Managing the Mentally Ill in Oregon’s Prisons

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OHSU Psychiatry Grand Rounds
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DOC Overview
The mission of the Oregon Department of Corrections is to promote public safety by holding offenders accountable for their actions and reducing the risk of future criminal behavior.
The Oregon Accountability Model

- PO reach-ins
- Treatment
- Sanctions
- Mentoring and community support

- ID prior to release
- Road to Success transition program
- Collaboration with providers

- Parenting classes
- TACE event
- Children of Incarcerated Parents
- Religious services

- Evidence-based assessment
- Education, work skills, etc.

- Security threat management
- Model pro-social behavior
- Sanctions match offense

- A&D treatment
- Cognitive programs
- Education skills
- Work skills enhancement

- OAM:
  - Risk factor and case planning
  - Community supervision and programs
  - Staff – inmate interactions
  - Reentry
  - Work and programs
  - Children and families
1. DOC is the second largest GF state agency (behind DHS)
2. 4,300 employees
3. 14,000 inmates across the state
4. 14 institutions across the state
5. 2 field offices (Douglas & Linn Counties) and indirect supervision of 34 county community corrections agencies
6. $1.36 billion biennial budget
7. DOC has grown 97% since 1995
8. 10,739 new intakes and 10,328 released offenders in last 2 calendar years
Institutions – Offender Counts

Minimum Security (Class 1-2)  Medium Security (Class 3-4)  Maximum Security (Class 5)

DRCI - 761
EOCI - 1,668
TRCI - 1,697
SFFC - 194
PRCF - 276
SFCF - 405
CCCF - 1,135; CCIC - 470
SCCI - 286
MCCF - 285
WCCF - 398
OSCI - 897
SCCI - 286
OSP - 2,926
CCI - 1,135; CCIC - 470
SFFC - 194
DRCI - 761
SRCI - 3,049

Minimum Security (Class 1-2)  Medium Security (Class 3-4)  Maximum Security (Class 5)
Offender Demographics – Gender

- Male: 91.7%
- Female: 8.3%
Offender Demographics – Crime Type

Female
- Person - Non Sex Offense: 40%
- Property: 34%
- Other: 22%
- Person - Sex Offense: 4%

Male
- Person - Non Sex Offense: 43%
- Property: 17%
- Other: 13%
- Person - Sex Offense: 27%
Offender Demographics – Race

January 2012

Oregon’s demographics

Caucasian 83%

American Indian 1%
African American 3%
Hispanic 11%
Asian 3%

Caucasian 72%
AFRICAN AMERICAN 10%
HISPANIC 14%
AMERICAN INDIAN 3%
ASIAN 1%

White 72%
Black 10%
Hispanic 14%
American Indian 3%
Asian 1%
Aging Offender Population

Percent of Total Prison Population by Age Group

- 24 AND YOUNGER
- 25 TO 30
- 31 TO 45
- 46 TO 60
- 61 AND OLDER

Federal and State Constitutions require that health care (medical, mental health, dental) be provided to individuals during incarceration.

- US Constitution, 8th Amendment
- ORS 423.020 (24)
- Case Law
• Medical, dental, mental, pharmacy, and optical health care is provided
• Clinics exist in every institution
  • Levels of care and coverage vary
  • Mental health care exists in eight facilities
• Infirmary-level care exists in five institutions
  • Infirmary-level care requires 24/7 staffing
Behavioral Health Services
The Oregon Department of Corrections’ Behavioral Health Services division is committed to providing high quality of care and safe management of all inmates with mental health disorders.

Services are prioritized and provided for those inmates who have a persistent mental illness and/or a developmental disability with a special focus on those inmates who are diagnosed as seriously mentally ill.

**BHS Overview**
• BHS services are designed to help inmates learn skills to successfully manage their symptoms and behaviors in a prison environment.

• Crisis services are provided to all inmates on an as-needed basis.

• Inmates may be referred to BHS for assessment at any point in their incarceration, either at their own request or by staff members.

BHS Overview
Percentage of Offenders with Mental Health Needs
Mental Health Population Growth

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<th>MH2</th>
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Legend:
- MH3
- MH2
- MHR
Continuum of Care

- Crisis intervention
- Suicide prevention
- Mental health evaluations
- Medication management
- Skills training
- Response to victims of sexual assault
- Mental health housing assignments
- Case management
- Crisis Prevention Plans
- Risk Management Plans
- Day treatment program for developmentally disabled inmates
- Release planning
- Provide information to hearings department regarding inmates that are seriously mentally ill.
BHS Assessments
Inmate arrives at DOC Intake from jail

Security

1st point of contact

Officer receives MH information and alerts BHS

Medical Screening

Medical extends prescription for 15 days

On medications or history of mental illness

Referred for Mental Health Interview

Developmental Disabilities (DD) assessment

Reading scores above 220

Reading Testing

Yes

Personality Assessment Inventory (PAI) testing

PAI shows elevated scales

No

Yes

MH screening process ends

Process averages 21 days for completed MH assessment
SMI criteria is based on:

- Diagnosis
- Recent serious suicide attempt
- Significant functional impairment
It is the practice of the department that inmates who meet the criteria for SMI will not be housed in disciplinary isolation for more than 30 days.

- Input to hearings officer
- Isolation limited to <30 days
- Crisis Prevention plan

The Seriously Mentally Ill (SMI) & Discipline in Prison
BHS Services
• Case Management
  • Connections Day Treatment Program
  • Coordination with DHS upon release
• Case Management
  • Medication Management
  • Individual & group skills training
  • Release planning

Mental Health Services
Crisis Prevention

- Crisis Intervention
- Assessment
- Crisis Prevention Plans
- Suicide Prevention Monitoring
  - Suicide Close Observation
  - Suicide Watch
- Staff Training
BHS Specialized Housing
Mental Health Beds Statewide

Mental Health Housing Units (MHU)

Mental Health Infirmary (MHI)

Mental Health Housing Units (MHU)

Day Treatment Unit (DTU)

Behavioral Housing Unit (BHU)

Intermediate Care Housing (ICH)

BHS Mental Health Continuum

OSP – 65
Total 65

OSP – 73
Total 73

OSPF – 10
OSP – 49
Total 59

CCCF – 60
DRCI – 108
EOCI – 50
TRCI – 64
OSCI – 123
SRCI – 106
Total 511

CCCF – 36
EOCI – 24
TRCI – 36
SRCI – 36
Total 132

CCCF – 10
OSPF – 49
Total 59
The MHI is a crisis response unit that provides psychiatric care to inmates who require intensive assessment and stabilization.

Treatment may include short term psychiatric stabilization, diagnostic clarification, and medication adjustment.
An intermediate level of care for inmate’s releasing from the Mental Health Infirmary. Provides individual and group skill building and longer term housing for inmates who are not ready or who cannot function in a lower level of care.
Provides intensive case management and individual and psycho-educational groups for those inmates living in general population with a high level of need for mental health support.

Day Treatment Unit (DTU)
Mental Health Housing Unit (MHU)

A general population housing placement designed to provide safe and supportive housing for inmates with a serious mental illness, developmental delays, cognitive impairments, or who have been identified as having moderate to high symptom acuity and risk factors that cause impairment in daily functioning.
Provides for intensive behavioral management and skills training services to seriously mentally ill inmates who display mental health symptoms and cognitive functioning levels which contribute to maladaptive and serious high risk assaultive behavior.

Behavioral Housing Unit (BHU)
What Works
The numbers are important

1. 93% of all inmates release back into the community
2. Percent who will recidivate: 26.5%
3. Incarceration is our most expensive option:
   • Prison cost per inmate per day: $84.81
   • Jail day: $105
4. New prison: $200-400 million (excluding operating costs)
5. Average cost for those who recidivate and return to prison: $104,814
6. Median length of stay – 3.4 years (excluding inmates who have a Life or a Death sentence)
7. According to the Oregon Criminal Justice Commission, reducing the recidivism rate by 1% avoids $4.3M in annual victim and taxpayer costs due to crime.
What Works

- Education
- Drug & alcohol treatment
- Job readiness
What works continued

• Visiting
  • A recent Minnesota DOC study found that visitation significantly decreased the risk of recidivism. The results also showed that visits from siblings, in-laws, fathers and clergy were the most beneficial in reducing the risk of recidivism.
  • The findings suggest that revising prison visitation policies to make them more ‘visitor friendly’ could yield public safety benefits by helping offenders establish a continuum of social support from prison to the community.
Questions?

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