

Guiding Principles for the Treatment of the Incarcerated Mentally III

Purpose

The Association of State Correctional Administrators (ASCA) recognizes the importance of and challenges associated with managing incarcerated individuals with mental illness. We also understand that Corrections is the largest provider of mental health services in the United States, and with that, comes the responsibility to balance treatment with the safety of staff and inmates.

As a result, ASCA established a sub-committee to create guiding principles for member agencies to assist them in developing policies and practices related to the treatment and safety of individuals with mental illness. ASCA recognizes that each jurisdiction has specific issues, varying physical plant configurations, and may have unique legislation and judicial orders that must be considered locally and addressed by policies specific to each individual jurisdiction. Regardless of those differences, ASCA believes that our approach should be designed to support a safe and productive environment for facility staff; the treatment and safety of those individuals in our care who have mental illness; and a continuum of care as these individuals return to society.

Guiding Principles

Support - Promote commitment to the wellbeing of individuals with mental illness in our care, with consistent emphasis on support, patience, empathy, encouragement, treatment and safety.

Accountability - Be accountable for those individuals with mental illness, and ensure their continuous receipt of individualized, quality treatment, services and programming.

Empowerment - Empower and motivate incarcerated individuals with mental illness to participate in their own treatment planning, emphasize personal responsibility, encourage self-care and self-direction, and when appropriate, use peer support specialists.

Assessment - Perform standardized assessment by qualified mental health professionals of all individuals with mental illness at the time of reception, at regular intervals, thereafter, and following triggering events, using appropriately trained behavioral health professionals. Assign functionality codes to help staff respond appropriately to offenders with varying degrees of mental illness severity.

Individualized Treatment Planning - Develop behavioral health treatment plans by a multidisciplinary treatment team that are individualized, reviewed and revised as needed and have clear and measurable outcomes. The treatment plan is based on mental health, substance abuse and risk assessments evaluations, while incorporating individual strengths, needs, experiences, gender responsivity, cultural background and trauma history.

Access to Services - Ensure that individuals with mental illness have access to evidence-based programs and services that include educational, counseling, medical, behavioral health and social services; as well as commissary, library services, recreational programs, religious guidance, and telephone access.

Coordination of Services and Providers - Ensure that each facility has a behavioral health director to coordinate treatment services for designated individuals, track behavioral health outcomes, and provide a comprehensive plan for a continuum of care.

Incentive-Based Settings and Programs - Include evidence-based incentives that promote positive behavior and adjustment for those with mental illness.

Restrictive Housing - Use restrictive housing only as a last resort and follow the ASCA's Resolution 24 Restrictive Housing Guiding Principles.

Data-Driven Programs and Practices - Implement programs and practices that match the needs of the populations with mental illness, monitor for quality and fidelity, and collect data to measure outcomes.

Education and Training - Train all staff involved with the care and custody of mentally ill individuals on crisis intervention and behavioral health intervention, and how to recognize the signs of mental illness and effectively deliver programs to individuals with mental illness, and make appropriate referrals for treatment.

Resource Specialization - Ensure that behavioral health housing units are treatment and support oriented and are staffed by those with targeted training in behavioral health issues. Implement programs and determine other resources based on the specific needs of individuals with mental illness, physical structure of facilities, and other service requirements.

Suicide Prevention - Maintain a multidisciplinary committee at each facility to stay current on suicide prevention research, make ongoing recommendations for improvement, and review all attempted and completed suicides and other self-injurious behaviors. Train staff on current suicide prevention research, assessment tools, screening, monitoring, and appropriate housing and treatment strategies to help individuals at risk of hurting themselves or others.

Quality Improvement Reviews - Perform periodic, cross-departmental reviews of behavioral health services, treatment, safety and security to evaluate quality and provide oversight for necessary areas of improvement.

Reentry Planning - Plan for the continuity of care for individuals with mental illness as part of reentry programming. Ensure individuals with mental illness receive access to pre-release continuity of care planning that provides the resources necessary for post-release access of mental health treatment in their communities.

Communication After Release - For those agencies that have the responsibility for supervision after release, ensure a clear and effective line of communication exists between the correctional facility and the community supervision entity. Encourage information sharing with community-based behavioral health providers post-release.