



Issue Brief

OREGON DEPARTMENT OF CORRECTION

Behavioral Health Services (BHS)

Overview

The Oregon Department of Corrections (DOC) houses more than 14,600 inmates statewide. Approximately 50 percent of all DOC inmates have been diagnosed with a DSM IV TR Axis I or II diagnosis and would benefit from some level of mental health/developmental disability care. About 23 percent of DOC inmates have a severe or high need for mental health care. DOC projects that the percentages of inmates with mental health needs will continue to rise in both number and acuity.

Demographic category	14,638 Number of inmates as of 6/10/2014	Percentage of total DOC inmate population
Severe mental health problems	2,389	16.3%
Highest treatment need	952	6.5%
Moderate treatment need	1,307	8.9%
Benefit from treatment	2,812	19.2%
No treatment need	2,838	19.4%
No reported mental health need	4,340	29.6

Evaluation Process at Intake

DOC provides mental health screening and assessment to all inmates during the intake process. After initial security, medical, and education screenings have been completed, all inmates with at least a fourth-grade reading level take the Personality Assessment Inventory (PAI). The PAI provides a broad-based assessment of mental disorders.

If an inmate does not have adequate reading skills, he or she is referred for further cognitive assessment including a clinical interview to identify or rule out a developmental disability or other mental health problems.

Inmates also receive additional assessment if they have significantly elevated PAI scores, report a recent history of psychological problems, suicidal ideations or behavior, or are taking medication for a mental disorder. Approximately 60 percent of all inmates receive additional one-on-one clinical interviews. Further assessments are provided at any time during incarceration when a need or concern is identified.

Behavioral Health Services

Behavioral health services are provided for DOC inmates as part of a continuum of care. Qualified mental health professionals and licensed contracted mental health professionals provide the following:

- Assessment
- Diagnosis
- Crisis management
- Case management, case plan formation, and treatment plans
- Suicide prevention
- Mental health evaluations
- Specialized housing units: mental health infirmary, intermediate care, and behavioral housing.
- Day treatment housing units
- Mental health housing units
- Release planning
- Crisis prevention plans
- Risk management plan
- Response to victims of sexual assault
- Group and individual skills training utilizing evidence based cognitive behavioral curriculum
- Teaching inmates to take responsibility for their health (medication compliance, self-awareness of mood/thoughts/impulsive behaviors, and the opportunity to learn skills that are helpful in

symptom management and behavior management)

- Services for inmates with developmental disabilities
- Inmate safety (teaching interpersonal effectiveness skills, special housing/interventions when needed)
- Medication management

Goals for Mental Health Care in Prison

- Inmates will have opportunities for a productive prison experience (work, education, treatment), and be housed in the least restrictive environment based on symptoms, behavior, and custody level.
- Inmates will transition to the community with stable symptoms, a 30-day supply of medication, knowledge of how to access community mental health care or have been provided with assistance if required, and have applied for public benefits (SSA/SSI, presumptive Medicaid) if eligible.

Re-Entry

Through a Memorandum of Understanding with the Association of Oregon Community Mental Health Programs (AOCMHP) and the Oregon Association of Community Corrections Directors (OACCD), DOC carries out a pre-qualification process for public benefits for inmates with mental illness; ensures that inmates with mental health needs release from DOC custody with a 30-day supply of medication; and participates in interactive planning with the community mental health care provider in the county of release. These partners have agreed to sign an updated MOU every biennium after the legislature passes its budget, and to meet annually to problem solve and share best practices.

Challenges

Providing services individuals with mental illness in a prison setting with physical space and environmental factors and limitations that are not conducive to positive change presents special challenges:

- This inmate population tends to have complex mental health, medical, and substance abuse co-occurring disorders, as well as behavior management difficulties. They frequently need specialized short-term and long-term housing.
- Inmates with mental illness and developmental disabilities face increased risk of victimization by other inmates. They often have more difficulty following prison rules and get into trouble more frequently than their peers.

- Rising pharmaceutical costs, increased need for technology such as electronic health services charts, and difficulty in recruiting qualified mental health professionals in rural areas present further challenges in service delivery.
- Releasing inmates with mental illness back into the community without adequate resources also presents ongoing challenges. No matter how stable a mentally ill inmate is upon his or her release, the likelihood of destabilization and return to prison is increased substantially without access to treatment, medication, housing, and employment in the community.

DOC and its partners continue to review and improve delivery of service to individuals with mental health needs, not only in prison, but also throughout the continuum of the public safety system and the community. ■

**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.**



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