

Oklahoma Department of Corrections
Correctional Mental Health Services
by
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Deinstitutionalization to Reinstitutionalization
PART I: THE NEW CHALLENGE

Nationwide:

In September 2006, the Bureau of Justice Statistics within the United States Department of Justice issued a report based on a national study that concluded that more than half of all prison and jail inmates have a mental health problem. The study found that 56% of state prisoners, 45% of federal prisoners, and 64% of local jail inmates reported that they had a recent history or symptoms of mental disorders that occurred in the last year (which is not necessarily the equivalent of an official diagnosis of mental illness). Female inmates had higher rates than male inmates. About one in three state prisoners, one in four federal prisoners, and one in six jail inmates with mental health problems reported that they had received mental health treatment since admission. Nearly 63% of state prisoners who had reported a mental health problem had also reported they used drugs in the month before their arrest (compared to 49% of those without a mental health problem). State prisoners who had a mental health problem were twice as likely as those without such a problem to have been homeless in the year before their arrest (13% vs. 6%), and twice as likely to have been injured in a fight since admission (20% vs. 10%). Doris L. James & Lauren E. Glaze, *Mental Health Problems of Prison and Jail Inmates*, Bureau of Justice Statistics, U.S. Department of Justice (Sept. 2006) (NCJ 213600), <http://www.ojp.usdoj.gov/bjs/abstract/mhppji.htm>. In addition, a recent PBS TV documentary, entitled "The New Asylum," has succinctly presented this crisis that has affected all states, and CBS' more recent (February 11, 2007) "60 Minutes" segment on Michigan's problems with mentally ill inmates gives a vivid picture of the consequences of ignoring this national problem (http://www.cbsnews.com/sections/i_video/main500251.shtml?id=2458916n).

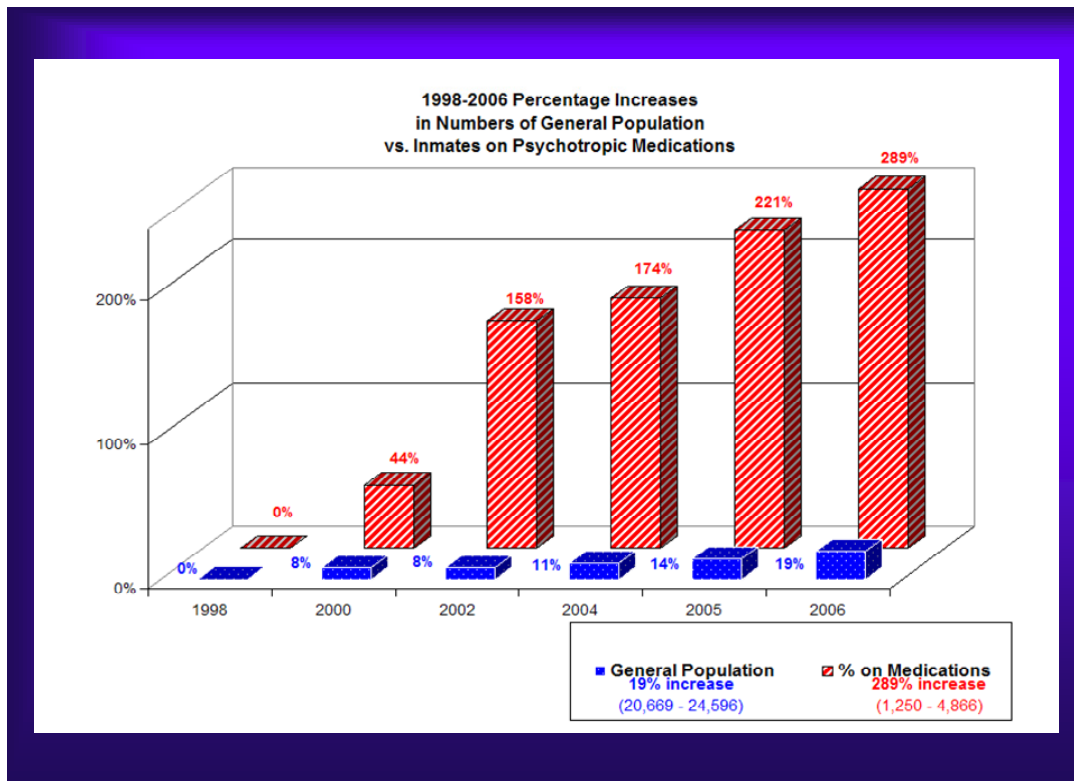
Oklahoma's Challenge:

Oklahoma is just now experiencing this phenomenon that other states have been experiencing for over two decades: jails and prisons receiving increasing numbers of persons with mental illness. During the last two decades, the Oklahoma's state mental hospitals were being closed, theoretically to take advantage of the newly developed and less expensive medications that would allow persons with mental illness to function in the community rather than being warehoused in hospital settings. Unfortunately, the resources and planning necessary to turn this theory work into action were not in place. As a result many individuals with mental illness found themselves in conflict with the law as a direct consequence of their untreated mental illness. Thus jails and prisons soon became major providers of mental health treatment, the "New Asylums."

ODOC now houses over 9,610 inmates with a documented history of or current symptomology of serious mental illness. Of those, approximately 5,500 meet most medical definitions of current serious mental illness that require treatment. In addition to those with mental illness, approximately 200 inmates suffer from some serious developmental or cognitive disability. In a 2003 study, it was found that 57% of all inmates with some form of mental illness were incarcerated for non-violent offenses. Of the females with mental illness, 68% were incarcerated for non-violent crimes, and of the males, 54% were incarcerated for non-violent crimes. The percentage of all offenders with mental illness who had no prior crimes (i.e., first-time offenders) was 47%.

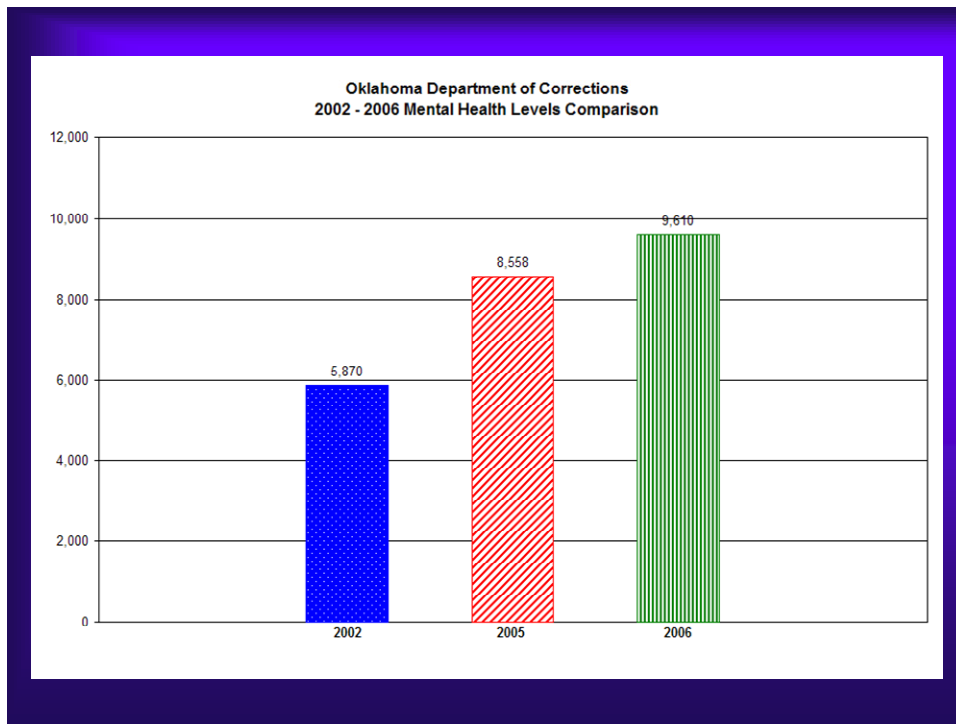
Figure 1 presents the comparison of the past percentage increase of all incarcerated offenders with the increase of the number of incarcerated offenders receiving psychotropic medications. While the total population of incarcerated offenders increased 19%, the number of inmates requiring psychotropic medications increased 289%. A recent study predicted an approximately 10% increase in total inmate population within the next two years, while an extrapolation of the data in Figure I would conservatively estimate that the DOC mental health caseload will increase 20-40% during those same three years.

Figure 1



Since implementation of the Oklahoma Mental Health Levels Classification system in May 2002, the data (See Figure 2) indicates the number of inmates with a history of or current symptomatology of mental illness has risen from 5,780 to over 11,900 in just three years, an increase of 101% compared to a 11% increase in general population during that same time period.

Figure 2



. The 2005 report of the Governor’s and Attorney General’s Blue Ribbon Task Force on Mental Health, Substance Abuse, and Domestic Violence also recognized this phenomenon and described it as an urgent crisis. Since Oklahoma is one of the last states to drastically decrease the number of beds in state mental health hospitals, we are only recently experiencing the impact increases in the number of incarcerated persons with mental illness, a situation that other states have already begun to manage.

Part II: THE SOLUTION

Prison-based Services:

In response to the dramatic increase in the number and percentage of offenders with mental illness, ODOC has developed a recovery model of mental health services that provides an integrated system of mental health care aligned with good correctional

management designed to empower offenders with mental illness to attain each individual's maximum level of crime-free employment, self-care, interpersonal relationships, and community participation. The ODOC recovery model is a correctional adaptation of current, community-based best practices (see www.samhsa.gov and www.mentalhealthpractices.org). To achieve the desired outcomes, the ODOC mental health services must provide an integrated system of evidence-based, necessary medical care, psycho-educational/therapy groups, consumer-driven support groups and realistic discharge planning, all of which incorporate the evidence-based illness management and recovery model. The most effective, cost-efficient model must utilize an information system that will manage a concentration of staffing and designated housing for those inmates with the most serious mental illness in the least restrictive conditions that promote individual recovery and resilience while protecting the public. Prototype individual plans, called "treatment tracks" will be developed with specified treatment objectives. These treatment tracks include Psychotic Disorders, Mood Disorders, Impulse Control Disorders, Brain Injury/Disorders, and Co-Occurring Disorders (e.g., MR/MI, SA/MI, etc.). A treatment plan for each identified inmate will be developed that will incorporate the elements of this model of care with the ultimate goal for integration back into the general prison population and into the community, where possible.

Interagency Diversion and Reentry Programs

During fiscal year 2006, DOC discharged approximately 8000 offenders to probation/parole supervision or directly to the street without supervision. Based on the mental health levels classification system, it is estimated that approximately 1000 of those 8000 discharged had current symptoms of and were in need of treatment for a serious mental illness. It is expected that number will increase 10-20% next year). It is also estimated that fewer than 20% of those discharged with serious mental illness had any kind of formal discharge plans other than a two-week supply of psychotropic medications.

In recent years, Oklahoma DOC has increasingly received inquiries from legislators, citizens, and other executive staff concerning the need for improved mental health services for persons with mental illness who were in conflict with the law. At the same time, other agencies and advocacy groups initiated various efforts, such as mental health courts and police crisis intervention training, which reflected a gaining momentum of the urgency to address the serious problem of increasing numbers of incarcerated persons with serious mental illness. In October 2005, the Oklahoma Board of Corrections issued a Resolution expressing their concerns for the needs of incarcerated persons with mental illness with an action plan for implementation of statewide efforts.

On November 10, 2005, an Emergency Summit on Mental Illness and the Criminal Justice system was held wherein community and state leaders met to develop solutions for problems involved in pre-incarceration diversion and post-incarceration reentry of persons with serious mental illness.

In addition to the efforts mentioned above, over the last few years the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and The Oklahoma Department of Corrections (DOC) have worked together to better transition serious mentally ill offenders into appropriate community based mental health services in the community following discharge from prison. During the 2006 legislative session, ODMHSAS requested and received funding to create new staff positions, "Integrated Treatment Discharge Planners," who would, for the first time in history, be stationed within the state prisons to develop and coordinate discharge planning for those offenders with serious mental illness. This new funding will also support the implementation of four "Intensive Care Coordination Teams (ICCTs)" (two in Tulsa and Two in the OKC area) who will be responsible for engaging with the offender/consumer prior to discharge and then working with them in the community until they are fully engaged in the appropriate level of community based mental health services.

One of the many benefits of having ODMHSAS integrated treatment discharge planners operating in DOC facilities is that information sharing becomes much simpler. Traditionally, the flow of specific mental health information between mental health and corrections agencies has been slow and cumbersome. The new ODMHSAS-funded discharge planners will have the unique ability to access records from ODMHSAS' data system in addition to having access to DOC mental health records and data (a signed data sharing agreement will be in place). This shared information will help with discharge planners to make the appropriate referrals for the continuation of mental health services post-discharge.

Another interagency initiative began in 2004, when the Substance Abuse and Mental Health Services Administration (SAMHSA) contracted with Mathematica Policy Research, Inc. (MPR) to help the state of Oklahoma design, implement, and evaluate an program to ensure that adults with mental illness have health insurance coverage on the day they are discharged from Institutions for Mental Diseases (IMDs) and correctional facilities. In 2004, the executive leadership of DOC, ODMHSAS, DHS and the OHCA met to support the SAMHSA project. Since 2004, representatives of these agencies continue to meet to develop a program that will enable discharging offenders/consumers with serious mental illnesses, and who are eligible for federal benefits, obtain the benefit approval prior to discharge so that they can be bridged to community based mental health services without the need to apply once discharged.

In fiscal year 2006, DOC discharged approximately 8000 offenders to probation/parole supervision and directly to the street without supervision. Based on the mental health levels classification system, it is estimated that approximately 1000 of those 8000 discharged have a serious mental illness. To effectively prioritize the discharge planning efforts, DOC utilizes the DOC Mental Health Service Levels Classification System discussed above.

This new interagency cooperation and coordination has continued to expand under the Federal Transformation Grant that is managed by the Department of Mental Health and Substance Abuse Services via the newly created Innovation Center. The ultimate goal of

that project is to capitalize on progress already achieved in Oklahoma for providing seamless mental health service delivery.