Correctional Mental Health: Best Practices: What Works?

Presentation to the 2015 Ninth Circuit Corrections Summit

Robert L Trestman PhD MD

Professor of Medicine, Psychiatry, and Nursing Executive Director, Correctional Managed Health Care Interim Director, Center for Public Health and Health Policy UConn Health Farmington CT

AGENDA

- 1) Best practice and guidelines
- 2) Implementation science
- 3) Suicide risk reduction
- 4) Psychotherapy
- 5) Pharmacology
- 6) Community Transitions
- 7) Academic partnerships

Psychiatric Services in

Correctional Facilities

THIRD EDITION

- 1: Principles Governing the Delivery of Psychiatric Services
- 2: Guidelines for Psychiatric Services
- 3: Special Applications of the Principles and Guidelines

AMERICAN PSYCHIATRIC ASSOCIATION

Psychiatric Services in Correctional **Facilities** THIRD EDITION AMERICAN PSYCHIATRIC ASSOCIATION

- Community Standard:
 "what the community
 should be providing..."
- Staffing- adequate to provide services
- Culture
 - Therapeutic vs retributive

Exploration

OUTER CONTEXT

Sociopolitical Context

Legislation

Policies

Monitoring and review

Funding

Service grants

Research grants

Foundation grants

Continuity of funding

Client Advocacy

Consumer organizations

Interorganizational networks

Direct networking

Indirect networking

Professional organizations

Clearinghouses

Technical assistance centers

INNER CONTEXT

Organizational characteristics

Absorptive capacity

Knowledge/skills

Readiness for change

Receptive context

Culture

Climate

Leadership

Individual adopter characteristics

Values

Goals

Social Networks

Perceived need for change

Preparation

OUTER CONTEXT

Sociopolitica

Federal legislation

Local enactment

Definitions of "evidence"

Funding

Support tied to federal and

state policies

Client advocacy

National advocacy

Class action lawsuits

Interorganizational networks

Organizational linkages

Leadership ties

Information transmission

Formal Informal

INNER CONTEXT

Organizational characteristics

Size

Role specialization

Knowledge/skills/expertise

Values

Leadership

Culture embedding Championing adoption

Implementation

OUTER CONTEXT

Sociopolitica

Legislative priorities

Administrative costs

Funding

Training

Sustained fiscal support

Contracting arrangements

Community based organizations.

Interorganizational networks

Professional associations

Cross-sector

Contractor associations

Information sharing

Cross discipline translation

Intervention developers

Engagement in implementation

Leadership

Cross level congruence Effective leadership practices

INNER CONTEXT

Organizational Characteristics

Structure

Priorities/goals

Readiness for change

Receptive context

Culture/climate Innovation-values fit

nnovation-values fit EBP structural fit

EBP ideological fit

Individual adopter characteristics

Demographics

Adaptability

Attitudes toward EBP

Sustainment

OUTER CONTEXT

Sociopolitical

Leadership

Policies

Federal initiatives

State initiatives

Local service system

Consent decrees

Funding

Fit with existing service funds Cost absorptive capacity Workforce stability impacts

Public-academic collaboration Ongoing positive relationships Valuing multiple perspectives

INNER CONTEXT

Organizational characteristics

Leadership

Embedded EBP culture

Critical mass of EBP provision

Social network support

Fidelity monitoring/support

EBP Role clarity

Fidelity support system Supportive coaching

Staffing

Staff selection criteria

Validated selection procedures

1) IMPLEMENTATION SCIENCE IN CORRECTIONAL MENTAL HEALTH

Sustainment

OUTER CONTEXT

Sociopolitical
Leadership
Policies
Federal initiatives
State initiatives
Local service system
Consent decrees

Funding

Fit with existing service funds Cost absorptive capacity Workforce stability impacts

Public-academic collaboration
Ongoing positive relationshi
Valuing multiple perspect

INNER CONTEXT

Organizational characteristics
Leadership
Embedded EBP culture
Critical mass of EBP provision
Social network support
Fidelity monitoring/support
EBP Role clarity
Fidelity support system
Supportive coaching
Staffing
Staff selection criteria
Validated selection procedures

OUTER CONTEXT

Sociopolitical
Leadership
Policies
initiatives, settlements, decrees
Funding
Public-academic collaboration

1) IMPLEMENTATION SCIENCE IN CORRECTIONAL MENTAL HEALTH

Sustainment

OUTER CONTEXT

Sociopolitical

Leadership

Policies

Federal initiatives

State initiatives

Local service system

Consent decrees

Funding

Fit y existing service funds
C absorptive capacity
Aforce stability impacts

c-academic collaboration ngoing positive relationships aluing multiple perspectives

INNER CONTEXT

Organizational characteristics

Leadership

Embedded EBP culture

Critical mass of EBP provision

Social network support

Fidelity monitoring/support

EBP Role clarity

Fidelity support system

Supportive coaching

Staffing

Staff selection criteria Validated selection proc

INNER CONTEXT

Organizational characteristics

Leadership

Embedded EBP culture

Critical mass of EBP provision

Social network support

Fidelity monitoring/ support

EBP role clarity

Fidelity support system

Supportive coaching

Staffing

Staff selection criteria

Validated selection procedures

SUICIDE RISK REDUCTION

- Culture
- Screening- admission and at times of high stress
- Assessment
- Treatment
- Physical plant issues
- Non-punitive suicidal ideation management
- Supervision / Quality
 Assurance
- High Risk: Restricted Housing Environments

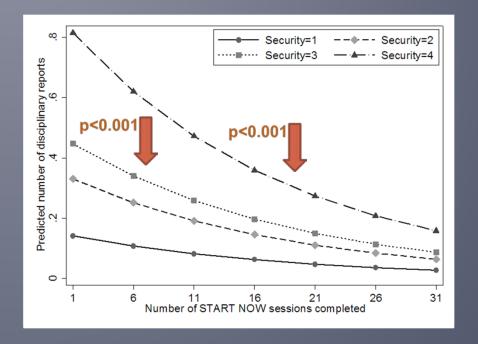
PSYCHOTHERAPY

- Cognitive Behavioral Therapies
- Manual-Guided, Clinician Driven
- Evidence of Benefit:
 - Moral ReconationTherapy
 - Reasoning and Rehabilitation
 - STEPPS
 - START NOW



- Developed for offenders with behavioral disorders
- NIJ funded development
- Public domain materials

Connecticut
Maine
New Jersey
New York
(training begins March 2016)



PHARMACOLOGY

- Current community medications may have been determined while ongoing illicit drug use confounded diagnosis
- Collaboration between clinician and patient may have been poor; treatment adherence may in turn have been marginal.
- Patients with schizophrenia: 29% non-adherent, with substance abuse a significant risk factor

- Advantage of correctional psychiatry: opportunity to observe the functioning of a patient in a safe, monitored environment
- When diagnostic ambiguity exists, appropriate tapering off of community medications can be conducted with greater safety and collateral information than achievable elsewhere.
- Very little evidence that several drugs are ever better than one

RISK: ABUSE OF PRESCRIBED MEDICATION

These drugs may be abused for their sedative properties, mind altering effects, or for the potential to get a high

pulverized & snorted or IV

- bupropion (Wellbutrin)
- gabapentin (Neurontin)
- quetiapine (Seroquel):
 - "quell", "Susie Q", "Q-ball", or "baby heroin"

[•] Reccoppa L, Malcolm R, Ware M. Gabapentin abuse in inmates with prior history of cocaine dependence. Am J Addict. 2004;13(3):321–3.

Pierre JM, Shnayder I, Wirshing DA, Wirshing WC. Am J Psychiatry. 2004;161(9):1718.

[•] Waters BM, Joshi KG. Am J Psychiatry. 2007;164(1):173-4.

[•] Pinta ER, Taylor RE. Quetiapine addiction?. Am J Psychiatry. 2007;164(1):174–5.

Hanley MJ, Kenna GA. Am J Health Syst Pharm. 2008;65(7):611-8.

COMMUNITY CONTINUITY

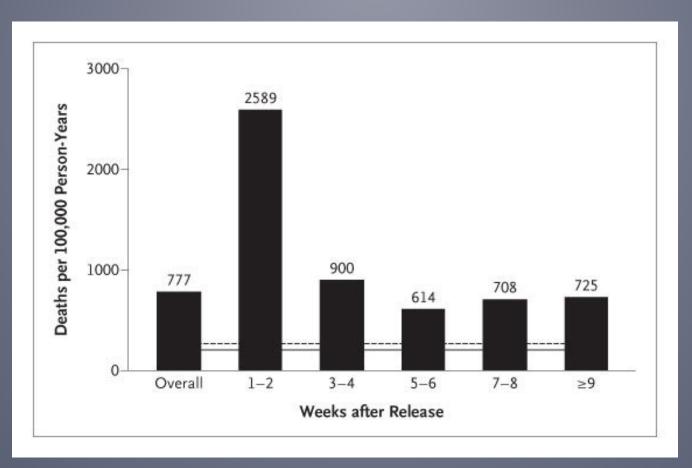
- Education and engagement
- Reduce pill burden: Once daily dosing when possible
- Transition back to the community
 - Medicaid continuity/ enrollment
 - Clinical connection: in-reach and out-reach

Kesten KL, et al. Journal of Correctional Health Care, 2012, 18(1):20-8.

Trestman RL, Aseltine RH. Perspectives in Health Information Management. 2014 Winter; 11(Winter): 1e.



Mortality Rates among Former Inmates of the Washington State Department of Corrections during the Study Follow-up (Overall) and According to 2-Week Periods after Release from Prison.



ACADEMIC PARTNERSHIPS

- Research and evaluation
- Training and recruitment
- Enhanced employee engagement and morale