



# Issue Brief - 2008

OREGON DEPARTMENT OF CORRECTIONS

## Behavioral Health Services (BHS)

### Overview

The Oregon Department of Corrections (DOC) houses more than 13,600 felons statewide. Approximately 44 percent of all DOC inmates would benefit from some level of mental health care. About 21 percent of DOC inmates have a severe or high need for mental health and/or developmental disabilities care. It is the goal of Behavioral Health Services (BHS) to provide a range of evidence-based services to meet the needs of inmates who suffer from severe and persistent mental illness, acute emotional or behavioral disturbance, and co-occurring substance abuse and mental health disorders.

### Evaluation 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 and/or other mental health issues.

Inmates will 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 this additional one-on-one clinical interview.

### Risk Assessments

Risk assessments are conducted during the intake process and as needed based on behaviors and risk factors for the purpose of identifying and managing inmates that may be at risk for victimization. Risk assessments are conducted as part of the Department's efforts to reduce sexual assault under the Prison Rape Elimination Act (PREA).

### Mental Health Services

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

- Crisis intervention
- Suicide prevention
- Mental health evaluations
- Medication management
- In-patient/residential treatment
- Response to victims of sexual assault
- Day treatment
- Release planning
- Case management/treatment plans
- Behavioral change plans
- Risk assessments
- Services for developmentally disabled inmates
- Behavioral specialist services
- Treatment for co-occurring disorders (substance abuse problems and mental illness)
- Training to institutional staff

### Mental Health Housing

#### *Mental Health Infirmiry (MHI)*

The MHI is a crisis response unit that provides short-term psychiatric crisis stabilization, evaluation and medication adjustment for severely mentally ill inmates who are at serious risk of harm to self and/or others, or who are unable to manage their basic needs in less restrictive units. Some inmates may require an extended length of stay depending upon the level of acuity and the housing resources available within DOC.

#### *Mental Health Day Treatment Units*

Inmates receiving day treatment services will have opportunities to receive individual and group treatment along with psycho-educational classes. Some will have modified or supported work assignments to help them learn appropriate skills. Gradual, supported transition can be provided when inmates are ready to move into a mental health housing unit or into general population. Inmates may be referred for mental health day treatment

services if it is determined that they will require additional stabilization upon release from a MHI; they do not have the basic coping skills to be placed directly into general population (as determined at intake); or it is determined that they will decompensate in general population if they are not provided additional support and services.

***Mental Health Housing Units (MHU)***

Mental health housing units are designed for those inmates who have a heightened need for mental health services, but not to the degree that they require day treatment or assignment to a MHI. Inmates assigned to a MHU may receive a variety of mental health services depending on their individual needs. Inmates may be assigned to a MHU if it is determined that they have a documented pattern of functional impairment due to a mental, medical, emotional, developmental or cognitive condition; they do not require crisis stabilization in a MHI; and it is determined that the inmate is not able to function in general population due to their mental/cognitive condition.

**Mental Health Programs**

***Co-Occurring Disorders Day Treatment Programs***

These programs help inmates learn the skills necessary to manage their mental illness and chemical addictions through individual and group therapy, psycho-educational classes and other structured activities. They also help prepare inmates for a successful transition back to their communities through release planning that includes contact with community corrections and community treatment providers. Inmates may be referred for participation a co-occurring disorders day treatment program if it is determined that they have both a mental illness and a substance abuse disorder; they have enough time left on their sentence to adequately participate (programs typically require at least six months to complete); and they consent to participate in the program.

***Developmental Disabilities Day Treatment Programs***

The Connections Program provides day treatment services to inmates who have been identified as developmentally disabled (IQ below 80 and difficulty with adaptive functioning). This program is administered during the first six months and last six months of the developmentally disabled inmate’s incarceration. Inmates participate in classes that focus on skill development and release planning. Supported work assignments and tutoring may also be available. ■

**Mental Health Statistics**

<b>Demographic category</b>	<b>Number of inmates as of 11/3/2008</b>	<b>Percentage of total DOC inmate population</b>
Men	12,552	92.2%
Women	1,063	7.8%
Total number of inmates who would benefit from some level of treatment	2,026	14.9%
Total number of inmates with a moderate need for treatment	1,080	7.9%
Total number of inmates with severe mental health issues	1,894	13.9%
Total number of inmates with the highest need for treatment	1,017	7.5%
Total number of inmates who are developmentally disabled	308	2.3%
Total number of inmates receiving ongoing mental health services	4,299	32%

**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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