

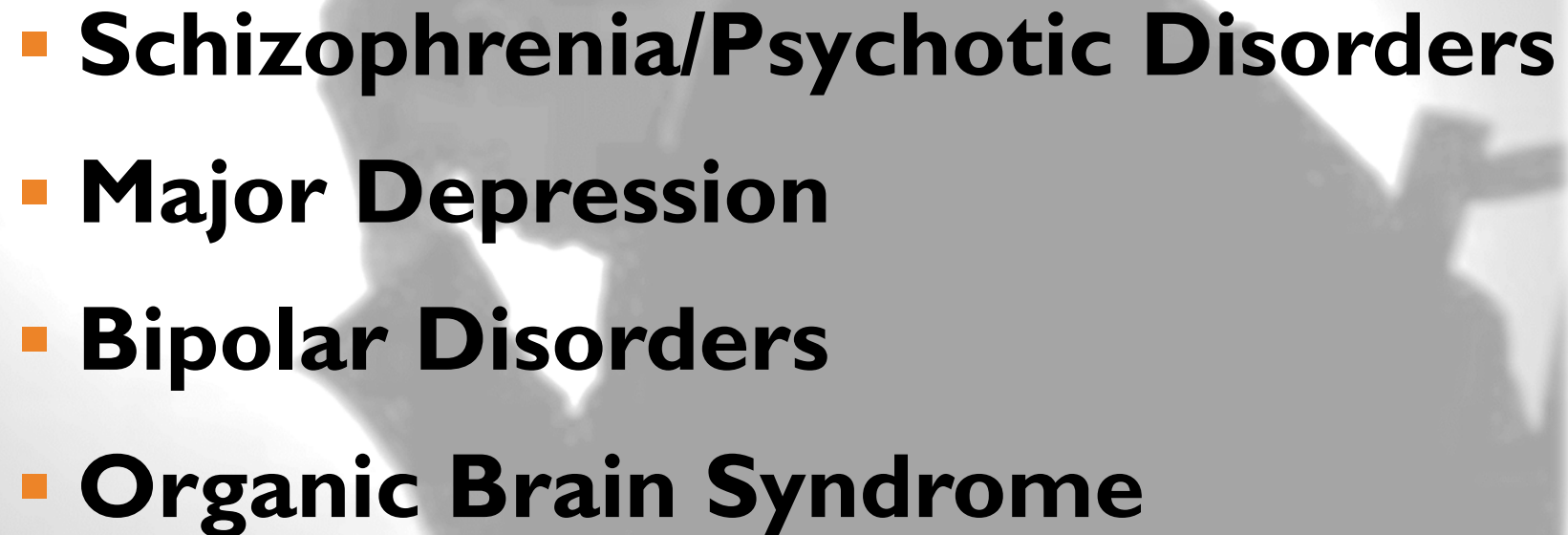
IOWA DEPARTMENT OF CORRECTIONS

■ Response to and Reentry of Offenders with Serious Mental Health Disorders

■ Jerry Bartruff Director

■ Katrina Carter Assistant Deputy-Offender Services

TREATING THE SERIOUS MENTALLY ILL (SMI)

- 
- **Schizophrenia/Psychotic Disorders**
 - **Major Depression**
 - **Bipolar Disorders**
 - **Organic Brain Syndrome**

SERIOUSLY MENTALLY ILL (SMI) IN IOWA

MALE

26.6%

FEMALE

50.5 %



LEVELS OF CARE



Acute

Sub-Acute

**Intensive
Outpatient**

General Population

MULTIDISCIPLINARY TEAM



- **Multidisciplinary Team**
- **Review History and Current Mental Status**

MENTAL HEALTH CARE PLAN

The purpose of the Mental Health Care Plan is to:

- Understand diagnoses
- Identify goals
- Manage symptoms
- Med review



MENTAL HEALTH CARE PLAN

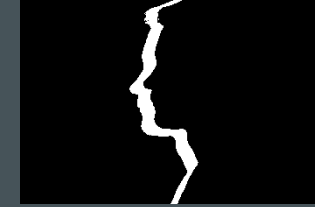
- **Review coping skills**
- **Support positive interactions**
- **Review behavior**
- **Mentor**

MENTAL HEALTH CARE PLAN

Incentives/Rewards

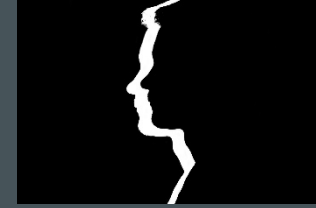
- **Progressively adding privileges**
- **Recognition of positive steps**
- **Resolving negative symptoms**

STORY OF DS



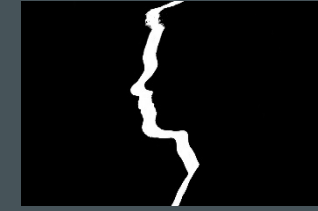
- **23 year old male**
- **Axis I Bipolar Disorder; Axis II ASPD**
- **In 5 months, DS received 39 Disciplinary Notices resulting in 240 days DD. Behaviors included assault, threats, gang material, refusing directives and verbal abuse**

STORY OF DS



- **Mental Health Care Plan:**
 - **Psychiatrist medication review**
 - **Psychologist reviewed negative behaviors and provided insight**
 - **Counselor and social worker identified long and short term goals**
- ***Plan includes a significant reduction of Disciplinary Detention***

STORY OF DS



- In the past 6 months, he has received 3 disciplinary notices
- Has been compliant with his mental health care plan
- More active in managing his own care
- Communication with Multidisciplinary Team has improved

EXPECTATIONS OF A MENTOR

- **MODEL PROSOCIAL BEHAVIOR**
- **TEACH/LEAD BY EXAMPLE**
- **SHARE KNOWLEDGE**
- **PROVIDE ACTIVE LISTENING**
- **ENCOURAGE CONFIDENCE**
- **ESTABLISH RAPPORT**

CASE STUDY OF AB



- ❑ 22 YEARS OLD
- ❑ INTAKE 5/28/12
- ❑ ANXIETY DISORDER AND
BORDERLINE INTELLECTUAL
FUNCTIONING

SINCE BEING ASSIGNED A MENTOR IN JANUARY OF 2013

NUMBER OF TIMES ON ACUTE UNIT

From intake (May) of 2012 thru December of 2012 ➡ **17/120**

From January 2013 thru June of 2013 ➡ **3/94**

From July 2013 thru December 2013 ➡ **2/40**

From January 2014 thru present ➡ **2/24**

REASONS FOR BEING PLACED ON ACUTE UNIT

cutting, insertion/ingestion of foreign objects, punching/kicking door

cutting x2, ingestion

ingestion, cutting

cutting (ideation only), anxiety

POSITIVES OF MENTORING (FOR THE MENTOR)



- + BUILD RELATIONSHIPS**
- + DISCOVER POSITIVE TRAITS**
- + LEARN NEW SKILLS**

POSITIVES OF MENTORING (FOR THE MENTEE)



- + BUILD A TRUSTING RELATIONSHIP**
- + RAPPORT = SUCCESS**
- + LEARN EFFECTIVE COMMUNICATION SKILLS**

CHANGING THE CULTURE



MENTAL HEALTH TRAINING OFFERED TO STAFF

- ☐ ATTENDANCE BY ALL STAFF INCLUDING SUPERVISOR STAFF
- ☐ A PRESENTATION BY CONSUMER AND FAMILY MEMBER
- ☐ A PRESENTATION BY A COMMUNITY MEMBER SUFFERING FROM MENTAL ILLNESS

CHANGING THE CULTURE

RULE VIOLATIONS/MINOR REPORTS

- ❑ Immediate feedback to offender in regard to negative behaviors
- ❑ Empower unit staff
- ❑ Staff writing the sanction serves the sanction on the offender (dialogue)

CHANGING THE CULTURE

- Staff input encouraged
- Labor Management meetings
- Increase presence by management
- Consistent staffing

CHANGING THE CULTURE

Mental Health Offenders THEN

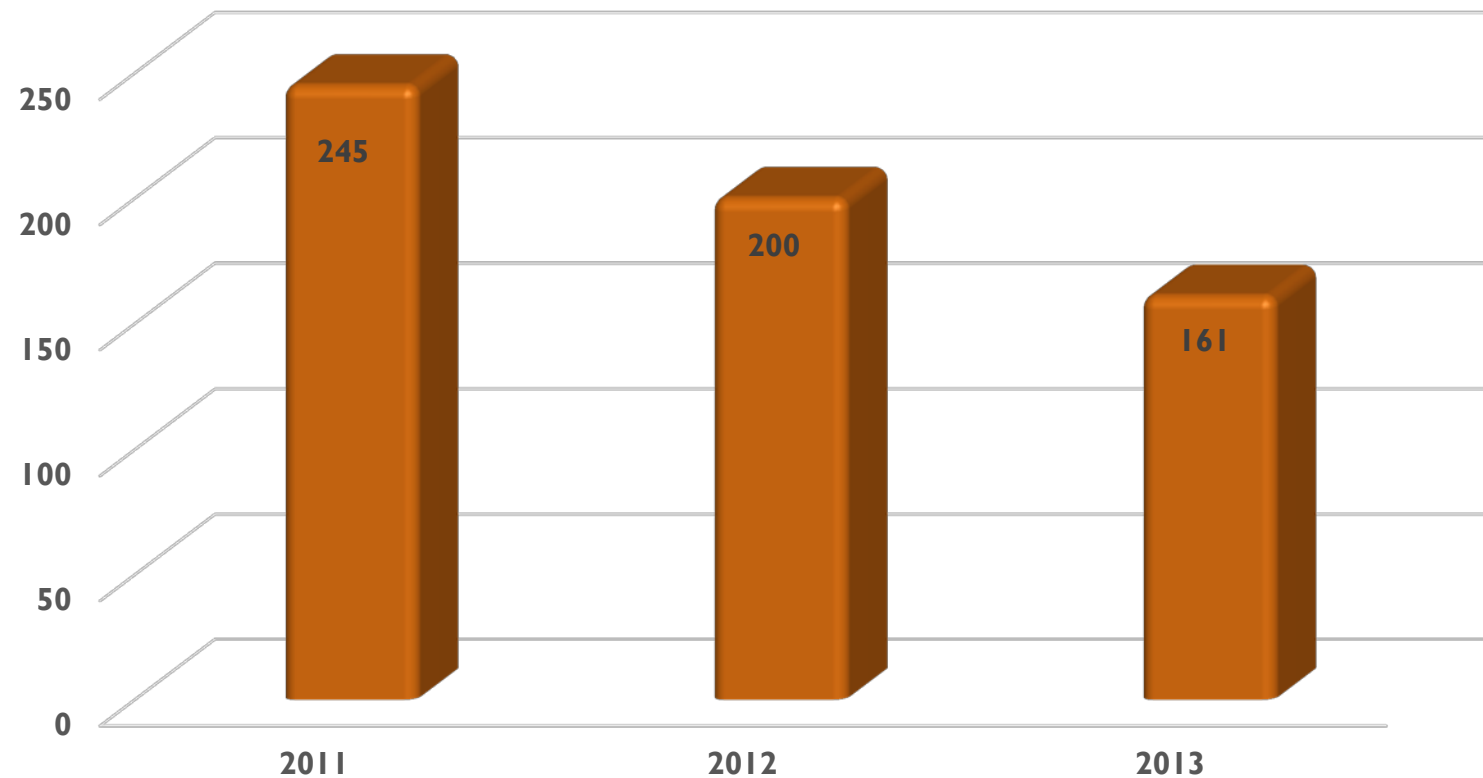
- Offenders were removed from interaction with general population offenders
- On unit yards and activities
- On unit work assignments
- Staff escorted off units at all times

Mental Health Offenders NOW

- TIP Privileges
- May go to yard as offered with mentor
- May attend all off unit activities as offered
 - Gym
 - Art room
 - Library

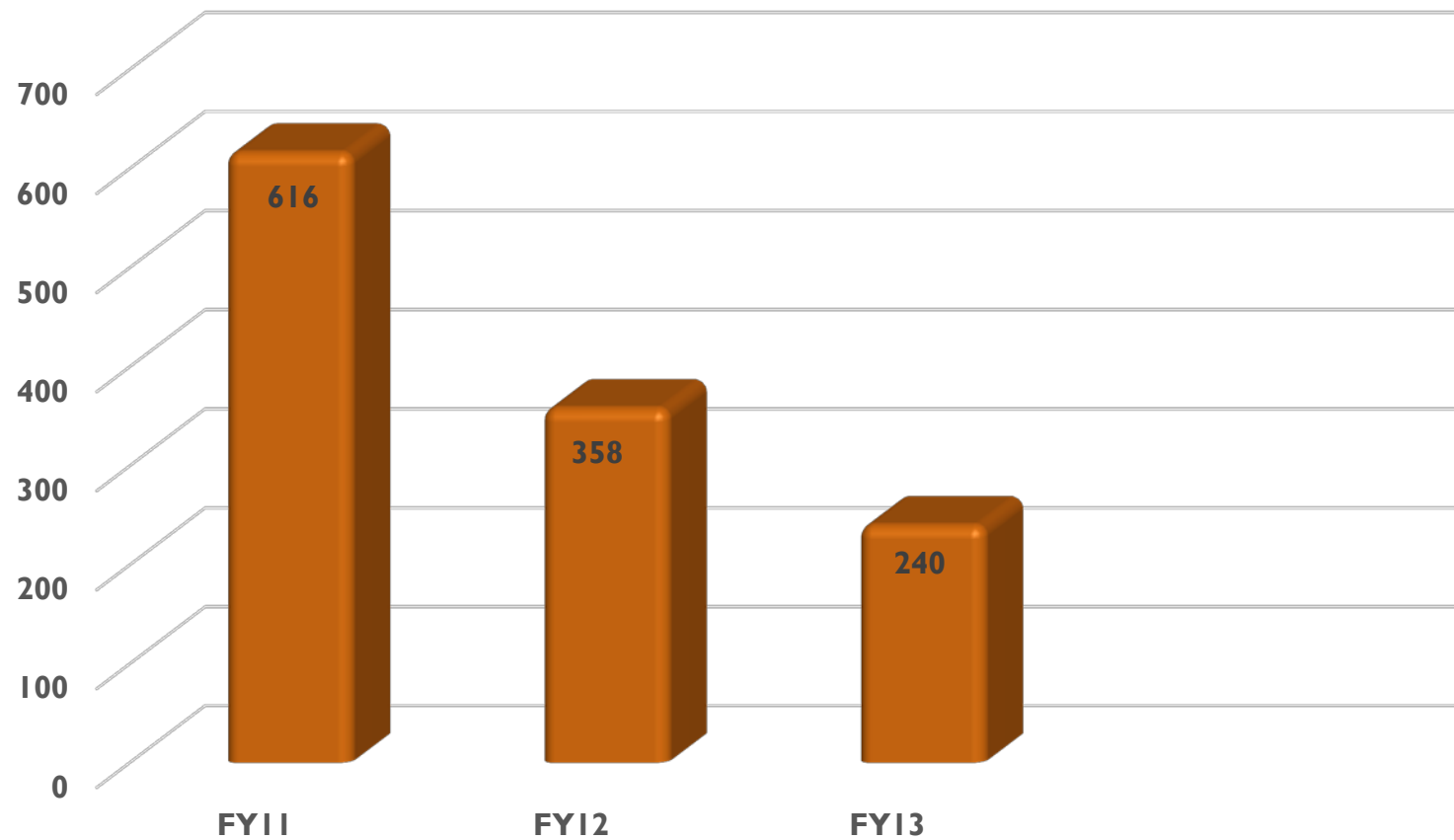
CHANGING THE CULTURE

Critical Incident Reports (CIR's)



CHANGING THE CULTURE

IMCC Use of Force Incidents





IOWA DEPARTMENT OF CORRECTIONS

■ Reentry Initiative for Offenders with Serious Mental Health Disorders

RELEASE PREPARATION

Partnership

- Iowa Department of Corrections
- Iowa Department of Human Services
- Iowa Medicaid Enterprise
- Magellan Behavioral Care of Iowa
- Integrated Health Homes (across Iowa)

IOWA HEALTH AND WELLNESS PLAN

- Enacted to provide comprehensive health coverage for low-income adults
 - Began January 1, 2014
 - Iowans age 19-64
 - Income up to and including 133% of the Federal Poverty Level (FPL)
- One Plan, Two Options
 - Iowa Wellness Plan
 - For adults age 19-64
 - Income up to and including 100% of FPL
 - Marketplace Choice Plan
 - For adults age 19-64
 - Income 101% to no more than 133% of the FPL

IOWA WELLNESS PLAN

0-100% FPL

- Administered by Iowa Medicaid
- Provides comprehensive health services
- Coverage is equal to the benefits provided to state employees

Benefit Categories Covered

- Physician services, including primary care
- Outpatient services
- Emergency room services & transportation
- Hospitalization
- Mental health and substance use disorder
- Rehabilitative and habilitative services & devices
- Lab services, x-rays, imaging (MRI, CTC, etc.)
- Preventive & wellness services
- Home & community-based services
- Prescription drugs
- Dental services

MARKETPLACE CHOICE PLAN

101-133% FPL

- Members select a certain commercial health plan available on the Health Insurance Marketplace
- Medicaid pays the premiums to the commercial health plan on behalf of the member – often referred to as “premium assistance”
- Uses the commercial plan’s statewide provider network – includes primary care, specialists, hospitals
- Provides comprehensive health services
- Coverage includes the qualified health plan required essential health benefits

Benefit Categories Covered

- Physician services, including primary care
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MEDICAID ENROLLMENT

DHS & IME – enrollment process

- DOC staff will complete application materials with the offender and submit to the DHS central location
- Members should have Medicaid ID number prior to leaving the institution
- IME will coordinate “timing” of Medical Exemption processing

Single Point of Contact

- DOC staff will contact Magellan Corrections Phone Line 30 to 60 days prior to release/discharge
- DOC staff will have offender sign appropriate releases of information
- Magellan Corrections Coordinator will work with DOC to assess need

CONNECTIONS TO COMMUNITY SERVICES

Magellan Corrections Coordinator

- SMI: connect offender to an Integrated Health Home; if none available, Magellan will coordinate follow-up appointments
- MI or SUD: coordinate follow up appointments with DOC staff
- ID: work with DOC staff to make referral to Targeted Case Manager
- COD: coordinate making referrals for follow-up services, stay in contact with members until appropriate coordination source located

Integrated Health Homes Services

- Comprehensive care management
- Care coordination & health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social support services

NUMBERS

May 2014 – July 2015

- 1,868 applications
 - 31 submitted for inpatient stay
 - 158 denied
- 282 medically exempt
- 75 full participants in Integrated Health Homes

SECOND CHANCE ACT

STATEWIDE RECIDIVISM REDUCTION INITIATIVE

- Implementing comprehensive system-wide change to reduce recidivism
 - Interagency steering committee
 - Comprehensive system-wide quality assurance plan
 - Statewide training plan
 - Enhancement of reentry policy and practice
 - Statewide job competencies
 - Evidence-based workloads

NATIONAL ALLIANCE ON MENTAL ILLNESS, IOWA (NAMI)

- Peer-to-peer mentors/teachers for all nine prisons and eight judicial districts
- Ongoing training of correctional personnel
- Program design and implementation to ensure sustainability

DEPARTMENT OF HUMAN SERVICES AND UNIVERSITY OF IOWA CENTER FOR DISABILITIES AND DEVELOPMENT

- Interagency collaboration effort – corrections and community service providers
- Sustainable training curriculum
- Ultimate goal
 - Seamless transition for offenders, addressing barriers
 - Reducing duplicative efforts
 - Greater knowledge and skills for service providers working with offenders