Developing a System of Evidence-Based Practices for Persons with Mental Illness in Jail

A Workshop for Grantees Receiving Jail-Based Mental Health Services Funding from the New York State Office of Mental Health

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NCCHC in 2014

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NCCHC Today

- **Accredits** nearly 500 correctional facilities across the nation affecting the lives of nearly 500,000 inmates
- **Educates** more correctional health care professionals than any other organization in the world. We do this through four annual National conferences, technical assistance, a peer-reviewed medical journal, and many other publications
- **Certifies** thousands of correctional health professionals and provides specialty certification in mental health
- **Supported** by more than 35 professional peer review associations and professional organizations [e.g., APA, APA, ABA, ADA, AMA, ANA, NSA, AJA . . .]
Why NCCHC Accreditation?

• Can lead to:
  • increased efficiency of healthcare services delivery
  • greater organizational effectiveness
  • better overall health protection for patients
  • reduced risk of adverse legal judgments
Anatomy of a Standard

Validation that the facility meets:
- **100%** of applicable **essential**
- and at least **85%** of applicable **important** Standards for Health Services

“**Essential**” [35]
Linked more directly to health, safety and welfare of inmates and critical components of health care system

“**Important**” [32]
Related to health services; may also be used to “debut” new standard
Overview of Revisions
2014 Standards for Health Services in Jails

• Summary of important changes [16]
• Standards with no changes or only minor editorial changes not discussed
Significant Changes from 2008

- A-06 CQI Program
- B-02 Patient Safety
- B-05 Response to Sexual Abuse
- C-02 Clinical Performance Enhancement
- C-08 Health Care Liaison
- D-02 Medication Services
- D-05 Hospital and Specialty Care
- E-04 Initial Health Assessment
- E-07 Nonemergency Health Care Requests and Services
- E-12 Continuity of Care During Incarceration
- F-03 Use of Tobacco
- G-01 Chronic Disease Services
- G-07 Intoxication and Withdrawal (formerly G-06)
- G-09 Counseling and Care of the Pregnant Inmate (formerly G-07)
- G-11 Care for the Terminally Ill
- I-02 Emergency Psychotropic Medication
Overview of Revisions
2014 Standards for Health Services in Jails

- New 2014 Standard
  - G-08 Contraception
Section G - Special Needs and Services

• **G-08 Contraception (I) - NEW STANDARD**
  - Standard - Women are provided non-directive counseling about pregnancy prevention, including access to emergency contraception. For women who are on a method of contraception at intake, consideration of continuation of contraception is considered.
  - Emergency contraception available.
  - Continuing contraception available after receiving screening, after a recent sexual assault that carries the risk of unwanted pregnancy, and when medically necessary.
  - Written information is available for patients about contraception methods and community resources.
Combination of Standards

G-07 Care of the Pregnant Inmate
+ 
G-09 Pregnancy Counseling
= 
G-09 Counseling and Care of the Pregnant Inmate
Section G - Special Needs and Services

• G-09 Counseling and Care of the Pregnant Inmate (E)
  • Formerly G-07 Care of the Pregnant Inmate
  • Incorporated old G-09 to this standard
  • Removed requirement for written agreement with a community facility for delivery
  • Removed requirement for a list of specialized OB services
  • Removed requirement for offering HIV testing and prophylaxis when indicated - now specifies “appropriate prenatal laboratory and diagnostic tests”
  • Advice on activity, safety, alcohol and drug avoidance, nutrition
  • Restraints are not used during active labor and delivery
Standards that Most Directly Pertain to Mental Health

• J-E-05 Mental Health Screening and Evaluation
• J-G-04 Basic Mental Health Services
• J-G-05 Suicide Prevention Program
• J-I-01 Restraint and Seclusion
• J-I-02 Emergency Psychotropic Medication
Section G - Special Needs and Services

- G-04 Basic Mental Health Services (E)
  - No significant changes from 2008
  - MH needs addressed on site or by referral
  - Range of MH services required (differing levels and focus, residential)
• G-04 Basic Mental Health Services (E) (cont)
  • Services must include:
    • identification and referral
    • crisis intervention services
    • psychotropic medication management
    • counseling including individual and group if applicable
    • psychosocial/psycho-educational programs
    • treatment documentation and follow-up
Section E - Inmate Care and Treatment

- **E-05 Mental Health Screening and Evaluation (E)**
  - Initial MH screening must also include substance use hospitalization and detoxification and outpatient treatment
  - Classification changed from important to essential for jails

- **E-07 Nonemergency Health Care Requests and Services (E)**
  - Moving away from term “sick call”; replaced with “responding (response) to health service requests”
  - Changed one word in CI #1 from “received” to “picked up” - intent is that COs do not handle health service requests
  - The requirement for face-to-face encounter within 48 hours (72 w/e) moved to CI #1
  - Definition of triage now includes MH and dental requests
Section G - Special Needs and Services

- **G-04 Basic Mental Health Services (E)**
  - Outpatients seen as clinically indicated but not less than every 90 days
  - Chronic MH patients seen as prescribed in individual treatment plan
  - MH, medical and substance abuse services coordinated
• **G-05 Suicide Prevention Program (E)**
  • “Actively” suicidal changed to “acutely” suicidal
  • “Potentially” suicidal changed to “non-acutely” suicidal
  • “Irregular” checks changed to “unpredictable”
  • Defined acutely suicidal and non-acutely suicidal
• I-01 Restraint and Seclusion (E)
  • Health staff order *clinical restraints* and *seclusions* only for patients exhibiting behavior dangerous to self or others as a result of medical or mental illness. Except for monitoring their health status, the health services staff does not participate in the restraint of inmates ordered by custody staff.
  • If the health of the inmate is at risk in custody-ordered restraints, immediately communicated to custody staff
  • Clarified under definition of clinically ordered seclusion that communicable disease isolation is not considered seclusion for the purpose of this standard
Section I - Medical-Legal Issues

• I-02 Emergency Psychotropic Medication (E)
  • Requires licensed physician authorization
  • New CI #3 - When medication is forced there is appropriate follow-up care
  • New CI #4 - Follow-up documentation is made by nursing staff within the first hour of administration and again within 24 hours of administration
  • Discussion expanded significantly to explain elements required for appropriate f/u care
Questions?

For further questions on *Standards for Health Services in Jails*, please contact:

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Section A - Governance and Administration

• A-06 Continuous Quality Improvement Program (E)
  • The committee must:
    • Identify health care aspects to be monitored and establishes thresholds
    • Designs quality improvement monitoring activities
    • Analyzes results for factors that may have contributed to less than threshold performance
    • Designs and implements improvement strategies to correct the problem
    • Reviews and monitors the performance after implementation of improvement strategies
  • Responsible physician is involved in the CQI program
  • When problem is identified from monitoring a process and/or outcome study is initiated and documented
A-06 Continuous Quality Improvement Program (E)

- Removed ADP requirement of <500 for basic program; >500 comprehensive program
- RHA must establish a quality improvement committee with representatives from major program areas - meets no less than quarterly
Section B - Safety

• **B-02 Patient Safety (I)**
  • Changed “error reporting system” to “reporting system”
  • Includes adverse and near-miss events, not just errors

• **B-05 Response to Sexual Abuse (I)**
  • New title
  • Health staff must be trained in how to detect, assess and respond to sexual abuse and harassment including preservation of physical evidence
  • Compliance indicators clarified - in all cases a MH evaluation is needed and a report is given to correctional authorities - used to be only if assessment done in-house
Section C - Personnel and Training

• **C-02 Clinical Performance Enhancement (I)**
  • Requires clinical performance enhancement of all qualified MH professionals, RNs and LPNs in addition to clinicians
  • “Primary care clinicians” changed to “direct patient care clinicians”

• **C-08 Health Care Liaison (I)**
  • Required on days when no qualified health care professionals available for 24 hours
  • HCL instructed in role and responsibilities by responsible physician or designee
  • Must have plan in place to tell custody staff what to do when health staff not present
  • HCL must receive instruction in and maintain confidentiality
• **D-02 Medication Services (E)**
  - Medications must be delivered in a timely fashion
  - Policy to identify expected time frames from ordering to delivery and backup plan if time frames can’t be met
  - Notification of impending expiration of an order moved to CI #6 from D-01
Section D - Health Care Services and Support

- D-05 Hospital and Specialty Care (E)
  - Contract not required in CIs
  - Written agreement now a recommendation
  - Evidence must demonstrate access to hospital and specialty care and summaries provided
  - Classification changed from important to essential
• E-04 Initial Health Assessment (E)
  • QHCP collect additional data by elaborating on positives collected during RS and subsequent encounters to complete all histories
  • Removed “or other practitioner as permitted by law”
  • TB tests are still required for jails - falls under CI #2f - tests for communicable diseases
  • All positive findings are reviewed by treating clinician no matter who completes the HA
  • For the HA, a treating clinician is defined as an NP, PA or physician
  • Blood work for diabetics added as requirement in individual health assessment
Section E - Inmate Care and Treatment

- E-12 Continuity and Coordination of Care During Incarceration (E)
  - Almost entire standard rewritten
  - More patient-centered focus
  - CIs #1-#9 have changes
Section E - Inmate Care and Treatment

• E-12 Continuity and Coordination of Care During Incarceration (cont.)
  • Clinician orders evidence-based and implemented in timely manner
  • Deviations from standards of practice clinically justified, documented, shared w/patient
  • Diagnostic tests reviewed by clinician in timely manner
  • Treatment plans modified by diagnostic tests and treatment results
Section E - Inmate Care and Treatment

E-12 Continuity and Coordination of Care During Incarceration (cont.)

- Patients seen by QHCP upon return from hospital/ER to implement d/c orders and f/u
- Recommendations from specialists reviewed and acted upon by clinician in timely manner
- If changes in treatment plan indicated, justification documented and shared with patient
- Chart reviews done to assure appropriate care ordered, implemented and coordinated by all staff
Section F - Health Promotion

• F-03 Use of Tobacco (I)
  • Removed word “abatement” from standard - replaced with “cessation”
  • CI #2 changed significantly - no longer lists nicotine replacement products and written materials accessible to all inmates
  • New CI #2 - Information on the health hazards of tobacco is available to inmates
Section G - Special Needs and Services

• **G-01 Chronic Disease Services (E)**
  • Required to have protocol for sickle cell
  • Documentation must confirm that clinicians following chronic disease protocols by:
    • Determining frequency of f/u based on disease control
    • Monitoring patient’s condition (good, fair, poor)
    • Monitoring status (stable, improving, deteriorating)
    • Taking appropriate action to improve outcome
    • Instructing the patient on diet, exercise, adaptation to correctional environment, medication
Section G - Special Needs and Services

• G-07 Intoxication and Withdrawal (E)
  • Formerly G-06
  • Standard requires protocols for inmates under the influence of alcohol, drugs or those withdrawing from alcohol, sedatives or opioids
  • Protocols followed for assessment, monitoring and management of individuals with alcohol or drug intoxication or withdrawal
  • Protocols for intoxication and detoxification approved by responsible MD, consistent with nationally accepted treatment guidelines
Section G - Special Needs and Services

• **G-07 Intoxication and Withdrawal (E)**
  - Inmates with severe or progressive intoxication (OD) or severe alcohol/sedative w/d transferred to acute care facility
  - Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using recognized standard assessments at appropriate intervals until symptoms have resolved. *Detoxification* is done under physician supervision.
  - Pregnant inmate admitted with opioid dependence or treatment...
Section G - Special Needs and Services

• **G-11 Care for the Terminally Ill (I)**
  • Requirement for palliative care added

A hospice program delivers *palliative care* (medical care and support services aimed at providing comfort). Treatment is focused on symptom control and quality-of-life issues rather than attempting to cure conditions.
Section H - Health Records

• H-01 Health Records Format and Contents (E)
  • Clarified in discussion that records are readily accessible

• H-03 Management of Health Records (I)
  • Formerly H-04
  • Transfer and sharing of health records must comply with state and federal law - no longer wording about written authorization requirement

• H-04 Access to Custody Information (I)
  • Formerly H-03
  • No changes to standard or CI