American Correctional Association

PUBLIC CORRECTIONAL POLICY ON
CORRECTIONAL BEHAVIORAL HEALTH CARE

2019-1

Introduction:

Corrections professionals agree that offenders with behavioral illnesses must have access to necessary behavioral health treatment and services. Adult and juvenile correctional agencies should incorporate a multidisciplinary treatment team approach that ensures access to a continuum of behavioral health care, including pre-release planning for post-release continuity of care, in accordance with assessed behavioral health needs. In order to ensure comprehensive care, a multidisciplinary treatment plan should be developed. A designated behavioral health authority should be responsible for behavioral health care services, and clinical decisions and actions regarding behavioral health care should be the sole responsibility of qualified behavioral health professionals. Behavioral health care should be consistent with accepted practices and adhere to ACA performance standards, expected practices and accreditation guidelines.

Policy Statement:

Correctional behavioral health treatment and services shall:

A. Provide screening and comprehensive assessments by a qualified behavioral health professional, including the evaluation of co-occurring mental health and substance use disorders, when indicated, to determine treatment and services needs;

B. Implement individualized treatment plans that are developed and supervised by qualified behavioral health professionals;

C. Provide crisis stabilization treatment and services;

D. Provide psychotropic medication services that are clinically appropriate;

E. Provide monitoring, periodic evaluations and access to behavioral health services, as clinically indicated, as well as in restrictive and extended restrictive housing;

F. Ensure that oversight of treatment and services by a multidisciplinary treatment team, inclusive of custodial staff, that is guided by a qualified behavioral health professional;

G. Establish a grievance mechanism capable of addressing offenders’ complaints pertinent to behavioral health services;
H. Ensure access to behavioral health educational materials that promote disease prevention, wellness, and recovery;

I. Provide information about the availability of, and access to, behavioral health services that is communicated orally and in writing to offenders in a form and language they understand;

J. Develop suicide and self-injury prevention strategies, including assessment of risk, treatment, management interventions, prevention methods;

K. Conduct psychological autopsy as part of the mortality and morbidity review process with follow up as indicated;

L. Provide offsite behavioral health services for offenders whose psychiatric needs exceed the treatment capability of the facility;

M. Ensure the use of therapeutic restraints and seclusion are supervised by a qualified behavioral health professional;

N. Ensure the emergency use of psychotropic medications is governed by the laws applicable in the jurisdiction;

O. Develop behavioral health and legal guidelines that address:
   1. Informed consent;
   2. Confidentiality;
   3. Treatment refusal;
   4. Involuntary commitments and treatment;
   5. Right to treatment;
   6. Guardianship issues;
   7. Advanced directives;
   8. Health Information Portability and Accountability Act (HIPAA) if applicable;
   9. Special needs housing; and,
   10. Evaluation of competence.

P. Emphasize a holistic approach that includes cognitive, social and coping skills development, and lapse/relapse prevention;

Q. Provide specialized training on behavioral health issues on at least an annual basis, including training of behavioral health professionals on security issues; and,

R. Provide transition/reentry treatment coordination with relevant stakeholders to include probation, parole, community behavioral health agencies and other service providers prior to release to ensure continuity of care.

This Public Correctional Policy was ratified by the American Correctional Association Delegate Assembly at the Winter Conference in New Orleans, LA, January 15, 2019.