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.