



AMERICAN JAIL ASSOCIATION  
1135 Professional Court  
Hagerstown, MD 21740-5853  
301-790-3930  
Fax 301-790-2941  
*aja.org*

SUPPORTING INDIVIDUALS WORKING IN OUR NATION'S JAILS

## American Jail Association Resolution

### Public Correctional Policy on Correctional Mental Health Care

- WHEREAS,** corrections professionals believe that offenders with mental illnesses should be treated by the mental health system, and
- WHEREAS,** the number of juvenile and adult offenders with mental illnesses has grown, and many are not being treated by public health/mental health agencies in the community, adult and juvenile correctional agencies should provide a continuum of mental health services, and
- WHEREAS,** these services must be made available to offenders on community supervision, in correctional facilities and upon release, and
- WHEREAS,** while in detention and correctional facilities, seriously mentally ill offenders may be provided special housing to reduce potential injury to themselves, other offenders and to staff, and
- WHEREAS,** mental health care should be consistent with the standard of community care and in compliance with American Correctional Association standards and accreditation guidelines, and
- WHEREAS,** comprehensive care, multidisciplinary treatment planning, addressing the individual differences of offenders with mental illnesses (including gender, cultural, and age issues), will be the goal of correctional mental health delivery systems;
- THEREFORE BE IT RESOLVED THAT** the American Jail Association support public policies that encourage comprehensive correctional mental health services for jails that shall include:
- A. Screening and comprehensive assessments, including the evaluation of co-occurring disorders, when indicated, to determine risk and level of impairment;
  - B. Crisis stabilization services for offenders suffering from acute episodes;
  - C. Policies on the prescription, distribution and administration of psychotropic medication;
  - D. Continued access to mental health services while housed in disciplinary or administrative segregation;
  - E. Coordination and collaboration among treatment service providers;
  - F. Establishment of a multidisciplinary treatment team in correctional facilities that includes correctional officers, and mental health and other treatment professionals to develop and monitor treatment plans, including medication monitoring. A mental health professional should have a lead role on the treatment team;

*Continued*

- G. Suicide prevention strategies, including a policy on recognition, prevention and treatment methods;
- H. Policies on restraint/seclusion and involuntary psychotropic medication use;
- I. Development of medical and legal guidelines that address:
  - 1. Informed consent;
  - 2. Confidentiality;
  - 3. Treatment refusal;
  - 4. Mental health commitments;
  - 5. Right to treatment;
  - 6. Guardianship issues;
  - 7. Health Information Portability and Accountability Act (HIPAA); and
  - 8. Special needs housing.
- J. A holistic approach that emphasizes cognitive, social and coping skills development, relapse prevention and repayment and restoration to their victim(s);
- K. Specialized training on mental health issues on at least an annual basis, including training of mental health professionals on security issues; and
- L. Transition treatment planning in cooperation with parole and community mental health agencies and other service providers prior to release to ensure continuity of care.

*Adopted on May 3, 2008, by the AJA Board of Directors in Sacramento, California.*