

Implications of an SMI Diagnosis: From Assessment to Community Reintegration

ROBIN TIMME, PSY.D.
FALCON

COREY BRAWNER, PH.D.
FALCON

Disclosures

- We do not have any relevant financial relationships with any commercial interests..
- This informational presentation was developed by independent experts. The information provided in this presentation is not the official position or recommendation of NCCHC but rather expert opinion. This information is not intended to be appropriate for every clinical situation nor does it replace clinical judgment.
- NCCHC does not endorse or recommend any products or services mentioned.

Learning Objectives

1. Differentiate the clinical criteria for an appropriate diagnosis of SMI
2. Describe the systemic impact and consequences of SMI diagnoses on a correctional environment
3. Identify tools and techniques for successful patient reintegration into the community after an SMI diagnosis

Presenters and Presentation

- Definitions of Serious Mental Illness (SMI)
- Drivers of those definitions and prevalence
- Community standard
- Intake and assessment
- Ramifications of diagnosing SMI
- Implications for community re-integration

What is Serious Mental Illness?

CATEGORICAL VS. DIMENSIONAL PERSPECTIVES

Definitions of Serious Mental Illness

- Community Standard

“Defined by someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.” - SAMHSA

“...states define SMI in different ways depending on the entity, context, and purpose for which it is being used (e.g. legal, clinical, epidemiological, or operations). – Medicaid

- Definitions serve a purpose
- How to count/track/manage resources
- What is really important?

Definitions of Serious Mental Illness

- Arizona statute (36-550)
 - “...as a result of a mental disorder as defined in section 36-551 exhibit emotional or behavioral functioning that is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration... severe and persistent, resulting in long-term limitation[s]...”
 - MD Priority Pops (MCO)
 - Schizophrenia-Spectrum
 - Major Depressive Disorders
 - Bipolar Disorders
 - Schizotypal Personality
 - Borderline Personality
- AND
- Impaired role functioning: employment, social, cognitive, finances, personal supports, basic living skills

Definitions of Serious Mental Illness

- Mass. (104 CMR 29.00)
 - “...Serious and long term mental illness is a disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, and that results in inability to meet the ordinary demands of life.”
- Qualifying Mental Disorders:
 - Schizophrenia and other Psychotic Disorders (ex. SUD)
 - Mood Disorders (ex. Dysthymia)
 - Anxiety Disorders (ex. GMC or SUD)
 - Dissociative Disorders
 - Eating Disorders
 - Borderline Personality Disorder

Definitions of Serious Mental Illness

IDAHO ADMINISTRATIVE CODE IDAPA 16.07.33

Department of Health and Welfare Adult Mental Health Services

Means any of the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5), incorporated in Section 004 of these rules: (7-1-15):

Section 100 Page 5

- a. Schizophrenia spectrum and other psychotic disorders;
- b. Bipolar disorders (mixed, manic and depressive);
- c. Major depressive disorders (single episode or recurrent);
- d. Obsessive-compulsive disorders.”

Community vs. Corrections

WHAT HAPPENS WHEN WE MOVE ACROSS SYSTEMS

Transitioning to Correctional Systems

The paradox of incarceration carveouts for benefits

- Denies federal benefits to individuals pending disposition [innocent]
- Creates double standard – those released pre-trial have access
- Results in higher recidivism, disruptions in care, costs, poorer outcomes for those with SMI and chronic health conditions
- Implications for Social Determinants of Health

The Correctional Threshold

- The impact of context
 - The same person moves between community and correctional setting
- Priority in most systems on identifying SMI population
- How do we do that?
- Driven by diagnosis generally
- Influence of Significant Functional Impairment (SFI)



The Correctional Threshold

- Why do we focus on SMI?
- We have learned:
 - 2M people with SMI go to jails
 - 10x the rates of SMI relative to state hospitals
 - SMI 2-4x greater in jails
 - 14.5% of men and 31% of women
 - Nearly $\frac{3}{4}$ have co-occurring SUD
 - Stay longer for less severe offenses
- Even in community:
 - Suicide rate for those with Depression or Bipolar 25x greater than those without
 - 14x more likely to be victimized
 - Associated with many poor health outcomes and early death
- Implications for a correctional setting
- Statistical Influencers

The Correctional Threshold

- In the medical model, diagnosis drives treatment
- Level of care determinations
- Outpatient
- Intensive Outpatient
- Partial Hospitalization
- Residential/Inpatient
- Diagnosis (and functional impairment) also drives benefits
- Social Security
- Supportive Housing
- What about benefits in correctional settings?

The Correctional Threshold

- Preferential housing
 - Obtaining services
 - Desire to be seen as in need of treatment vs. punishment
 - Avoiding unpleasant aspects of incarceration
 - Restrictive Housing
 - Others?
- Page 726 in the DSM-5:
 - The essential feature: intentional production or exaggeration of symptoms, motivated by external incentives.
 - Should be “strongly suspected” with any combination:
 - Medicolegal context
 - Marked discrepancy between reported and objectively observed symptoms
 - Lack of cooperation
 - The presence of antisocial personality disorder

SMI Definitions in Correctional Settings

- Vary tremendously
- Some examples
 - None
 - Entirely diagnostically driven
 - “the Big 3”
 - Recent settlement agreements and the power of litigation
- What does it mean for your patient in this system?
- Preferential housing
- Obtaining services
- Desire to be seen as in need of treatment vs. punishment
- Avoiding unpleasant aspects of incarceration
- Restrictive Housing
- Others?

Finding the Patient



- First contact
 - Intake
 - Booking and Receiving
 - Reception and Diagnostics
 - General Population
 - Maximum Security
- What contextual factors play a role?
- What tools do you have?

Multimethod Diagnosis of SMI

- Multimethod
- Records
- Interdisciplinary Communication
- Rule outs
- Provisionals
- Consultation and Disagreements
- Clinical Interviews
- Mental Status Examination
- Psychological Testing
- Response Style
- Diagnosis is dynamic
- We have to allow for getting it wrong and adapt to changes
- Levels of care and associated benefits will change
 - Preferential housing
 - Avoidance of Restrictive Housing
 - “I’ll show you”

Corrections vs. Community

WHAT HAPPENS WHEN WE MOVE ACROSS SYSTEMS

Preparing for Re-Entry

- Definitions become prevalent again
- Having SMI in jail or prison
- Differences in community connection
- Referrals for services prior to release
- Connection with family and support
- Activation of benefits
 - Suspension vs. termination
- What happens when we create a lower bar to SMI in corrections?
 - Expectations of services upon release?
 - What are we saying about a person's agency?
 - Diagnosis as identity?
- Education around the context as key: corrections vs. community
 - Stressors, risks, protective factors change across contexts

Re-Integration and Case Management

- Emerging models of system overlap
 - Straddling the walls of corrections
- Models of tracking re-entrants beyond release
- Case management as an ongoing service performed by corrections
- Working with community supervision
- Sharing information to community providers
 - How often do we get asked to provide records? Jails vs. prisons?
 - Often, we know these patients better than anyone
- Just as context is key for appreciating the impact of SMI diagnoses, understanding your facility's or system's definition in the context of your state is critical for your patients

Re-Integration and Case Management

- Emerging models of system overlap
 - Straddling the walls of corrections
- Models of tracking re-entrants beyond release
- Case management as an ongoing service performed by corrections
- Working with community supervision
- Sharing information to community providers
 - How often do we get asked to provide records? Jails vs. prisons?
 - Often, we know these patients better than anyone
- Just as context is key for appreciating the impact of SMI diagnoses, understanding your facility's or system's definition in the context of your state is critical for your patients

Thank You

Robin Timme, Psy.D.
Falcon, Inc.
rtimme@falconinc.com

Corey Brawner, Ph.D.
Falcon, Inc.
cbrawner@falconinc.com