Administration Training
 - Mental Health Screening and Evaluation
 - Mental Health Services
 - Emergency Psychotropic Medication

Mental Health Crisis in the Community and in Jails

- CIT Training is a key component
- Divert away from jail and into a more appropriate assessment or treatment setting is critical
- Consider establishing specialty non-criminal courts (e.g. drug courts, mental health courts, etc.)
- Screen for the presence of suicide risk and need for mental health monitoring or services at the earliest possible opportunity in the intake process
- Requiring some level of care for the mentally ill while in jail
- Comprehensive re-entry planning that begins early in the incarceration



Standards for Mental Health Services in Correctional Facilities



- Recommended requirements for proper management of a correctional mental health services delivery system.
- Intended for prisons and jails of any size.
- Effective tool in achieving and maintaining peak organizational performance.



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Putting it All Together

- There are similar, but different challenges
- Barriers to collaboration must be broken down
- Take a T.E.A.M. approach



Putting it All Together



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For Further Information

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