

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
 - 72percent jails
 - 59percent 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)

Substance Abuse and Withdrawal in Corrections

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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