Collaboration between security and clinical staff remains critical for effective correctional health care. This balance requires that security staff be trained to deal with increasing numbers of difficult mentally ill offenders and detainees, including some who must be managed in restrictive housing. Correctional facilities also continue to see increases in offenders with contagious diseases, as well as elderly offenders with dementia who may be both aggressive and fragile. In some cases, these individuals must be restrained, which puts both offenders and staff at risk. Systems that are training their security staff on motivational interviewing and crisis de-escalation programs will find themselves ahead of the curve in dealing with all offenders and detainees — especially those with medical and mental health issues who pose a threat to staff and the facilities.

As the number of elderly offenders and detainees continues to rise, there is a need for more nursing home and assisted living beds, as well as cells that meet the Americans with Disabilities Act requirements. More staff are required to meet the demands of offenders with significant activities of daily living limitations, which will require such equipment as wheelchairs, walkers, canes, hospital beds and continuous positive airway pressure machines. In addition to the challenges of managing elderly offenders in prison, it is becoming very difficult to place these offenders in nursing homes, assisted living and group homes in our communities when they are released. Costs of care are increasing due to changes in treatment protocols.

The cost of caring for offenders and detainees with mental illnesses — especially those who are put into restrictive housing — continues to rise. The U.S. Department of Justice and the American Civil Liberties Union have brought actions in a number of correctional systems and facilities to force increases in services for psychology, nursing and security. The emphasis on providing more programming — such as at least 10 to 15 hours of out-of-cell activities per week — is resulting in some systems seeing millions of dollars of increased spending per year to meet these requirements.

Substance use disorders are becoming more serious as some become more potent. There are also new drugs available, including K2/Spice and bath salts, which jeopardize the mental and physical health of the users. Correctional health care systems need to aggressively provide education and treatment. Many of these dangerous drugs are being brought into correctional facilities and can dramatically interfere with programs, as well as compromise the safety and security of correctional facilities.

From intake to supervision, treatment concepts of risk, need and responsivity outlined by Andrews and Bonta are essential in providing effective intervention for offenders. High-risk offenders need the most intensive services to lower recidivism rates, and each offender’s needs are very unique and
need to be carefully assessed. General risk assessment often outlines the need for more intensive assessment in the areas of mental health, behavioral health and substance abuse. Case plans that are individualized to give each offender the greatest chance for success must be provided. Research supports the need for continuity from prisons into communities. Aftercare linkages are key to helping offenders reenter society successfully and not recidivate. Collaboration between prisons and community providers, as well as enrollment in Medicaid or other insurance coverage, play an important role in effective reductions in recidivism.

Recruitment and retention of qualified health care personnel remains a major area of concern as the Patient Protection and Affordable Care Act (PPACA) increases availability of coverage and demand for health care providers and other health resources in the community. Combine the resulting reduced applicant pool with budget constraints most systems face, and corrections is at a competitive disadvantage with the private sector for physicians, nurses, psychologists, dentists and psychiatrists. We must become better at recruiting and pointing out the many advantages to working in our systems, including the health conditions practitioners won’t find in a community setting.

The expansion of Medicaid and insurance availability to the public should assist in reducing recidivism rates if those released from corrections take advantage of medical and mental health services in the community. Correctional systems should consider taking steps to enroll offenders prior to release. Additionally, the expansion of Medicaid under PPACA should allow reimbursement for the majority of offenders who are admitted as patients into community hospitals. To improve quality of patient care and to manage costs into the future, all state and large-county correctional systems will need a robust electronic health record (EHR) system. The federal government has changed its position for providers receiving funding to implement an EHR in their clinics — they will now also provide funding for prison systems and county jails. While this is a daunting task, there will be many positive outcomes of switching from a paper system to an EHR.

Encouraging all correctional systems, mental health services, substance abuse treatment, security and medical services staff to collaborate and work together to integrate services for the offender should be the goal for every agency. This interdisciplinary approach is the direction for the future, where each discipline in the corrections system communicates effectively and comes to the table to share critical information about offenders’ needs. This eliminates redundancies and manipulation by the offender who often has multiple problems being addressed by multiple departments. When community providers are added to the discharge planning, everyone wins.

As chairs of the American Correctional Association’s treatment committees, we know ACA’s members will work with us to provide additional information, guidance and as many potential solutions as possible to address these issues facing corrections. For more information regarding correctional health care, contact ACA’s Office of Correctional Health Care at (703) 224-0076; or email bettyg@aca.org.