INTRODUCTION TO JAIL HEALTHCARE 101
EDUCATIONAL OBJECTIVES

• **To provide a legal background of correctional healthcare.**
• **To provide the goals of a sound correctional healthcare program.**
• **To provide an overview of the key components of a sound correctional MH care program.**
• **To provide information on opportunities for improvement within correctional healthcare.**
LEGAL ISSUES REGARDING INMATES RIGHTS TO RECEIVE BASIC HEALTHCARE

• 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
ACCREDITATION BODIES

- NCCHC
- ACA
GOAL OF A SOUND CORRECTIONAL HEALTHCARE PROGRAM

• To Provide Effective and Efficient Healthcare in the Most Humane Manner Possible
PROACTIVE SYSTEMS OF CARE

- Timely Screening
- Clear Avenue for Referral/Evaluation
- Sound Chronic Care Program
- Sound Sick Call Process
- Effective Medication Systems
- Segregation Rounds
- Effective Detox Program
- After-Hours Emergency On-Call Services
- Comprehensive Staff Training
- Focused CQI Program
- Integrated Care Approach
- Discharge/Reentry Planning
CQI WITHIN CORRECTIONAL HEALTHCARE

- Proactive Focus on Key Patient Care Areas
- Intake
- Referral
- Chronic Care
- Emergency Services
- Detox
- Medication Administration
- Utilization of Segregation for SMI
- Restraint/Seclusion Utilization
- Suicide Prevention
- Reentry Planning

If you can’t describe what you are doing as a process, you don’t know what you’re doing.

William Edwards Deming
GROWTH OF MENTAL HEALTH IN JAILS/HOW DID WE GET HERE?

- Deinstitutionalization of long term psychiatric hospitals.
- Ineffective community systems of care.
- Cross-institutionalization
- Prison and jails become the provider of behavioral health services by default.
KEY COMPONENTS OF A CORRECTIONAL MENTAL HEALTH PROGRAM

- Training of Medical and Security Staff
- Identification
- Referral
- Evaluation
- Emergency Response
- Detox
- Housing
- Monitoring (SMI in Segregation)
- Active Treatment
- Communication/Treatment/Security
- Suicide Prevention
- Reentry Services
DEVELOPMENTAL DISABILITY/MENTAL RETARDATION IN CORRECTIONS

- Approximately 7% of incarcerated population are persons with DD
- Most common functioning level borderline with an IQ of 70-79
- Mild with an IQ of 50-69
SUBSTANCE ABUSE AND WITHDRAWAL IN CORRECTIONS

• High Percentage of Newly Admitted Inmates have a Dependence on Alcohol and/or Opiates (especially prevalent in Jails and Lockups)
• Systems of Early Identification and Treatment are Essential
• Untreated Withdrawal can be Fatal
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
KEY AREAS TO MONITOR FOR SUICIDE PREVENTION

- Medication Administration
- Post-Sentencing
- Impending Release
- Segregation
- First Incarceration
- High Visibility Crimes
opportunities for improvement in correctional healthcare

- Early Identification of Acute and Chronic Illnesses
- Integrated Care Approach (Removing Silos between Medical and Behavioral Health Staff)
- Reentry Planning/Partnering with Community Resources
- The Affordable Care Act (an Opportunity to Reduce Recidivism and Improve Access to Community Based Services)
- Proactive Life Skill Programing/Patient Education
- Other
There is an old saying about the strength of the wolf is the pack, and I think there is a lot of truth to that. On a football team, it’s not the strength of the individual players, but it is the strength of the unit and how they all function together.

— Bill Belichick —