



October 29, 2021

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20510

RE: Bipartisan Mental Health Legislation Request for Information

Dear Chairman Wyden and Ranking Member Crapo,

The National Commission on Correctional Health Care (NCCHC) writes in response to the Senate Finance Committee's Request for Information on comprehensive, bipartisan mental health legislation.

The mission of NCCHC is to improve the quality of health care in jails, prisons, and juvenile confinement facilities. NCCHC establishes standards for health services in correctional facilities, operates a voluntary accreditation program for institutions that meet those standards, produces resource publications, conducts educational conferences and offers certification for correctional health professionals. NCCHC is supported by the major national organizations representing the fields of health, mental health, law, and corrections. Each supporting organization has named a liaison to the NCCHC board of directors to create a robust, multidisciplinary governing structure that reflects the complexities of correctional health care.

Facilities providing healthcare services to the nonincarcerated population must meet specific accreditation requirements, but, shockingly, there is no legally mandated accreditation system for healthcare services provided in correctional facilities. With no federal accreditation requirement for healthcare facilities in jails and prisons, the access to and quality of healthcare in these facilities can vary significantly. While facilities benefit from NCCHC accreditation through lower insurance premiums, safety and health of staff and inmates, and minimized occurrence of adverse events, in the end it is up to the facility's discretion whether they would like to become accredited.

Correctional facilities have been the country's largest mental health providers for decades. Serious challenges are presented by any size inmate population with mental health needs, ranging from serious mental illness to substance use disorder to unhealed trauma. According to the Bureau of Justice Statistics, more than 50% of individuals in the criminal justice system suffer from a mental health condition and approximately 75 percent of those with a serious mental health condition also have a co-occurring substance use disorder. Facilities who are investing in treatment for mental health and substance use disorders can and should get recognition for the work they are doing to support incarcerated patients and their communities by applying for NCCHC Mental Health Accreditation. Opioid treatment programs (OTPs) must obtain certification from SAMHSA through an approved accreditor; NCCHC is one of the six approved accreditors and is the only one that specializes in correctional healthcare.



Telemedicine is not a new phenomenon for correctional facilities, as it is often difficult to bring services inside a secure environment and equally challenging to bring incarcerated patients to those services. Telehealth is a valuable tool for patients in correctional facilities, and expansions should focus on increasing access to medication management and nonpharmacological, behavioral health services. Access to telehealth services for behavioral health encourages continuity of care for justice-involved individuals, in addition to allowing them to access specialized providers that they otherwise may not be able to.

The Medicaid Inmate Exclusion Policy (MIEP) prohibits the use of federal funds and services for medical care provided to inmates of public institutions, which negatively impacts rehabilitation outcomes and puts a financial strain on local budgets. Juvenile inmates are also excluded from Medicaid under MIEP. NCCHC strongly supports the passage of the bipartisan, bicameral Medicaid Reentry Act (S. 285), which would allow Medicaid to cover mental health and addiction services for otherwise eligible individuals 30 days before they are released from incarceration. In turn, this would help to decrease recidivism, reduce drug overdoses, advance equity, provide taxpayer savings, and increase reentry success.

Justice-involved youth are a particularly vulnerable population when it comes to mental health and substance use disorders and are at a higher risk than the general population for suicide ideation due to high rates of exposure to trauma and adverse childhood experiences. NCCHC has recommended that all juvenile correctional facilities, including pre- and post-adjudication, small and large, public and private, should develop and implement a comprehensive suicide prevention program that takes into consideration the unique characteristics of adolescent suicide.

The incarceration of adolescents in adult correctional facilities is detrimental to the mental health, safety, and well-being of those youth. However, some jurisdictions still adjudicate youth as adults and place them in facilities for adults. Until this changes, NCCHC recommends that adolescents in adult correctional facilities be separated from adults and given opportunities for appropriate peer interaction and developmentally appropriate, specialized programming. This includes individual mental health assessment and screening, ongoing behavioral healthcare and treatment of behavioral health disorders, and substance use intervention programs.

As the Senate Finance Committee continues their efforts to develop bipartisan mental health legislation, NCCHC is here to act as a resource on all issues related to correctional healthcare. Please do not hesitate to contact us at deborahross@ncchc.org and jamesmartin@ncchc.org with any additional questions you may have.

Thank you,

Deborah Ross

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National Commission on Correctional Healthcare

James Martin

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National Commission on Correctional Healthcare