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

Albany, New York
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NCCHC in 2014

- Orientation to NCCHC
- NCCHC Standards & Accreditation
- 2014 Standards Revision

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National Commission on Correctional Health Care

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 . . .]

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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

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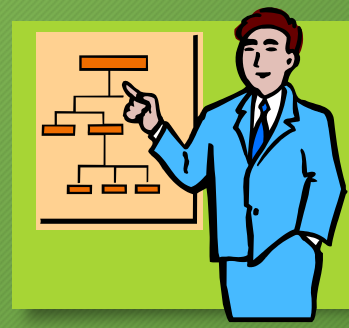
Anatomy of a Standard



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

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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

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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**

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Overview of Revisions
2014 *Standards for Health Services in Jails*

- New 2014 Standard

  -G-08 Contraception

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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)

Section G – Special Needs and Services

- 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

Section G – Special Needs and Services

- **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

Section I – Medical-Legal Issues

- **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

Section A – Governance and Administration

- **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

Section D – Health Care Services and Support

- **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

Section E – Inmate Care and Treatment

- **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