The Road to Mental Health Recovery in Illinois Prisons

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Wexford Health Sources, Inc.

- Founded in 1992
- Focus on providing comprehensive health care for correctional and other institutions
- Have provided health care programs for dozens of state and county agencies across the country
- Currently provide services to approximately 97,000 inmates at more than 120 separate facilities
- More than 3,100 employees
- Headquartered in Pittsburgh, Pennsylvania
The Services provided include the following:

– Comprehensive medical, mental health, dental, optometry care
– Proven telemedicine and telepsychiatry program
– Successful Electronic Medical Record (EMR) implementations
– Pharmacy management
– Utilization management
– State-of-the-art applicant tracking (iCIMS) and human resources (Kronos®) information management systems
Presentation Outline

• Organization and Function
• Principles Governing the Delivery of Mental Health Services in Correctional Facilities
• Mental Health Services in Correctional Facilities
  – 1) screening, referral, and evaluation
  – 2) treatment
  – 3) community reentry planning
Organization and Function

- Correctional Facilities include
  - Lockups
    - Small, short term holding area in a police station
    - Awaiting arraignment in court
  - Detention centers
    - Short term
    - Illegal immigrants or refugees
  - Jails
    - Awaiting trials
    - Serving a sentence of less than a year
    - County or Municipality
  - State and Federal Prisons
    - Serving a sentence of more than a year
Security levels

- Determined by classification
- Based on charges, sentencing status, criminal history, escape history, institutional disciplinary history
- Security levels:
  - Super-Max
  - Maximum
  - Medium
  - Minimum
  - Work Release
Mental Health Levels of Care

- Outpatient
- Residential
- Inpatient
- Crisis
  - Continuous Watch Status
  - Suicide Watch Status (10 Min)
  - Close Supervision Status (15 Min)
  - Periodic Check Status (30 min)
Principles Governing the Delivery of Mental Health Services in Correctional Facilities

- Right to Treatment
- Adequate Care and Quality of Care
- Informed Consent
- Treatment over Objection
- Conditions of Confinement
- Confidentiality and Privacy
Right to Treatment

• Population with a constitutional right to health care:
  – Native Americans
  – Jail Detainees
  – Convicted prisoners
  – Service connected Veterans

• Estelle v. Gamble 1976
  – Must provide convicted prisoners with adequate medical care under the 8th Amendment (cruel and unusual punishment)

• Bowring v. Godwin 1977
  – Extends to mental health treatment
Adequate Care and Quality of Care

• **Adequate care**
  - Several court case decisions (Ruiz v. Estelle 1980, and Madrid v. Gomez 1995) established the framework and criteria for adequate mental health services

• **Quality of Care**
  - Same quality of mental health services to each patient
  - Community standard of care
Informed Consent

- Inmates do retain the ability to make treatment decisions
- Treatment providers should discuss the nature, purpose, risk, and benefits of treatment options
- Exceptions to the need for informed consent
  - Emergency treatment intervention
  - Court ordered treatment
  - Patient’s knowing waiver of informed consent
Treatment over Objection

- Washington v. Harper 1990:
  - Prisoners can be administered treatment over objection
  - Internal administrative hearing satisfies due process requirement
  - Judicial review is not required in Illinois
  - Some states do require a judicial determination
• Brown v. Plata 2011:
  – Overcrowding was a significant contributing factor in creating barriers to delivering adequate prison health care in California
  – Mandated that a population cap was necessary to address violation of inmates’ rights
Confidentiality

- All reasonable efforts should be made to keep patient information confidential
- Particularly important to patients who are at high risk of victimization from inappropriate disclosure
  - HIV/AIDS
  - Sex offenders
  - Sexual violence victims
  - Convicted of high profile crimes
Confidentiality

• As in the community there are exceptions to Confidentiality
  – At risk of self injury or suicide
  – At risk for assaultive behavior or committing homicide
  – Gravely disabled and unable to care for self

• Additional limits in a correctional facility
  – Escape risk or threat to security
  – Illicit drug use
  – Contraband use
  – Serious injury warranting investigation
  – Coordinated care that involves custody staff
Privacy

• Private space for doctor patient interaction
• However privacy maybe compromised when cell-side evaluations have to be conducted
• Safety considerations, unit rules, access to treatment, patient wishes and the therapeutic alliance must be taken into account
Mental Health Team

- Psychiatrists - face to face and telepsychiatry
- Psychologists
- Qualified Mental Health Professionals
- Behavioral Health Technician
- Psychiatric Nurses
Serious Mental Illness

- SMI is a designation
- SMI is not a diagnosis
- IDOC requirements to be designated SMI include:
  1) a particular mental health diagnosis alone
  OR
  2) a mental health diagnosis and serious impairment in specific types of functioning.
   AND 3) Supportive treatment or Services are necessary to function adequately.
These diagnoses alone qualify an offender for the SMI designation

- Schizophrenia spectrum disorders
- Delusional disorder
- Schizo-affective disorders
- Bipolar 1 disorders
- Bipolar 2 disorders
- Cyclothymic disorder
- Other specified bipolar and related disorder
- Major Depressive Disorder recurrent
Mental Illness + Serious Impairment in the following areas qualify the offender for the SMI designation

- Capacity to recognize reality (hallucinations, delusions, obsessive rituals)
- In work, school or household (can’t keep job, stay in school, care for family/house)
- Relationships/friendships (very few or no friends, avoids friends)
- Family Relationships (frequent fights with family, neglects family, or no home)
- Judgement (inability to make decisions, confusion, disorientation)
- Thinking (preoccupation with thoughts, paranoid ideas)
- Mood (constant depressed mood+helpless/hopeless, manic, agitated)
- Anxiety (panic attacks, overwhelming anxiety)
- Passive suicidal ideation
- Frequent problems with authority/rules*
- Occasional combative behavior*
SMI designation does not include:

- Diagnosis of a Substance Use Disorder alone
- Diagnosis of a Developmental Disorder alone
- Diagnosis of a Sexual Disorder alone
Mental Health Services in Correctional Facilities

1) Screening, Referral, and Evaluation
2) Treatment
3) Community Reentry Planning
Screening

• Screening is a process of information gathering that includes an interview, a review of existing records, and the administrations of specialized test or instruments.

• Offenders entering the prison should be screened for mental illness and substance abuse along with other acute medical conditions.
Screening

• Screening should be completed on entry into a reception center as well as after transfer from one institution to another.
• Those identified by the screening process as likely to have a mental disorder should received a further detailed and elaborate evaluation or assessment.
• Challenges during the screening process
  – How to screen and whom to screen
  – Who should screen
  – Denial of mental illness by the inmate
  – Malingering of mental illness
Referral

• Process which provides an individual the opportunity for mental health evaluation
• Referrals can be made at the Reception screening, mental health screening, or later any time during incarceration
• Referrals can be made by the custody staff, clinical staff, concerns raised by other offenders, or request made by family, or the legal team.
• Referrals can be routine, urgent or emergent
• Timely referrals and response are indicators of quality of care
Mental Health Evaluation

- Comprehensive evaluation is based on
  - Review of records
  - Collateral information if available
  - Interview with the patient
  - Diagnostic testing

- Information include
  - Current symptoms
  - Past psychiatric history – hospitalizations and medication
  - Suicidal and Homicidal history
  - Trauma history
  - Family psychiatric and medical history
  - Substance abuse history
  - Medical history
  - Assessment and Diagnoses
  - Treatment plan
Treatment

• To relieve suffering and impairment
• To promote safety of inmates and others
• To allow participation in rehabilitation services

Treatment Includes

1) Crisis intervention
2) Psychotropic medications
3) Brief or supportive psychotherapies
4) Patient education
5) Suicide prevention
6) Group therapy
7) Social interventions
8) Rehabilitation
Residential Treatment Units

- Dixon Correctional Center (2015)
- Logan Correctional Center (2016)
- Joliet Treatment Center (2017)
- Pontiac Correctional Center (2017)
Modified Therapeutic Communities for Residential Treatment Units

• Self-contained therapeutic milieu
• Peer influence: Primary agent of change
• Staff Member: Guidance, teachers, role models, and rational authorities

Core Elements of a Modified TC
• Physical Environment
• Teamwork Primary
• Role of Peers
• Role of Staff
• Daily Schedule
Core Elements (cont.)

- Common Vernacular
- Multiphasic Treatment
- Community Meetings
- Psychoeducational/Structured Leisure Time Groups
Multidisciplinary Team

- Clinically Licensed MHP (Chairperson)
- Behavioral Health technician
- Correctional Officer (1st and 2nd Shift)
- Unit Director
- Mental Health Nurse
- Correctional Counselor
- Recreational Therapist
- Attending Psychiatrist
Multiphasic Treatment

- Orientation Phase
- Intensive Treatment Phase
- Reentry Phase
Structured Group Therapy

- Problem Stating
- Awarding the Meeting
- Problem Solving
- The Summary
Psychoeducational Groups

- Anger Management
- Conflict Resolution
- Relationships and Interpersonal Coping Skills
- Anxiety Management
- Understanding and Coping with Trauma
- Trauma Management
- Understanding and Coping with Insomnia
- Managing Panic Disorder
Psychoeducational Groups (Cont.)

- Understanding and Coping with Panic Disorder
- Social Skills
- Understanding and coping with Grief and Loss
- DBT Informed Problem Solving Skills
Segregational Programming: GATE

- **Ground Work**
- **Attitude**
- **Transition**
- **Exit Plan**
Community reentry Planning

• High risk of re-incarceration for individuals with Serious Mental Illness (SMI)
• Timely and effective discharge planning for continuity of care
• Provided with sufficient supply of psychotropic medications to last until their appointment with community provider
• Scheduled appointments with community providers
• Possible hospitalization if necessary
Community reentry Planning

- Housing
- Case management
- Transportation
- Public assistance/welfare/SSI
- Medicaid or other Insurance coverage
- Mental Health Referrals
- Addiction treatment Referrals
- Medical Care
Questions????

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Thank you!!!!