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HEALTH & MEDICINE ISSUE PAPER



● THE FIFTH IN A SERIES ●

PRISONS, JAILS & LOCKUPS



KEY ISSUES

STATE LAW

PUBLIC SYSTEMS

• COMMUNITY CENTERS

PRISONS, JAILS/LOCKUPS



MENTAL HEALTH

Title 43A §1-104. Public Policy

The Oklahoma Legislature hereby declares that the public policy of this state is to assure adequate treatment of persons alleged to be in need of mental health treatment ...

The Mental Hospitals of the 21st Century?

Mental illness is not pretty. Criminals are even less so. Combining both creates an environment that is both extraordinarily challenging and simultaneously unpleasant. Therein lies a major public policy issue for the next decade.

An estimated 283,800 mentally ill inmates were in U.S. prisons or jails in 1998, but more than four out of 10 received no treatment at all, the Justice Department says (USA Today 7/12/99). Even though a growing number of states and localities are under court order to provide mental health treatment for inmates, only 60% of those in state or federal prisons, and 41% of those in jails, receive any form of mental health treatment during their sentence, including drugs, counseling or mental hospital stays.

"Quietly but steadily, jails and prisons are replacing public mental hospitals as the primary purveyors of public psychiatric services for individuals with serious mental illness in the United States". (E. Fuller Torrey, National Institute of Mental Health, Neuropsychiatric Research Hospital, American Journal of Public Health, Dec 1995, Volume 85, Number 12, pp 1611-1613)

The census of Oklahoma's mental hospitals was less than 500 in 1999 ... the minimum estimates of the severely mentally ill in state prisons is more than 1,200. Only a fraction of the inmates with severe mental illness will receive appropriate services. What is happening with the others?

"De-institutionalization" has dramatically reduced the daily census of Oklahoma's public psychiatric hospitals. From 1980 to 1998, the number of public psychiatric beds has declined 66%. Given this dramatic decrease, some claim that the McAlester State Penitentiary is now the largest psychiatric institution in Oklahoma. They may be right.

This Series About Mental Health

Our nation has experienced a series of highly publicized incidents concerning random acts of lethal violence. National debates concerning inanimate objects (guns) and abstract emotions (hate) immediately followed. The debates are demagogic, shallow, and misleading.

There is another common denominator in most of the acts of violence; almost every perpetrator was involved with some aspect of mental health care and services. They have either been under care, sought care, or have been using (or not using) psychotherapeutic medications.

Yet the high profile national debate continues about guns and hate ... and the silence about adequate and effective mental health care service is deafening.

The Oklahoma record is neither bad nor good. Our state struggles with this emerging health issue as do others.

This series of issue papers has been developed for Oklahoma's laypersons and policymakers. The intent is to place Oklahoma mental health needs in perspective; help promote responsible debate, and to provide a standard reference for policy discussions.

MICHAEL LAPOLLA, DIRECTOR

SOLUTIONS - APPROACHES - RECOMMENDATIONS

The chart on page four plots Oklahoma's declining mental hospital inpatient census against the rising incarceration rates. These trends place inordinate stress upon both the public mental health and the corrections systems, Responsible public policy will address this issue and pursue measures to alleviate the stress.

Several solutions, approaches and/or recommendations are listed below. Care has been taken to not simply ask for more money. Each suggestion is intended to correct recurring flaws in our handling of mental health in Oklahoma's prisons, jails and lockups.

Meaningful Jail Diversion

Jail diversion solutions are local. It is self-defeating to promote a "one-size-fits-all" state law to remedy the issue. Jail diversion also should initially target non-violent, severely mentally ill (SMI) offenders. And finally, diversion programs require a measure of discretion and judgement. What is "jail diversion?"

"The most sobering side of jail diversion, however, is the assumption that there are public psychiatric services to which the mentally ill individuals can be diverted. This ... frequently is not the case." E. Fuller Torrey, National Institute of Mental Health, American Journal of Public Health, December 1995.

Assume a mentally ill person is jailed. During the incarceration process it is likely that the mental illness may cause an aggravating behavior that will result in a more severe sentence and/or additional burdens for the correctional personnel. And untreated, the individual is very likely to continue antisocial behavior during and after incarceration.

Jail diversion identifies mentally ill arrestees ... diverts them to community mental health facilities for diagnosis and stabilization treatment .. then allows the judicial process to resume for the original adjudication and/or sentencing to occur.

The diversion merely is an intervention that reduces the probability of aggravated behavior. It makes intuitive sense, and common sense, to promote as much jail diversion treatment as possible.

Meaningful jail diversion will require the removal of certain legal barriers contained in Title 43A, Section 5-101 a-c.

Corrections Needs Assessments

It is not likely that the state's Department of Corrections and/or the Department of Mental Health have conducted a scientifically sound needs assessment survey of prison (and jail/lockup) inmates that can be translated into services and service packages. If such an assessment has been developed, it is likely that it could use a serious review and

updating given the rising incarceration rates. This effort cannot be funded from operational budgets. It is recommended that this effort be provided through a special appropriation from the Legislature.

Organizational Models

There are five recognized models for providing concurrent mental health care and incarceration. They are :

- Centralized psychiatric prison
- Small psychiatric units attached to major prisons
- Regional forensic psychiatric centers
- Regional security units at psychiatric hospitals
- Centralized psychiatric security hospitals

Oklahoma has none of these.

The Oklahoma model is a single forensic unit attached to a state mental hospital (Eastern State Hospital in Vinita). The Oklahoma model is geographically isolated; does not leverage metropolitan concentrations of professionals; and is removed from medical and allied health schools skilled personnel. It is perhaps time to develop a better model to best serve the entire state with maximum responsiveness.

Medications in Jails

The operative theory of "jail diversion" is that a mentally ill arrestee is "diverted" to treatment then re-introduced to the corrections system. A fatal flaw in jail diversion is that inconsistent administration of medications by untrained corrections personnel defeats the entire purpose of the diversion. Unfortunately, it is too often the case that inmates receive inconsistent and poorly supervised medication administration. This can be remedied through community level collaboration.

Community Level Collaboration

Community Mental Health professionals, and public safety officers, must become much more aggressive in using each other for mutually supportive training and awareness.

Modern Corrections Formularies

It is a responsibility of the corrections system to provide and administer psychopharmaceutical drugs to inmates and detainees. In many cases the individual institution uses very outdated formularies that may be inexpensive, but do not provide the optimum cost-benefits that modern drugs allow.

A primary function of state agencies is to provide the leadership and direction in establishing state standards. It is suggested that the Oklahoma Department of Mental Health and Substance Abuse Services establish a comprehensive model formulary; and provide the formulary and explanation to every prison, jail and lockup in Oklahoma. This form of service will not cost a great deal and will be a bona-fide service to organizations with local resources.

The Texas Medication Algorithm Project, directed by John Rush, MD, provides an excellent model for a cost effective and modern formulary.

Competency Evaluations

Competency evaluations are ordered by every judge in every Oklahoma community at one time or another. The state only has a single forensic unit inconveniently located in Vinita. Often times local professionals are used to determine competency.

Unfortunately the skills, training and credentialing of these local professionals is not uniform. The result is uneven and inefficient services that waste money in the long run.

It is recommended that the Oklahoma Department of Mental Health and Substance Abuse Services be provided funds to create a robust training and credentialing process for the conduct of quality forensic competency evaluations.

It is believed that an adequate supply of talented professionals exists across the state who would positively respond to such an opportunity.

Treatment of SMI Inmates

There exists a twisted logic in the provision of adequate treatment for severely mentally ill inmates and arrestees. Consider two scenarios:

(1) A severely mentally ill person has charges pending and is able/allowed to post bond. In this case the person may freely obtain diagnostic and treatment services for their illness at a public facility.

(2) A severely mentally ill person has charges pending and is NOT able/allowed to post bond. In this case the person may be referred to a public facility, but only for purposes of competency evaluation. Any treatment received will be incidental and short term.

It is recommended that state statute be reexamined and strengthened to provide a better and more equitable administration of services.

Substance Abuse Treatment

Substance abuse treatment programs are not abundant nor convenient for many in Oklahoma. They are literally nonexistent for inmates.

The insidious nature of drug abuse, combined with collateral mental illness, does not yield high percentages of good treatment outcomes. It is not believed that wholesale treatment programs will be cost effective. However, we should recognize the few afflictions that cause many problems.

Among the female inmate population, the drug of choice is almost always methamphetamines. Among men, alcohol, seems the most prevalent.

Surely, there are reasonably effective programs that may selectively be applied to the inmate population.

Risk Assessment

Current law and practice require mental health professionals to declare criminals either dangerous or not dangerous, that is to make a prediction. Such a requirement is unrealistic and does not serve the judicial system well.

It is recommended that Oklahoma adopt a rigorous risk assessment protocol in lieu of predicting danger. Such a risk assessment model recognizes the probabilities of behavior within certain environmental factors. This more comprehensive and meaningful measurement will allow better management of inmates.

An initial application of risk assessment should be to identify clinical psychopaths upon entry into the correctional system. About 20% of prisoners will be psychopathic. This is important because there are no effective treatments for psychopaths; and attempts at treatment are worse than no treatment at all.

The first rule of risk assessment will be to physically segregate the psychopathic prisoners so that additional assessment and treatment may be directed toward the remaining 80% where some success is likely.

Jail Suicide Prevention

It is no secret that prisoners may be manipulative, conniving and devious. One measure of acting out is to threaten suicide, or make half-hearted attempts at suicide in an effort to effect transfer. That behavior masks those prisoners who are truly suicidal.

The identification and prediction of prisoners who are at risk leads to "profiling" by psychology and experience. Most jail suicides are by first offenders guilty of property crimes. More hardened criminals rarely attempt suicide.

The Oklahoma DMHSAS should require contracted Community Mental Health Centers to offer consultation and training to prisons, jails and lockup personnel in their catchment areas.

Applied Telecommunications

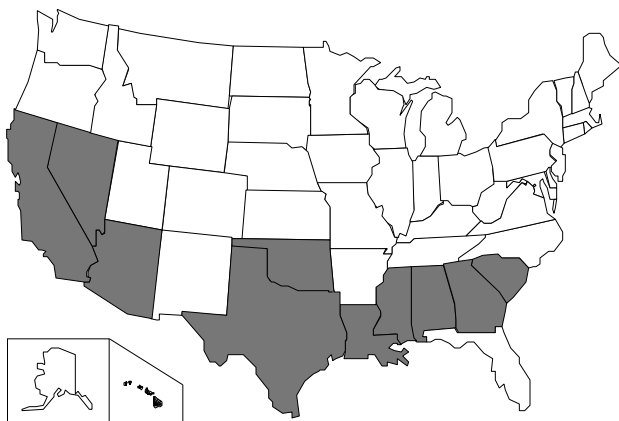
There are many training and clinical deficits of providing mental health services within a correctional environment. Almost all relate to the maldistribution of scarce personnel resources; and an expansive geography. To address these problems, one must overcome time and distance.

Oklahoma has developed the infrastructure for a solution. It is called OneNet, the state's public digital network.

By using this robust network, along with affordable videoconferencing technology, a host of problems may be addressed and resolved.

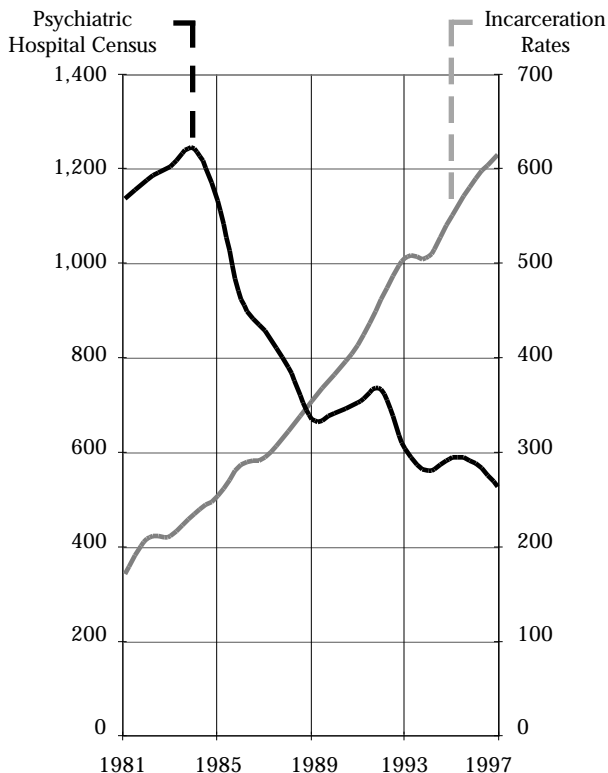
The Legislature should require, and provide for, an initial Mental/Health Corrections video network for training, evaluation and clinical purposes.

**TEN HIGHEST STATE INCARCERATION RATES IN 1997
A REGIONAL NORM**



"Deinstitutionalization of seriously mentally ill individuals has been the largest failed social experiment in twentieth-century America" E. Fuller Torrey, National Institute of Mental Health, American Journal of Public Health, December 1995.

OKLAHOMA'S RISING STATE INCARCERATION RATES AND DECLINING PUBLIC MENTAL HOSPITAL CENSUS



Incarceration & Deinstitutionalization

Texas, Oklahoma and Louisiana have the highest incarceration rates in the nation. Since 1981 each state has always had one of the 20 highest state rates. Since 1993 they have reported the three highest rates each year.

(Source: Bureau of Justice Statistics: Prisoners Bulletin, U.S. Department of Justice. National rates do not include the federal system. *Rates for 1997 are cited from the BIS Prisoners in 1997)

The Oklahoma trends are in the chart to the lower left. The implications are self-evident. The chart does not suggest there is an absolute correlation between both rates. But it does suggest that deinstitutionalization is one of several contributing factors to increased incarceration.

This brief is not to debate the merits of incarceration, or deinstitutionalization. But it must be noted that the two simple trend lines inevitably result in greater pressures on both the state correctional system and community mental health services to comply with the Legislature's policy "to assure adequate treatment of persons alleged to be in need of mental health treatment ..."

"... it is not surprising that recent surveys of psychopathology in prison populations continue to demonstrate that at any given time 20-25% of the inmate population experience significant, and in other circumstances, treatable symptoms of mental illness". (Gary Maier, MD, Models of Mental Health Service Delivery to Correctional Institutions, Journal of Forensic Sciences).

The August 16, 1999 Oklahoma state inmate prison population (<http://www.doc.state.ok.us/docs/daycount.htm>) was 21,784 with an additional 1,840 in contracted facilities. Therefore an estimated 4,700 - 6,000 inmates would require services.

Research in New York State indicates that "5 percent (of inmates) had a severe psychiatric disability, and 10 percent had significant psychiatric disability." (Estimating Mental Health Needs and Service Utilization Among Prison Inmates, Bulletin, American Academy of Psychiatry Law, Vol. 19, No. 3, 1991)

This would translate into 3,544 Oklahoma inmates with severe or significant mental health problems. The article also indicated that half of the NY inmates with severe illness received no mental health treatment in the preceding year. The article also stated " ... it is time for careful empirical examination of the mental health needs of prison (and jail/lock-up) inmates, as indicated by their day-to-day functioning in prisons and what types and amounts of services they require."

As a final note ... Oklahoma reports the highest female incarceration rate in the nation. A Justice Department study indicated that "the highest RATE of mental illness is among white females in state prisons." This is one more reason to pay closer attention to both systems.