

Managing the Mentally Ill in Oregon's Prisons

**Colette S. Peters, Director
Oregon Department of Corrections**

**OHSU Psychiatry Grand Rounds
Sept. 18, 2012**



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.

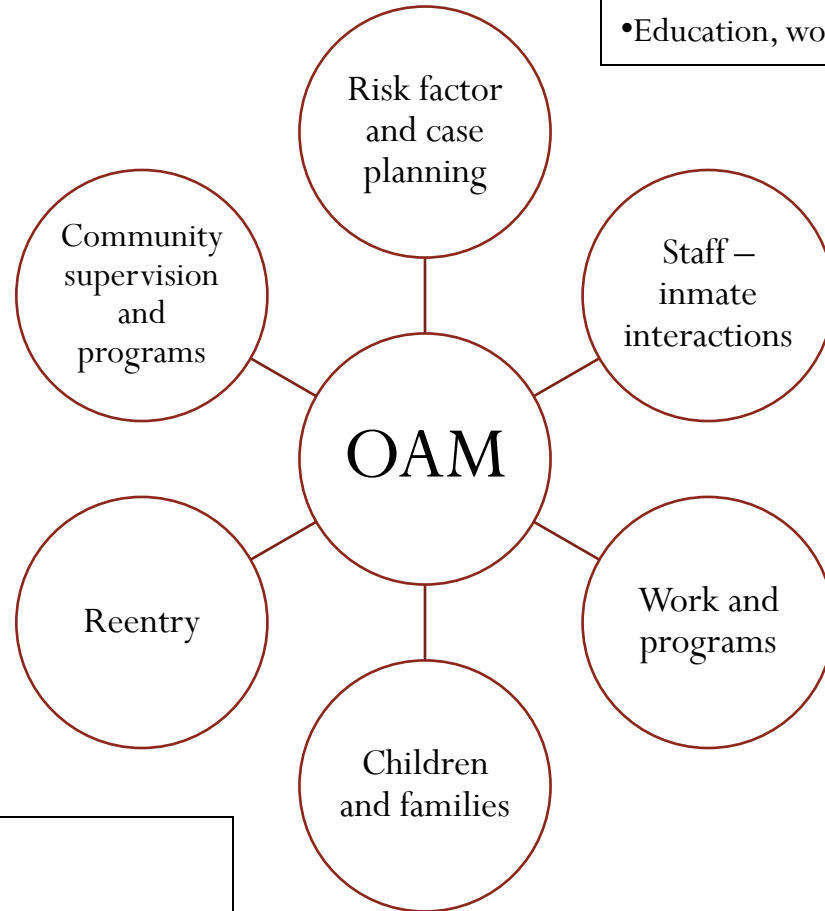
DOC Mission

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



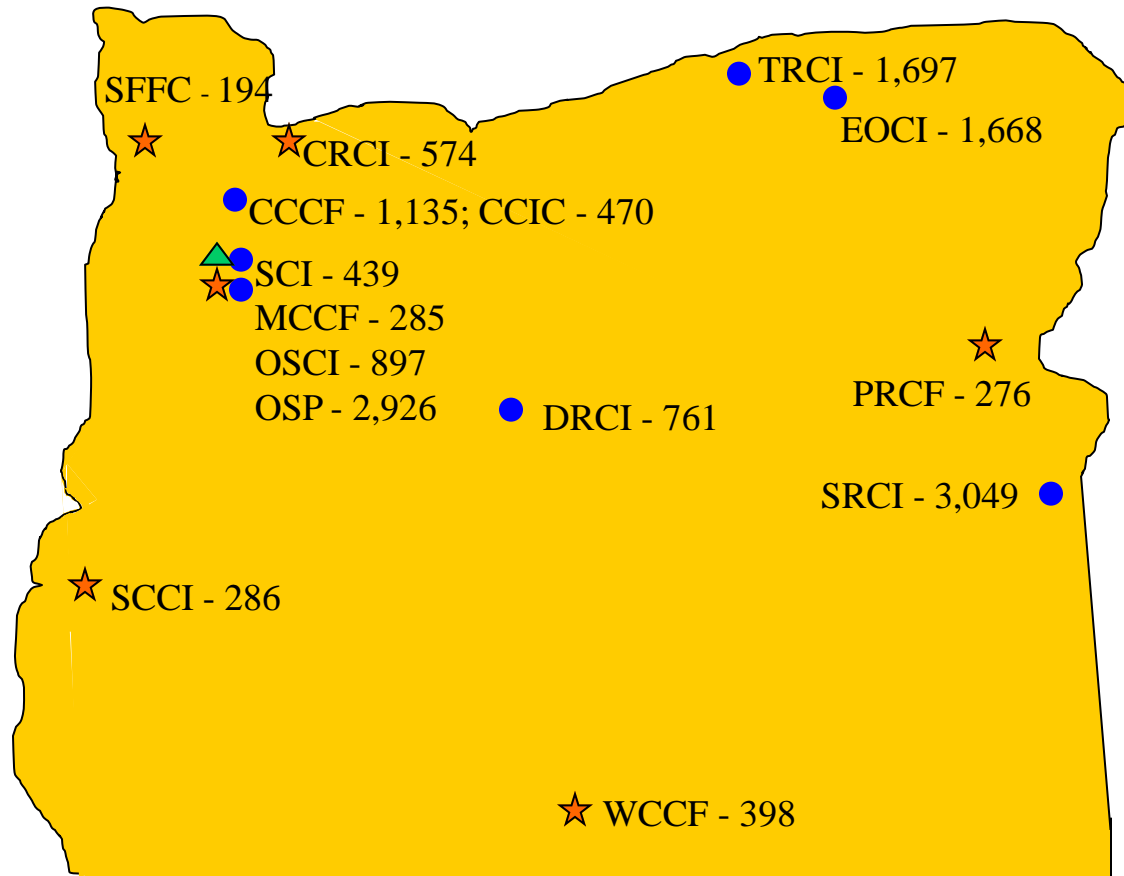
- Evidence-based assessment
- Education, work skills, etc.

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

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

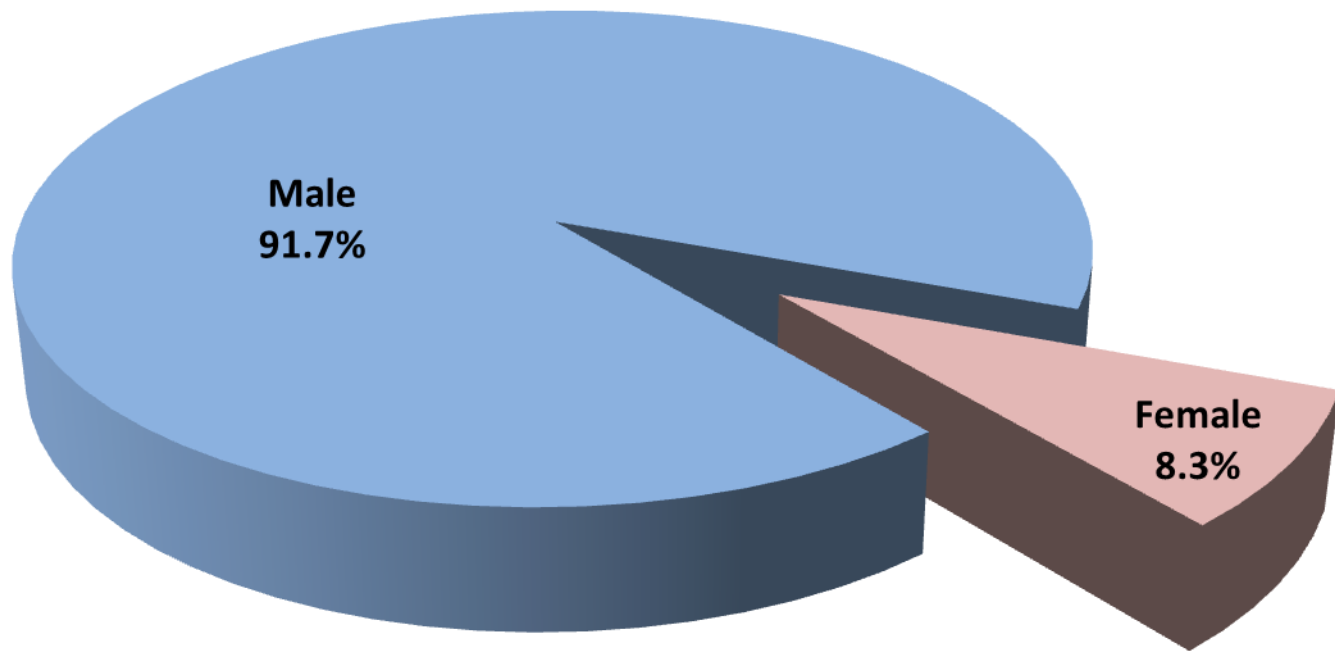
1. DOC is the second largest GF state agency (behind DHS)
2. 4,300 employees
3. 14,000 inmates across the state
4. 14 institutions across the state
5. 2 field offices (Douglas & Linn Counties) and indirect supervision of 34 county community corrections agencies)
6. \$1.36 billion biennial budget
7. DOC has grown 97% since 1995
8. 10,739 new intakes and 10,328 released offenders in last 2 calendar years

DOC Facts



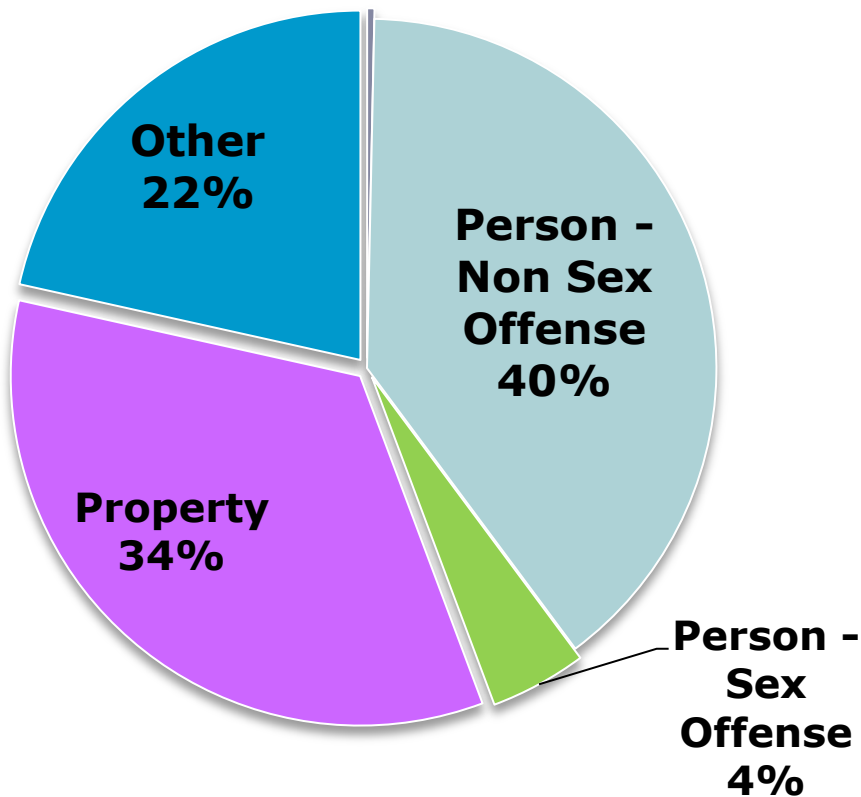
★ Minimum Security (Class 1-2) ● Medium Security (Class 3-4) ▲ Maximum Security (Class 5)

Institutions – Offender Counts

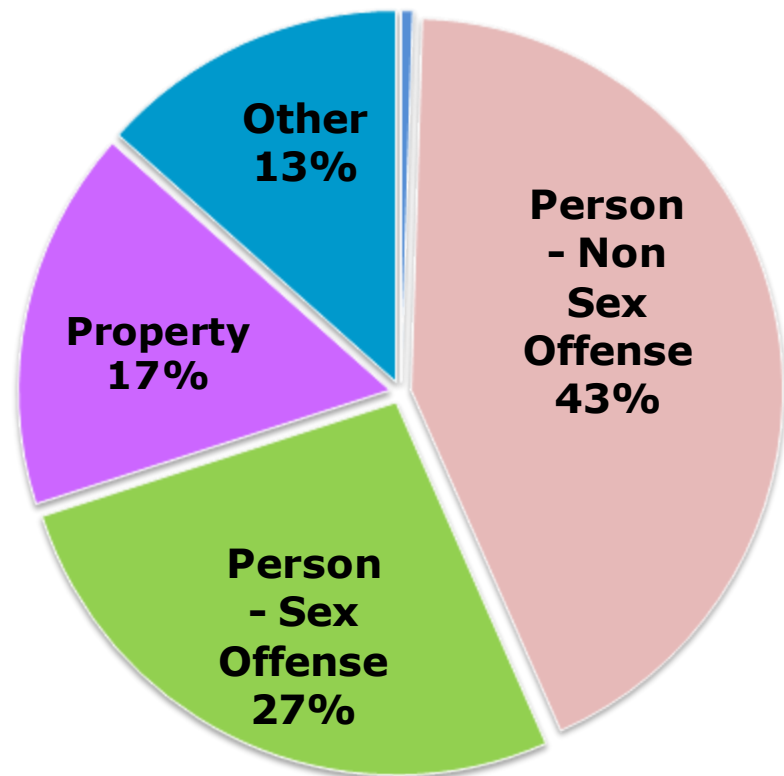


Offender Demographics – Gender

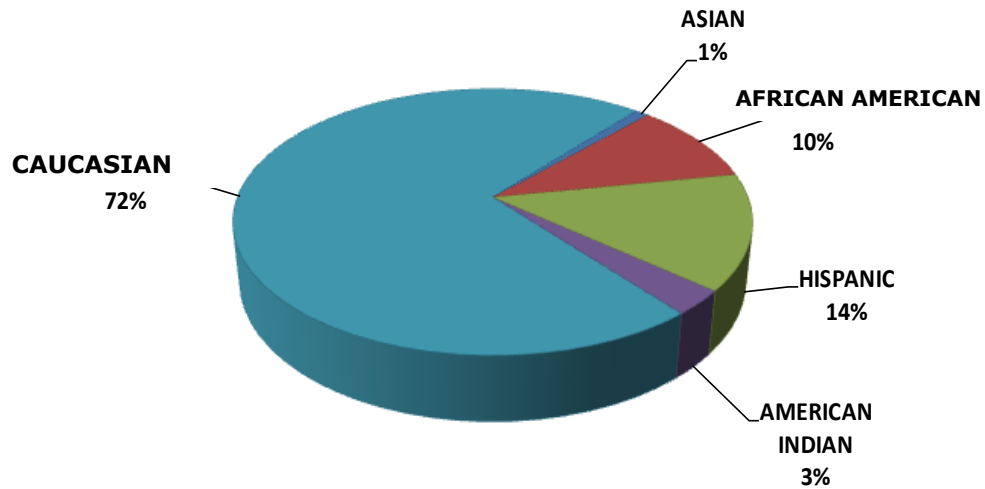
Female



Male

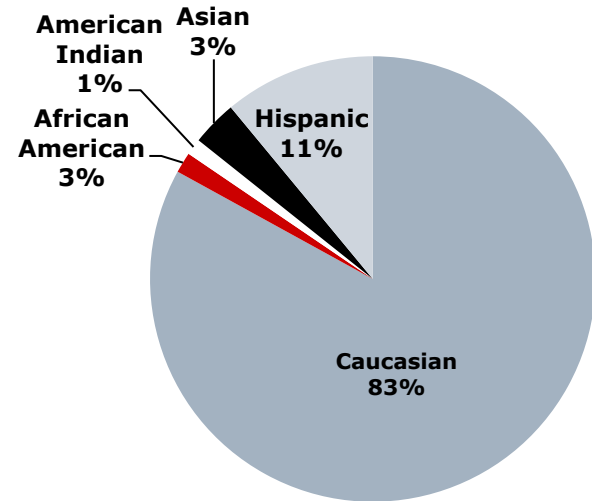


Offender Demographics – Crime Type



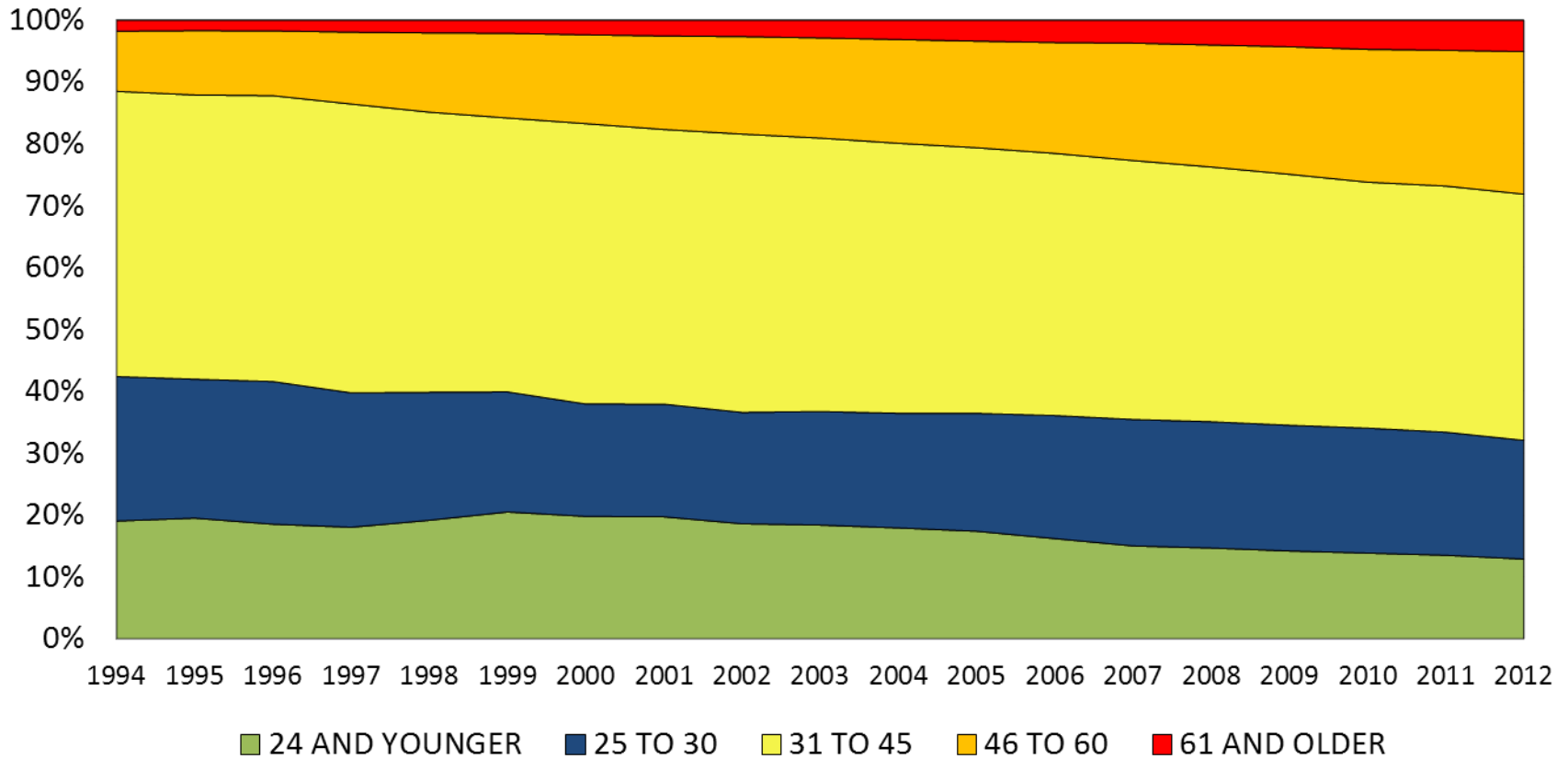
January 2012

Oregon's demographics



Offender Demographics – Race

Percent of Total Prison Population by Age Group



Aging Offender Population

- 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 Delivery System

Community Standard of Health Care

- 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

DOC Health Services Structure

Behavioral Health Services

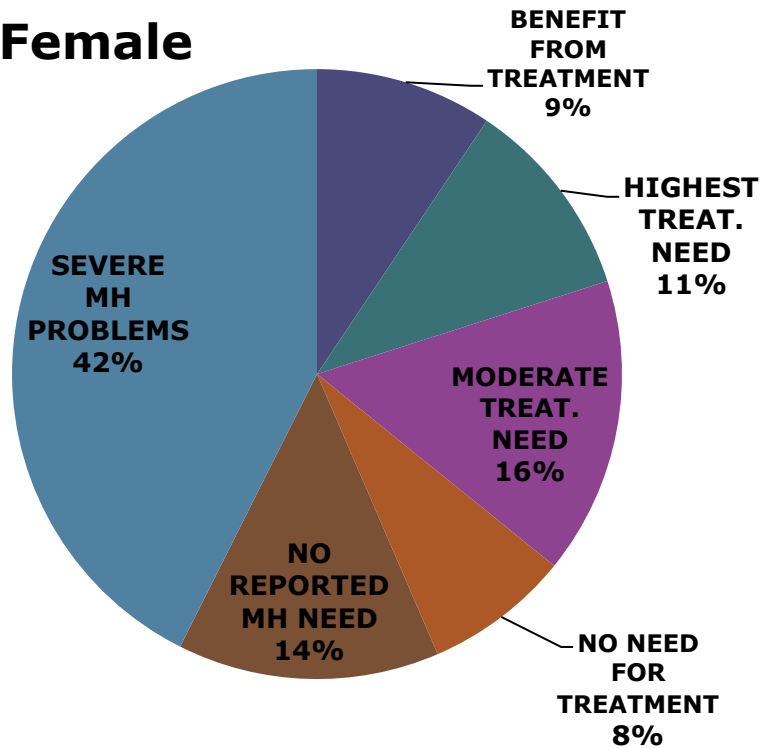
- The Oregon Department of Corrections' Behavioral Health Services division is committed to providing high quality of care and safe management of all inmates with mental health disorders.
- Services are prioritized and provided for those inmates who have a persistent mental illness and/or a developmental disability with a special focus on those inmates who are diagnosed as seriously mentally ill.

BHS Overview

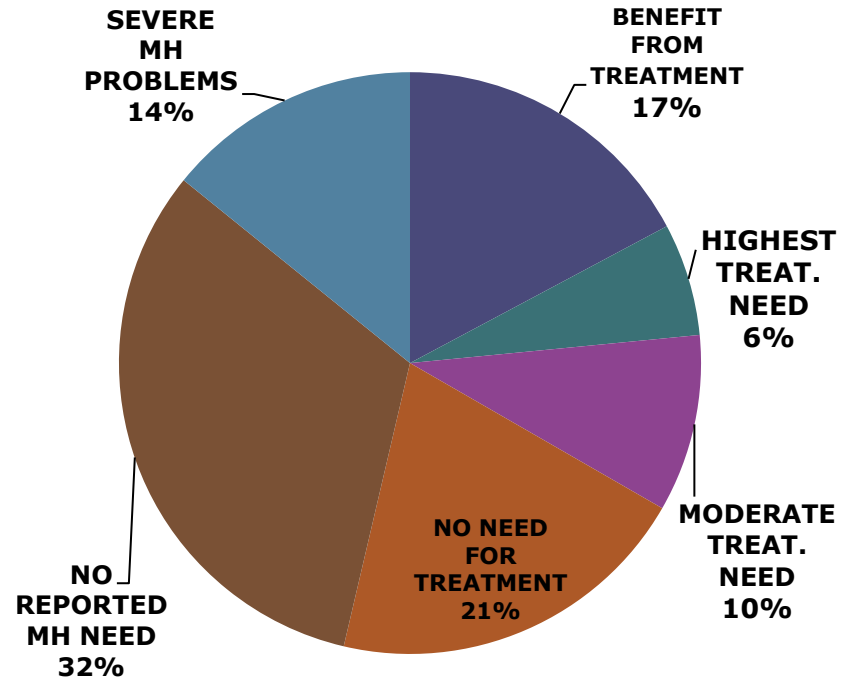
- BHS services are designed to help inmates learn skills to successfully manage their symptoms and behaviors in a prison environment.
- Crisis services are provided to all inmates on an as-needed basis.
- Inmates may be referred to BHS for assessment at any point in their incarceration, either at their own request or by staff members.

BHS Overview

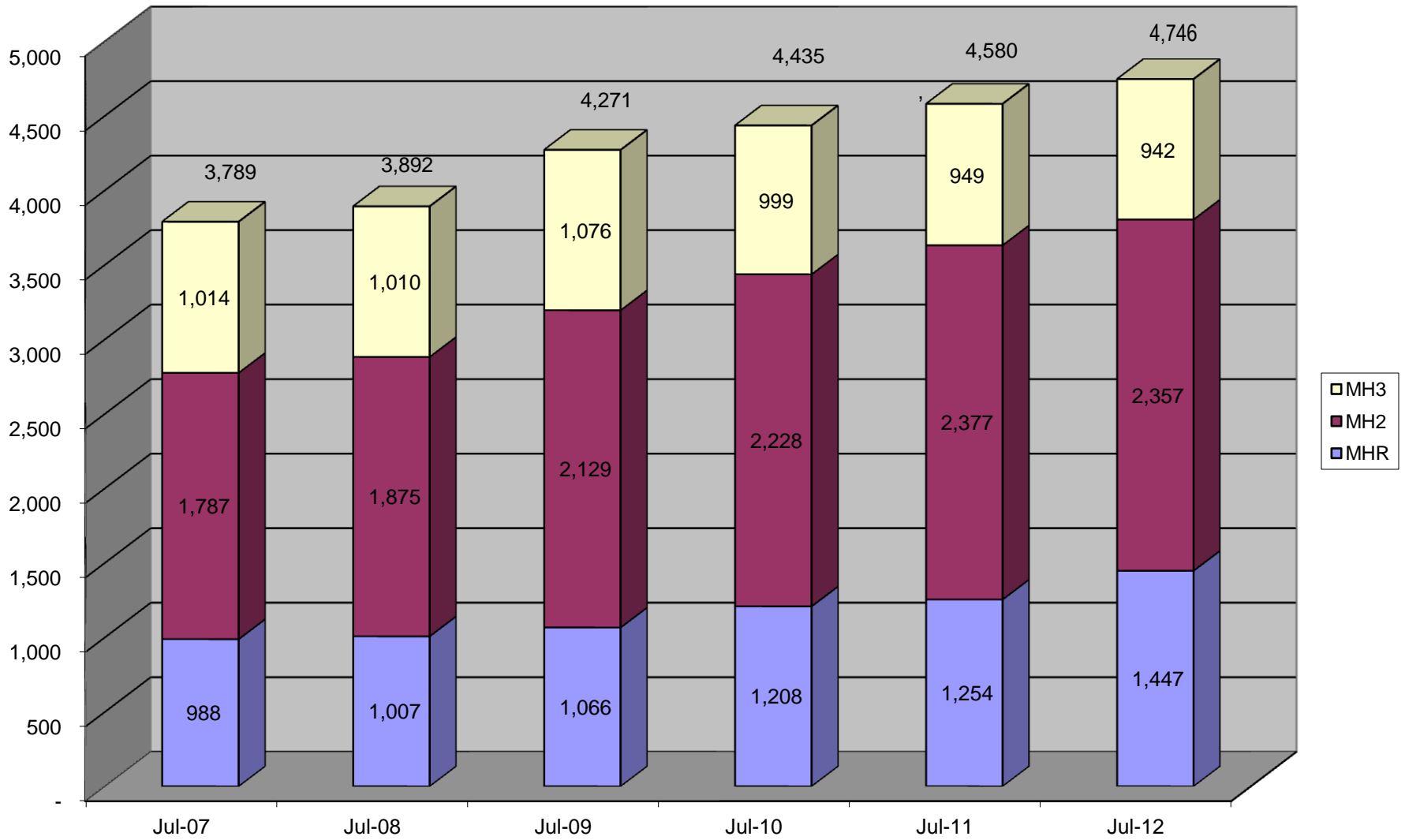
Female



Male



Percentage of Offenders with Mental Health Needs



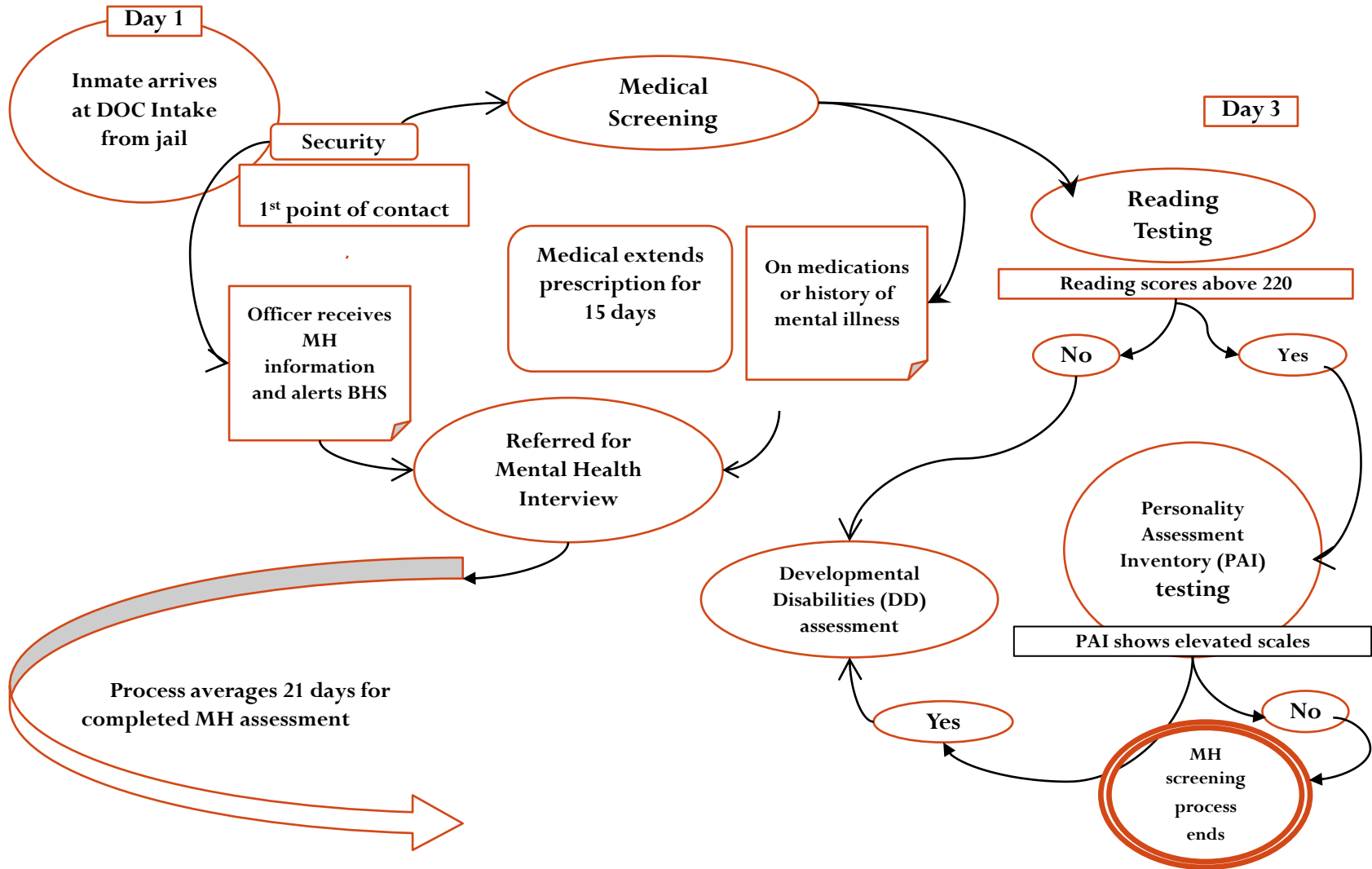
Mental Health Population Growth

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

Intake Process



SMI criteria is based on:

- Diagnosis
- Recent serious suicide attempt
- Significant functional impairment

Seriously Mentally Ill (SMI)

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

Developmental Disabilities Services

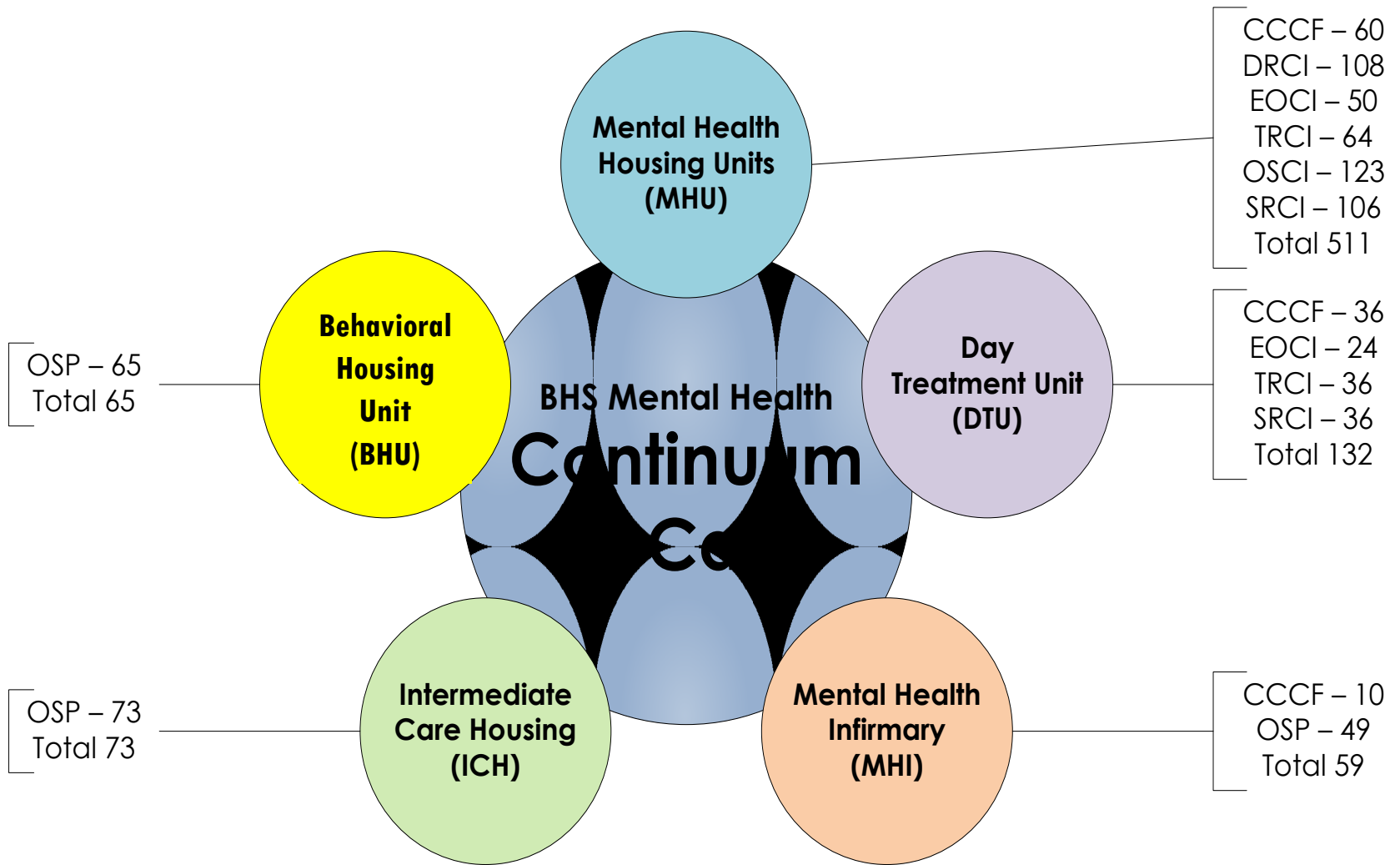
- Case Management
 - Medication Management
 - Individual & group skills training
 - Release planning

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

- 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.

Mental Health Infirmary (MHI)

An intermediate level of care for inmate's releasing from the Mental Health Infirmmary. 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.

Intermediate Care Housing (ICH)

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)

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.

Mental Health Housing Unit (MHU)

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?

Colette S. Peters

503-945-0927

colette.s.peters@doc.state.or.us