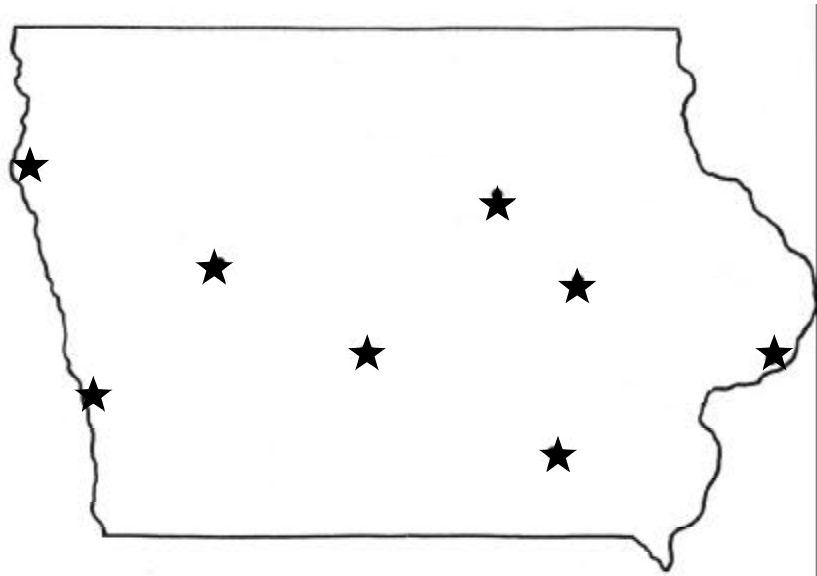


Commission on the Status of Mental Health of Iowa's Corrections

Population

Fall 2001



Sponsored by

Community Corrections Improvement Association
Cedar Rapids, Iowa

**Good Public Mental Health Policy
is Good Public Safety Policy**

Acknowledgments

This effort was made possible through financial support from the Robert Wood Johnson Foundation and the Greater Cedar Rapids Community Foundation. Additional support for Commission members was provided from the National Institute of Corrections and the Councils of State Governments.

The Iowa Department of Corrections and the staff of the Department of Correctional Services, sixth Judicial District provided key support for this effort. The nine Commissions were generous with their time and expertise. The staff of State Public Policy Group helped ensure a smoothly run effort, and developed and conducted the survey and analysis. Thank you.

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Executive Summary

Due to growing concerns about mental health issues, those involved in Iowa's correctional system, the Community Corrections Improvement Association (CCIA), formed the Commission on the Status of Mental Health of Iowa's Corrections Population. The Commission established the following goals: provide a public forum for the exchange of dialogue on mental health issues; provide information on national and state issues and trends; discuss how mental health issues will affect corrections treatment programs; receive grassroots community feedback; build a constituent base; and sponsor a public policy conference.

To accomplish those goals, CCIA and the Commission held a series of eight public hearings in early November. The hearings were designed to consider the issue from local perspectives as well as share and exchange information with participants and Commission members about issues and concerns, and solutions that work. Attended by over 300 Iowans, the hearings were one phase in this broader effort by CCIA and the Commission to call attention to this issue.

During the hearings, participants completed a self-administered survey that the State Public Policy Group (SPPG) was commissioned to develop and analyze. The questionnaire was brief, taking less than 10 minutes to complete. At the same predetermined time in each hearing, the survey was distributed and monitored by proctors. In all 240 participants completed the questionnaire. While those who participated had varied backgrounds - corrections professionals, mental health professionals, policymakers, and citizens - they can be characterized as being part of the universe of people engaged in mental health corrections policy. Granted this is a subjective evaluation, as any opinion poll is, but in respondents' eyes the system is doing better at some things than others.

Following is a brief summary highlighting information gleaned from the hearings and through analysis of the survey data.

- The hearing participants recognized this is not just a corrections issue, but agreed this issue is one that impacts all Iowans, from those individuals with mental health issues incarcerated or involved with corrections, to victims of crime, to taxpayers.
- Survey respondents were asked about nine mandates dealing with mental health services for individuals in Iowa's correctional system. For the mandate the state performed best at - accurate, complete, and confidential records - one out of five respondents still believed the state was not meeting its legal obligations.
- Survey analysis shows there are statistically significant differences among the judicial districts in fulfilling three of these mandates - maintaining accurate,

-
- complete, and confidential records; prisoners having a means of making their medical needs known to the staff; and offering a suicide prevention program.
- Judicial District 1 respondents think the system in their area does a good job meeting its mandate about records at statistically significantly larger rates than Districts 4, 5, and 6.
 - Judicial District 5 respondents reported their district is doing less than an adequate job in terms of prisoners having a means to make their medical needs known. The level of dissatisfaction was reported at a rate of over 60%, which is statistically significantly more than the dissatisfaction reported in Districts 2 and 8.
 - Nearly 25% of respondents in Judicial District 2 believed their suicide prevention program was excellent. This figure was statistically significantly greater than the responses from Districts 3, 4, and 5.
- Because of the breadth of impacts of this issue, there is no single solution that will fix the problem. In fact, the currently fragmented treatment system is extremely ineffective in many ways, from the loss of benefits such as Medicaid or Social Security upon incarceration, to the failure to develop effective treatment plans that can be carried out upon release to the community.
 - Participants clearly believe this is an issue that carries a high degree of urgency. This is borne out through comments made at the public hearings and the survey responses. When asked about the urgency of solving certain state government problems, such as reducing drug crimes with better community prevention and treatment programs, ensuring access to mental health and substance abuse treatment services, and reducing repeat offenses by treating prisoners' mental illness and substance abuse problems, respondents reported solving each of the three problems is an urgent matter at rates of 69.2%, 80.8% and 78.3%, respectively.
 - While there were individual exceptions, overall there is a lack of communication between mental health funders and providers and corrections staff across the state. Iowa's mental health system is hugely complex and difficult to navigate. Corrections staff in large part acknowledge a lack of understanding of the mental health system. When that lack of understanding is combined with a lack of an effective relationship with the county central point of coordination, the end result is typically a lot of floundering around trying to access services on behalf of the offender, at best. The worst-case scenario is that inadequate or no services are arranged and the offender relapses and again winds up in trouble.
 - When asked where to place three people from case studies who were dealing with mental health, substance abuse, and corrections issues, the placement setting

chosen by more respondents for every case was a setting that provided mental health services, something all three subjects needed.

- There are many issues relating to funding. But central to the funding issue is the fact that many services have narrow eligibility definitions; are funded through different streams, each with their own set of regulations; and are limited at times by legal settlement issues.
- The vast majority of respondents, 88%, believe increasing mental health and substance abuse services to prisoners while in prison and before release will have a positive impact on public safety. Next to no one sees this approach as having a negative impact on public safety; only 1% responded in this manner.
- Over three-quarters of respondents in Judicial District 1 said they believe there would be a substantial increase in public safety from increased availability of mental health and substance abuse services in prison. The overwhelming support for this position was so different that it was statistically significantly different than Judicial Districts 3, 4, 6, and 8; half of the remaining districts.
- The concept of a “no closed doors” program (a program in which any agency throughout the community - churches, fire stations, police, clinics, Department of Human Services offices, etc. - should have a uniform protocol whereby persons with mental illness are immediately referred to a mental health provider) was supported by respondents across the state. Statewide, 50% thought it would be very valuable in preventing those individuals who were referred from ending up in the corrections system and another 31% thought it would be fairly valuable.
- Throughout the eight hearings, participants called for the better use of available resources. If funding were to follow the individual, services could be continuous and catered to address the needs of the individual. Participants also want more focus on prevention, with earlier and more effective screenings for substance abuse and mental health issues in recognition that prevention efforts have a large payoff in the long term by avoiding higher cost placements or incarcerations.

Additional information regarding the public hearings and the survey analysis are available from CCIA upon request. The Commission and CCIA plan to use findings gleaned from these two efforts to plan and hold a public policy conference in Spring 2002 that will focus on solutions to these complex problems. The end result of this process will be an effort, from a broad-based constituency, to influence public policy and bring about positive change in these critical areas.

Introduction and Purpose

“Slowly but steadily, jails and prisons are replacing public mental hospitals as the primary purveyors of public psychiatric services for individuals with serious mental illnesses in the United States.” E. Fuller Torrey, American Journal of Public Health, 1995.

The preceding quote was presented at each of the eight public hearings by Dr. Michael Flaum, Commission member and Mental Health Director for the Iowa Department of Corrections. Indeed, the data appears to support that assertion in Iowa and nationally. Since 1985, the number of psychiatric inpatients has steadily decreased, while the number of state and federal prisoners has increased. According to the Justice Department’s Bureau of Justice Statistics:

- 20% of prisoners have serious mental illness
- 70 - 90% have substance use disorders at the time of their entry into the corrections system
- Prisoners with mental illness are incarcerated four to five times longer than others

This emerging issue is a source of growing concern in the corrections community. In large part, corrections officials and staff acknowledge being ill equipped to manage issues presented by inmates, probationers or parolees with mental illness. Iowa’s mental health service delivery system is extremely complex and overwhelming – even for those that work within it. For corrections staff that don’t work within that system on a daily basis, it can be even more difficult.

Predictions are that this is not a problem that will go away. The Iowa Department of Corrections Annual Report (2000) predicts inmates with mental illness, mental disorders, mental retardation, borderline intellectual functioning, and behavioral disorders are expected to increase from 1,424 inmates at mid-year 2000 to about 2,280 inmates on June 30, 2010. If this 60% increase comes to fruition, the state will be required to make a significant investment in medical and mental health care within the corrections system.

There are legal considerations relating to this issue as well. Several landmark Supreme Court decisions have focused on this issue (*Estelle v. Gamble*, 1976, *Bowring v. Godwin*, 1977, *Ruiz v. Estelle* 1980), and the United States Constitution guarantees the right to adequate medical services for prisoners. States could face federal sanctions and oversight if services are deemed inadequate.

For these reasons, the Community Corrections Improvement Association (CCIA), a private foundation that supports efforts of Iowa’s Sixth Judicial District’s Department of Correctional Services secured funding to support an extensive effort to involve and inform Iowans about this issue and build support for long-term change.

During the current time of budget difficulties, CCIA recognized the importance of building a responsible case for policy change. To that end, the Commission on the Status of Mental Health of Iowa's Corrections Population was established, and developed the following goals:

- Provide a public forum for exchange of dialogue on mental health issues
- Provide information on national and state issues and trends
- Discuss how mental health issues will affect corrections treatment programs
- Receive grassroots community feedback
- Build a constituent base

Methodology / Overview of Effort

Good mental health policy is good public safety policy. This principle has guided CCIA's efforts in planning this comprehensive effort. Certainly many people with mental illness never come into contact with the correctional system. However, we do know, much like the minority population, persons with mental illness are over-represented in the corrections system. The two issues cannot be separated, and planners of this effort would argue that responsible public policy considers the broad and specific issues within a system in order to assure citizens' needs are met, including the mental health needs of inmates, as well as citizens' needs for safe communities.

Early on, planners agreed that in order to build a base of support for policy change over the long term, it is important to inform and educate, but also to ensure citizens understand this is an issue that impacts them. The main components of this effort – public hearings, survey, and media relations - were designed to facilitate the public's understanding that this is a local issue.

Public Hearings

Eight public hearings were held across the state, one in each of Iowa's eight judicial districts. In addition to providing an overview of the issues from the state and national perspectives, the hearings focused on the local perspective – that of corrections officials and staff and mental health funders and providers from the area. Based on issues raised by the local stakeholders, Commissioners provided their insights, information on programs in other parts of the state or country, and suggested ideas about how to address problems or concerns. Scenarios citing particular cases were highlighted as well, which served to put a human face on the issue. Parents of adult children with mental illness involved in the corrections system also attended a number of the hearings, and shared their concerns and experiences.

Survey

A self-administered survey designed to assess attitudes and knowledge about the issues was given to participants at the eight public hearings. Event staff proctored the survey and participants were asked not to discuss the content. The survey assessed perceptions about the state's ability to meet mental health mandates in the corrections system; modes of treatment or sanctions preferred by respondents; and the level of importance this issue has among other current public issues. The survey analysis serves to legitimize this issue and lend support for the need for policy change. The findings of that survey are provided in this report.

Media Relations

An extensive effort to attract media attention to this issue resulted in a number of newspaper articles across the state around the time of the hearings. It is expected that subsequent stories will continue to appear as survey findings are released.

The three components described above serve to inform the public and policymakers about this important issue, and to secure the relevance and importance of this issue in the public policy discussion. But planners do not intend to stop here. Additional funding will allow for the next phase of this effort to include the development of a video summary of the hearings, a statewide public policy conference in the spring, and a public effort to promote policy change in this area.

Video

A video will be developed for use in reaching additional audiences. Compiled from clips from the public hearings, the video will also include interviews with those impacted by these problems – perhaps persons with mental illness involved in the corrections system or parents or family members. The video will be used in a series of meetings using Iowa's communications system, the Iowa Communications Network.

Public Policy Conference in the Spring

Focusing on solutions that work is a necessary step in this process. In the spring of 2002, planners will host a public policy conference that does just that. The conference will introduce ideas that work in other states, and meeting participants will consider the relevance of those ideas, models, or systems in addressing Iowa's problems. This conference will take us a giant step further toward the development of a specific policy agenda that is reasonable, makes sense, and, most importantly, begins to meet the many and varied needs identified through this effort.

Promoting Policy Change

Building broad-based support will help ensure policy change occurs. Granted, the State of Iowa is experiencing a time of budget cuts and system restructuring, but problems do not disappear because funding is not available. In order to secure a position for this issue on the state's agenda at a time when it can be successfully addressed, it will be important to continue to engage, expand, and broaden the core of citizens who will promote change.

Hearings Summary

Methodology

Eight public hearings were held across the State of Iowa in November 2001. A number of factors were considered when planning the hearings. In addition to holding a hearing in each Iowa judicial district, planners ensured a mix of rural and urban settings.

Ensuring the local impact of the issue was understood was a major consideration in setting the agenda for the hearings, and necessary to guarantee broad-based support for change. Therefore, the agenda was arranged (and is detailed later in this report) to ensure the issues were viewed from the local level. Another primary consideration was Iowa's budget situation and the challenge of avoiding the resulting discussion that positive change is not possible in the current environment. This was managed by acknowledging the issue, but making an effort not to dwell on it. Rather, the focus was on looking toward the future and promoting change when the environment is more stable and accommodating.

Three invitational mailings were sent to a broad statewide audience including corrections staff and officials, mental health funders and providers, policymakers, advocacy organizations, and Iowa citizens who comprise the "active public." For purposes of this effort, the active public is defined as registered voters who voted in the last two major elections. Mailings began with a "mark your calendar" postcard designed to solicit interest and assure participants plan to attend the event. The second mailing provided the registration information, with agenda, meeting locations, and times. A final mailing served to convince those not yet committed to attend, and remind those who forgot to send in their registrations.

A strong effort was made to assure participation of Iowa policymakers in the hearings. They received all invitational mailings, and calls were made by regional corrections and county mental health funders encouraging attendance. These efforts resulted in some degree of success; however, there were extenuating circumstances that limited more extensive involvement. After hearings were scheduled, Iowa's governor called for a special legislative session the week of the hearings to deal with the budget situation.

Commission

The Commission was comprised of both state and national experts, selected for their expertise in mental health issues and/or corrections issues, and their knowledge of issues and practices elsewhere in Iowa and nationwide. Certainly, availability came into play as well, and some key individuals requested were unable to participate due to other demands and commitments. The purpose of forming a Commission was to guide overall activities relating to this effort, inform participants at the hearings, and add credibility to the issues and overall effort.

Commission members included:



Melissa Cahill, Ph.D., is the Chief Psychologist at the Dallas County Community Supervision and Corrections Department in Texas. At CSCD, Dr. Cahill has developed an in-house mental health service to provide psychological and substance abuse evaluations, treatment, consultation, and referral for the 40,000+ offenders. She is currently leading research regarding the effectiveness of substance abuse treatment with probationers, the impact of Thinking for a Change programming on offender recidivism, and the effectiveness of a cognitive-behavioral/family systems anger management program. In addition, Dr. Cahill provides officers and the courts with information and training regarding mental illness/substance abuse, sex offender risk assessment, and cognitive-behavioral interventions for offenders. Dr. Cahill received her Bachelor's degree from Loyola University, a Doctor of Philosophy in clinical psychology from the University of Texas Southwestern Medical Center at Dallas, and completed a one-year postdoctoral fellowship in substance abuse at the North Texas Veteran's Health Care System. Cahill also represented the National Association of Probation Executives.



Michael Flaum, M.D., is Associate Professor of Psychiatry at the University of Iowa College of Medicine, and Director of the Iowa Consortium for Mental Health. Dr. Flaum has spent most of his career involved in clinical research on schizophrenia. He served as the co-director (with Nancy Andreasen) of a Mental Health Clinical Research Center, funded by the National Institute of Mental Health, for most of the 1990s. During that time his research included the development of methods for assessing psychopathology, diagnostic issues and neuro-imaging studies of patients with psychotic disorders.

In 1999, he assumed the directorship of the Iowa Consortium for Mental Health, signaling a change in focus from clinical to health services research. In that context, his focus has been on issues involving access, quality of mental health care throughout the state, and the interface between the mental health and the corrections system in the state of Iowa. Through the Consortium, he has contracted with the Iowa Department of Corrections to do a series of evaluations and research studies in Iowa prisons. He has recently assumed the position of Director of Mental Health for the Iowa Department of Corrections, in addition to his other duties.



Gary Hinzman has spent well over thirty years in the criminal justice field in Iowa. He is currently the Director of the Sixth Judicial District Department of Correctional Services, and has served as Director of a Law Enforcement Academy and Police Chief in Cedar Rapids. He has

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of Iowa's Corrections Population

served on several statewide task forces and previously chaired Iowa's Task Force on Community and Restorative Justice. In 1992, Mr. Hinzman was instrumental in founding the Community Corrections Improvement Association, a non-profit foundation to further the efforts of community corrections practices and currently serves as the Registered Agent and Executive Director for the Board of Directors. He also serves on the Board of Directors for the American Probation and Parole Association and the National Association Probation Executives. Mr. Hinzman is involved with several national groups, as well as Canadian and British efforts to improve corrections programs, practices, and collaborations. Mr. Hinzman has degrees in Criminal Justice and Business Administration and holds a Master's degree in Public Administration from Iowa State University.



Fred C. Osher, M.D. is a community psychiatrist with clinical and research interests focusing on the co-occurrence of mental and substance use disorders, and persons with these disorders who are homeless or within the justice system. Dr. Osher is the Director of the Center for Behavioral Health, Justice, and Public Policy and an Associate Professor of Psychiatry at the University of Maryland School of Medicine. He has a long history of public sector service at local, state, and federal levels. Previous positions include: Director of Community Psychiatry at the University of Maryland; an appointment as member of President Clinton's Task Force on Health Reform; Acting Director of the Division of Demonstration Programs at the Center for Mental Health Services, SAMHSA; and Deputy Director of the Office of Programs for the Homeless Mentally Ill at the National Institute of Mental Health. Dr. Osher has published extensively in the areas of homelessness, community psychiatry, co-occurring mental and addictive disorders, and effective approaches to persons with behavioral disorders within community settings. He received his Bachelor of Arts degree from Harvard University in 1974 and his Doctor of Medicine from Wayne State University in 1978.



Tom Parks is a self-employed MIS consultant currently under contract with AEGON in Cedar Rapids. Mr. Parks has a long history of serving state and local community initiatives. He is active with the Iowa Legislature, participating in developing programs in the areas of economic development and education. Mr. Parks chaired the Iowa Legislature's World Trade Institute Study Committee, served on the Iowa Legislature's World Trade Advisory Committee, and chaired the Iowa International Economic Development Initiative. He is an activist on behalf of children's issues, persons with disabilities, the homeless, and families in need, as demonstrated by his instrumental role in the creation of Inn-Circle in Cedar Rapids. Mr. Parks is a University of Iowa graduate in International Economics/Politics and completed post-graduate studies in Marketing at the University of Illinois. He has traveled extensively throughout Europe, Middle East, Africa, Latin America, China, and Russia, and maintains contact with general political and economic conditions in world markets.



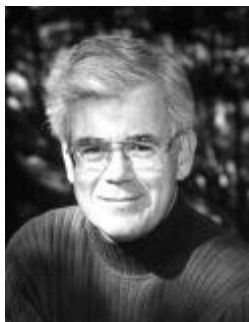
Michael Thompson is the Director of Criminal Justice Programs for the Council of State Governments' Eastern Regional Conference. CSG is a nonpartisan, nonprofit membership association for all elected and appointed state government officials. Over the past four years, Mr. Thompson has coordinated efforts to improve victims' level of satisfaction with the criminal justice system, reduce racial disparities in the criminal justice system, and inform the development of federal legislation regarding juvenile justice. Recently, CSG leaders identified mental illness as it relates to the criminal justice

system as one of the organization's priority issues and directed Mr. Thompson to establish the Criminal Justice/Mental Health Consensus Project. The purpose of this project is to develop bipartisan recommendations that policymakers could implement to improve the criminal justice system's response to individuals with mental illness. Before joining CSG in 1997, Mr. Thompson worked, beginning in 1994, for the Office of the Court Monitor in San Juan, Puerto Rico. The U.S. District Court established the office to monitor the Puerto Rican government's compliance with court orders that addressed every aspect of the commonwealth's prison system, including the provision of mental health care services to inmates.



Carl Wicklund has twenty-nine years experience in the corrections/human services field – starting his first at-risk youth related programs while attending college. His experiences include work in both the private and public sector. He is currently the Executive Director of the American Probation and Parole Association (APPA) and the Director of the Council of State Governments' (CSG) Center for Law and Justice. In his positions at APPA and CSG he has administered numerous grants and projects related to

community-based correctional services. Mr. Wicklund has served as the director of a three-county adult and juvenile probation and parole department. In addition, he has previously developed and managed numerous community-based, private sector programs for delinquent and at-risk youth, as well as dually diagnosed adult and juvenile offenders. Mr. Wicklund is a graduate of Gustavus Adolphus College in St. Peter, Minnesota. He is also a Qualified Mental Retardation Professional, a Certified Sexual Assault Counselor and a Licensed Social Worker.



Craig Wood is the Director of Linn County Mental Health and Developmental Disabilities Services. Mr. Wood has worked in the MHDD field for twenty-six years as a social worker and administrator. He has also been an Adjunct Professor for the School of Social Work at the University of Iowa and has done several guest lectures on the topic of community-based services for people with mental illness and

developmental disabilities. In order to promote his own mental health, he plays jazz drums on weekends.

Agenda

All eight hearings followed the same agenda, which allowed for consistency in compiling this findings report. The agenda, with explanation, follows.

Welcome

Case studies

To ensure consistency, all hearings were led by Commission Member Gary Hinzman, Director of the Department of Correctional Services in the Sixth Judicial District. Typically, the welcome was provided by the director of correctional services for the judicial district in which the hearing was held, or his or her designee. This was the case in all but one hearing.

The presentation of case studies put a real face to the issue. Case studies were collected in advance and provided in the program. At some of the hearings, additional case studies were provided from local stakeholders such as mental health service providers or funders. The case studies provided in the program can be found in the attachment section of this report.

Overview of the Issues

Commission member Dr. Fred Osher of the University of Maryland provided an overview of the issues from a national perspective. Dr. Michael Flaum of the Iowa Department of Corrections presented information based on the Iowa perspective.

Break – Participant Survey

Hearing participants were asked to complete a brief survey assessing attitudes towards the adequacy and general knowledge about mental health services provided in Iowa's correctional system. The survey analysis is included in this report.

Local Perspective

To facilitate understanding of the issues from a local perspective, a variety of individuals presented testimony. Mental health service providers, corrections officials or staff, county mental health funders, among others, provided testimony about issues such as difficulties, success stories, system gaps, and promising models or practices.

Commission Response

At each hearing, Commission members were asked to respond to the testimony they heard from local individuals. Utilizing their collective expertise added value and depth to the discussion.

Discussion/Question and Answer

Participants were asked to provide additional comments or testimony to be included in the findings. This time also allowed for audience questions and additional responses from the Commissioners.

Policymaker Response

A mix of policymakers attended each of the meetings, including state legislators, county attorneys, county boards of supervisors, and the state Department of Corrections director and deputy directors. Before the close of each hearing, the policymakers in attendance were asked to provide brief comments relating to their concerns, and what they heard or learned at the meeting.

Adjourn

Overview of the Issue

The following is a summary of presentations presented by Dr. Osher and Dr. Flaum. Full copies of the PowerPoint slides are available upon request.

Fred C. Osher, MD

There are skyrocketing incarceration rates in the U.S.

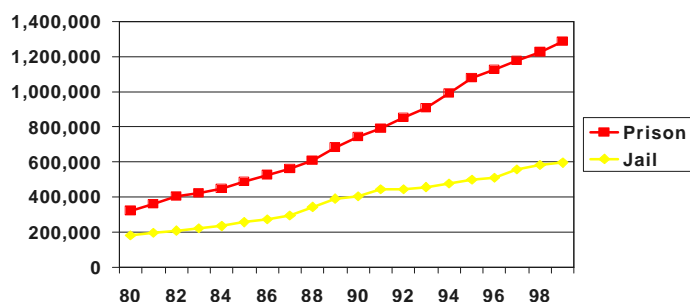
- 1990 - 1 in every 218 residents
- 2000 - 1 in every 142 residents

There are over 2 million people incarcerated in the U.S.

Nearly 4 million people are on parole or probation.

Three percent of our nation's population is in some form of correctional supervision. This is by far the highest rate throughout the world.

Persons in US Prisons and Jails 1980-1999



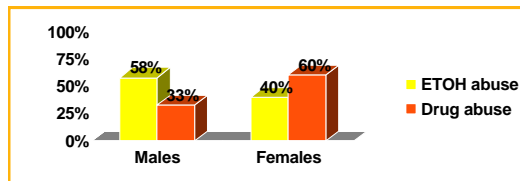
A study was conducted at the Cook County Jail in Chicago. This study looks at the rates of mental illness in our jails.

Six-Month Prevalence of Severe Mental Disorder Among the General Population and Jail Detainees

	Major Depression	Schizophrenia	Bipolar Disorder	Any Serious Mental Illness
U.S. General Population	1.1%	0.9%	0.1%	1.8%
Male Jail Detainees	3.9%	2.7%	1.4%	6.4%
Female Jail Detainees	13.7%	1.8%	2.2%	15.0%

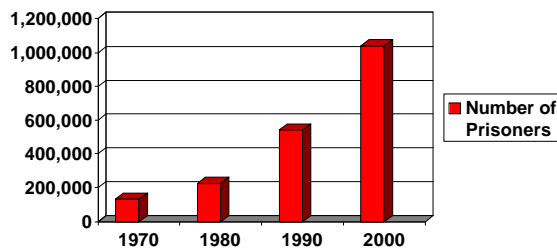
Seventy-five percent of detainees across the nation have either a drug or alcohol use disorder.

Prevalence of current substance abuse among jail detainees with serious mental disorders



The United States is increasingly incarcerating the non-white population relative to the Caucasian population. Even though they make up less than 40 percent of our demographics, they make up 70 percent of our prison system.

African Americans in U.S. Prison and Jail



A black male born in 1991 has a 28.5% chance of entering a State or Federal Prison

Factors contributing to the high rates of persons with serious mental illness in the criminal justice system:

- Arrested at disproportionately higher rates
 - Co-occurrence of substance related disorders (This has had a direct relationship to our ballooning jail population)
 - Mental illness and violence - we need to eliminate the stigma
 - Jails and prisons are housing of last resort
- Incarcerated for longer periods of time
- Pathogenic nature of incarcerated environments
- High recidivism rates on re-entry
- Inadequate mental health services

People with mental illness use drugs and alcohol at rates three times higher than the general population. They end up being swept along in the war on drugs.

People with mental illness enter the prison system as housing of last resort:

- 30 percent of jail inmates were homeless preceding arrest
- 20 percent of prison inmates were homeless preceding arrest

The tragedy of this day is that the science of mental health is incredible, however there is an enormous gap between what we know and what people get.

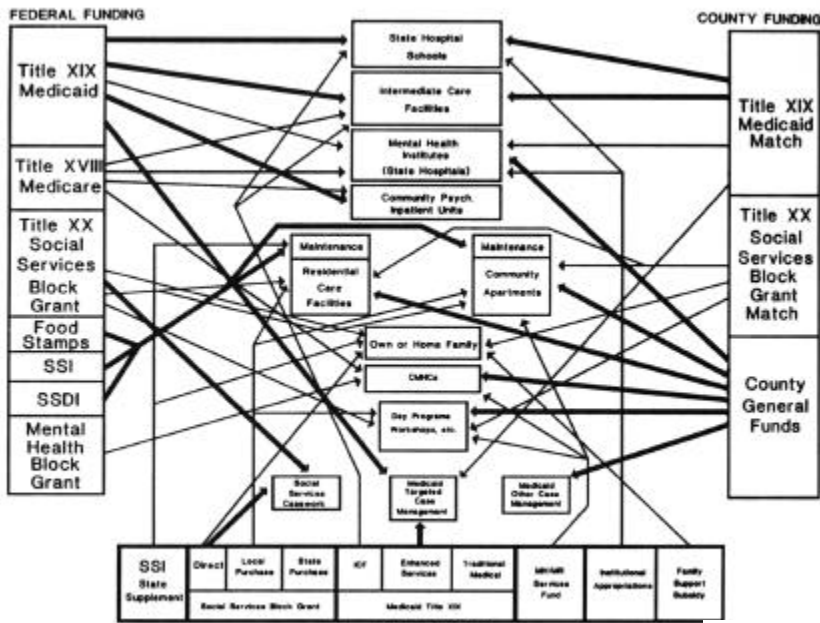
Federal responses to the problem:

- GAINS technical assistance center
- Substance Abuse and Mental Health Service Administration (SAMHSA) multi-site jail diversion project
- Department of Justice National Conference - July 2001
- Mental health court legislation
- Department of Labor, Department of Juvenile Services, Department of Justice - \$100 million re-entry demonstration program

State responses to the problem:

- Council of State Governments - Criminal Justice/Mental Health Consensus project
 - 2 year effort
 - Multiple tracks including law, courts, corrections, and mental health
 - Report in Spring 2002
- Police - Crisis intervention teams
- Courts - Mental health courts
- Probation - Dallas County community supervision and corrections department

Funding sources for mental health programs in Iowa



Torrey, '96

Iowa has two types of corrections systems:

- Community-based corrections - Jails, probationers, and parolees
- Institutionally-based corrections - Eight prisons and Iowa Medical and Classification Center (Oakdale)

There is potential intervention at 3 levels:

- Inflow
 - ➔ First responder programs
 - ➔ Diversion programs
 - ➔ Specialty courts
- Institutional
 - ➔ Screening and assessment
 - ➔ Treatment - quality and effectiveness
- Outflow
 - ➔ Re-entry - transition to community
 - ➔ FACT programs

Iowa's prison system:

- 9 institutions - 6 male, 1 female, and 2 mixed (IMCC and MPCF)
- Current daily census is approximately 8,000
- Iowa Medical and Classification Center (Oakdale)

- Performs all intake to Iowa's system
- 400 - 500 admissions a month
- Also serves as psychiatric hospital (23 beds)
- Total annual budget of \$250 million

Iowa's prison population has doubled:

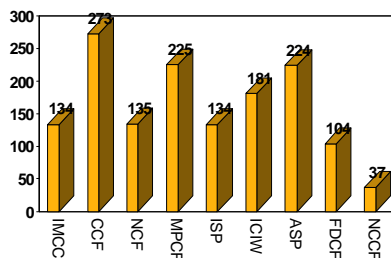
- 1990: approximately 4,000 inmates
- 2000: over 8,000 inmates

Projected growth of 8 percent each year through 2010

There is a gross over-representation of minorities in Iowa's prison population.

About 18 percent of our prison population has serious and persistent mental illness.

Offenders With Major Mental Health Problems by Institution 09/30/01



Total N = 1,447 (population = 8,036)

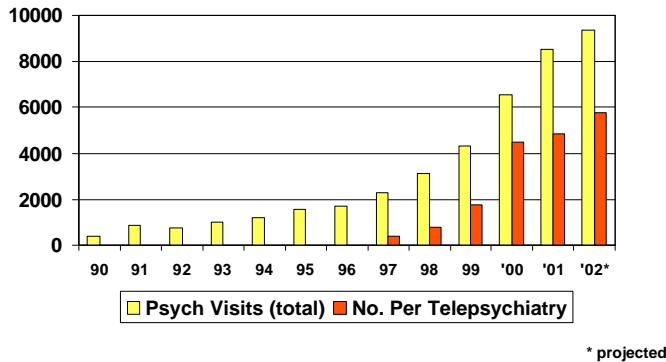
According to the American Psychiatric Association, "The fundamental goal for correctional mental health care is to provide the same level of mental health services to each patient in the criminal justice process that should be available in the community."

American Psychiatric Association staffing recommendations:

- At least 1 psychiatrist for every 150 patient who need psychotropic medications in prison
- At least 1 for every 75 persons in jails - this is due to high turnover

The number of psychiatric visits in Iowa prison systems has increased rapidly from 1990 to 2002. The ICN has been a large factor in increasing the number of visits. Telepsychiatry visits have increased since its introduction in late 1996.

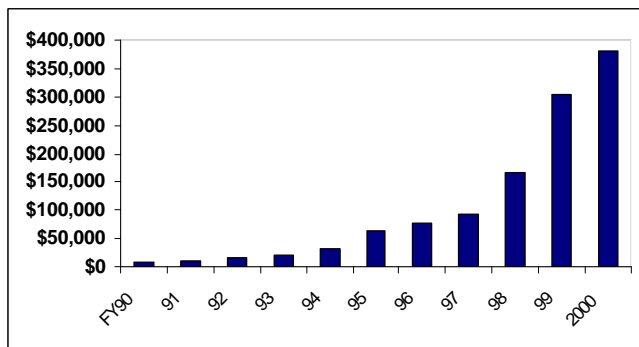
All Psychiatry and Telepsychiatry Visits (1990 – 2002)



As access to service increases, the number of visits increases as well. The quality of service through telepsychiatry seems to be adequate.

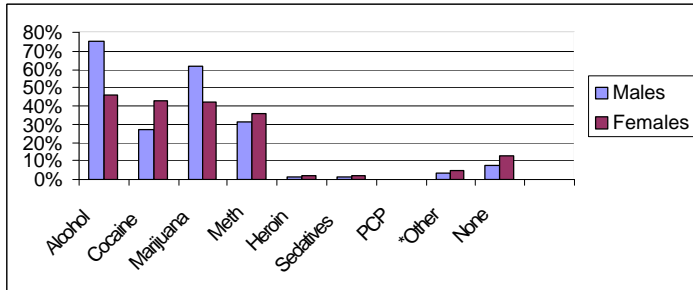
Total psychiatric drug costs in Iowa prisons have continued to increase rapidly as well.

Total Psychiatric Drug Costs in Iowa's Prisons 1990-2000



Substance abuse treatment paired with mental health treatment has proved to be extremely effective. Our female offenders are particularly at risk for substance abuse issues.

Substance Abuse by Sex FY 2000



Total N = 3067:

Male = 2718 (88.62%); Female = 349 (11.38%)

There are new and planned mental health resources:

- 200 bed "special needs" unit at Fort Madison - scheduled for completion early 2002
- Expansion of special needs unit at IMCC (Oakdale) from 23 beds to 170 beds - scheduled for completion 2003?

Findings

Common Themes

As with any public issue, opinions and practices vary by location. While this holds true in discussions of mental health needs in Iowa's correctional system, there were many common themes that emerged as well. The issues repeatedly heard from participants at the hearings follow.

This is a State and Local Issue

"One thing we need to realize is that virtually all (offenders) will come back to their communities on either work release or parole. What is an issue for state prisons is an issue for community corrections and also for Iowa communities." Linda Murken, Director, Department of Correctional Services, Second Judicial District. Ms. Murken's statement speaks to the understanding that this is both a state and local issue from a corrections standpoint, but also from a community standpoint. Throughout the state, participants agreed this issue is one that impacts all Iowans, from those individuals with mental health issues incarcerated or involved with corrections, to victims of crime, to taxpayers.

Continuity, Quality of Care

"It's very frightening to have a family member incarcerated and have medications changed and then not being able to talk to anyone about their care; not knowing their status. I want to learn, and I hope as you move through corrections and the system, I hope that you will look to families such as ours and many others across the State of Iowa who would be happy to work with you." Family member at one of the hearings.

Because of the breadth of impacts of this issue, there is no single solution that will fix the problem. In fact, the current fragmented treatment system is extremely ineffective in many ways.

- **Loss of benefits** - Many individuals lose benefits such as Medicaid or Social Security upon incarceration. Upon release, it can take up to sixty to ninety days to reinstate those benefits. In the meantime, the individual may be without any source of income to cover essentials such as housing, needed medications, or food.
- **Reintegration into the community** – Treatment plans are developed in the institutional corrections setting, sometimes without knowledge of available services back in the community, or communication with key players that should be aware and involved in the treatment planning prior to the release of the individual, such as the county central point of coordination (CPC) administrator (responsible for funding and coordinating treatment services) and involved family members. Planning for necessities like ensuring the continuation of medications and therapy, employment, and housing, support so offenders are not encouraged to re-offend all need to occur.

The sense from hearing participants is that effective planning in Iowa is sporadic at best.

Communication and Coordination

“People are hitting the streets without anyone knowing about it. The mental health authorities don’t communicate with the prison authorities or the jail authorities and vice versa and I think that’s certainly something we need to take a look at.” Commissioner Craig Wood, Director, Linn County Department of Mental Health and Developmental Disability Services. While there were individual exceptions, overall there is a lack of communication between mental health funders and providers and corrections staff across the state. Iowa’s mental health system is hugely complex and difficult to navigate. Corrections staff in large part acknowledge a lack of understanding of the mental health system. When that lack of understanding is combined with a lack of an effective relationship with the county central point of coordination, the end result is typically a lot of floundering around trying to access services on behalf of the offender, at best. And, often this search for services is done at the last minute. The worst-case scenario is that inadequate or no services are arranged and the offender relapses and again winds up in trouble.

“The mental health piece is critical in helping corrections officials find services for offenders in the system. We’re setting up offenders to fail in trying to learn to navigate the system.” Commissioner Melissa Cahill, Dallas County Community Supervision and Corrections Department. Related to communication and coordination is training on the systems. Corrections staff are well trained, but not on the mental health system. County central points of coordination administrators are well trained, but not on the corrections system. Parents and other family members receive their training the most difficult way - by experiencing. There are no workshops or conferences that teach any of the important players how to understand and navigate two systems while trying to help the offender.

Funding

“We are going to continue to have problems with the system until our public decision makers figure out how to clearly assign and make sure that a single entity is responsible for financial decisions, clinical decisions, and administrative decisions.” Lynn Ferrell, Director, Polk County Health Services. There are many issues relating to funding, but central to the funding issue is the fact that many services have narrow eligibility definitions; are funded through different streams, each with their own set of regulations; and are limited at times by legal settlement issues.

Creative Use of Resources

“The big question is why is there bipartisan interest for this issue, and the answer is it costs too much to do things the current way.” Commissioner Mike Thompson, Council of State Governments. Throughout the eight hearings, participants called for the better use of

available resources. If funding were to follow the individual, services could be continuous and catered to address the needs of the individual. Participants also want more focus on prevention, with earlier and more effective screenings for substance abuse and mental health issues in recognition that prevention efforts have a large payoff in the long term by avoiding higher cost placements or incarcerations.

Sense of Urgency

“We have a group looking at our local jail issues, and mental health has surfaced and is going to be the number one priority to focus on.” Mary Dubert, Administrator, Scott County Central Point of Coordination. It is very clear participants at the hearings believe there is a great sense of urgency to address this problem. Given the projections made as part of the presentations by Drs. Osher and Flaum, without intervention this problem will grow exponentially, thus increasing both costs and risks of additional victimization.

Conclusion

While this summary of the public hearings focuses primarily on problems and concerns about the adequacy of mental health services for Iowans involved in the corrections systems, it is important to note participants and presenters shared some success stories as well. In instances where communication between and among systems is effective and issues are addressed proactively, individuals can be well served and their needs can be met. The Commissioners also offered information about effective programs across the nation - models that could be effective in Iowa, given the right mix of funding, training, and involvement of key individuals.

Still, there is much that remains to be done before the situation will improve for all offenders with mental illness in Iowa. It is the hope of the Commission, CCIA, the participants and others that this effort will help create positive change.

Survey Report

Introduction to the Problem

There is no denying that mental illness and substance abuse are inextricably linked to the corrections system, and in turn to public safety. According to federal statistics, 20% of prisoners have a serious mental illness. Additionally, 80% of all offenders entering Iowa's prison system have significant alcohol or drug abuse issues.¹

Although causality has not been proven, certain relationships exist. Offenders identified as having mental illness are more likely than other offenders incarcerated or on probation to have committed a violent offense. They are also more likely to have been under the influence of alcohol or drugs at the time of their current offense and more than twice as likely to have been homeless in the twelve months prior to their arrest. While incarcerated, inmates with mental illness are more likely than other inmates to be involved in fights and to be charged with breaking prison and jail rules.²

CCIA undertook this effort exactly because of this situation. The association members, like others involved in the project, agreed that the way in which Iowa's correctional system dealt with persons who have mental illness and substance abuse problems while institutionalized, and especially in preparation for release, was not meeting expectations. CCIA used eight public hearings around the state as the core of an initiative to inform Iowans about the growing state and national problem. (See Attachment C – Map of the Commission on the Status of Mental Health of Iowa's Corrections Population Cities – available upon request from the CCIA). Each hearing used a variety of approaches in order to educate and collect input.

There are many reasons for gathering information through a survey at the hearings, but the overarching one is policy development. Every policy initiative has some educational component. Before designing a response to problems in the system, it is only reasonable to gauge the level of knowledge that exists about these problems. Not only does this help in developing a strategy for education, but it also lends insight into the beliefs held about what needs to be done. The following analysis focuses on examining how the survey respondents' answers can be useful in policy development.

Methodological Overview

The sample for this survey was a convenience sample of 240 persons engaged in corrections mental health policy either as practitioners, policymakers, or interested citizens. While a convenience sample may have inferential limitations, such samples are a valued

¹ Justice Department, Bureau of Justice Statistics

² Justice Department, Bureau of Justice Statistics

research tool. They are used in instances where the entire sampling frame cannot be identified, for instance, persons engaged in corrections mental health. The mental health system in Iowa is a convoluted network. Considering reintegration back into the community as part of Iowa's correctional system and identifying who is involved or should be involved is difficult. Neither of these two factors are clearly defined.

Trying to identify who would fall within that universe was beyond the scope of this project. Nonetheless, to the extent of the resources available, the State Public Policy Group (SPPG) and CCIA team worked to try and identify this group - persons engaged in corrections mental health policy - and reach out to them through various activities including earned media and mail invitations.

Convenience samples are a standard in exploratory research. Sampling attitudes as they relate to this issue is clearly something new. However, in this case it makes perfect sense. The larger objective of the Commission on the Status of Mental Health of Iowa's Corrections Population project is change. These are the individuals that will be the impetus of change at all levels. They will be the ones in the voting public supporting reform; they will be the practitioners implementing new, broadly supported approaches within the provider community; and they will be policymakers focusing on long-term public safety.

Having gained an appreciation for the research design, the next issue to address is the analysis. Attachment D (available upon request from the CCIA) is a frequency report containing the percentage of respondents selecting each response category. The analysis dissected these responses by seeing whether the knowledge level or location of respondents affect their responses. Knowledge was gauged using a composite of five questions in which respondents were presented a fact about corrections mental health and asked to indicate whether they "had been previously aware" or the fact was "new information." (See Attachment D - Questions 2A, 2B, 2C, 2D, 2E). No statistically significant difference existed between any of the three groups, which were determined by the number of facts they said they were previously aware of: zero or one, two or three, and four or five.

Location was a different story. The geographic analysis was conducted using the state's eight judicial districts. Looking at differences between judicial districts was the logical approach. Iowa's eight judicial districts are used as the basis for discerning whether a disparity in the delivery of services exists since this is the administrative organizational structure used in coordinating corrections services. Looking at districts separately is warranted from an analytical perspective as well because perceived performance at meeting legal mandates is statistically different by district.

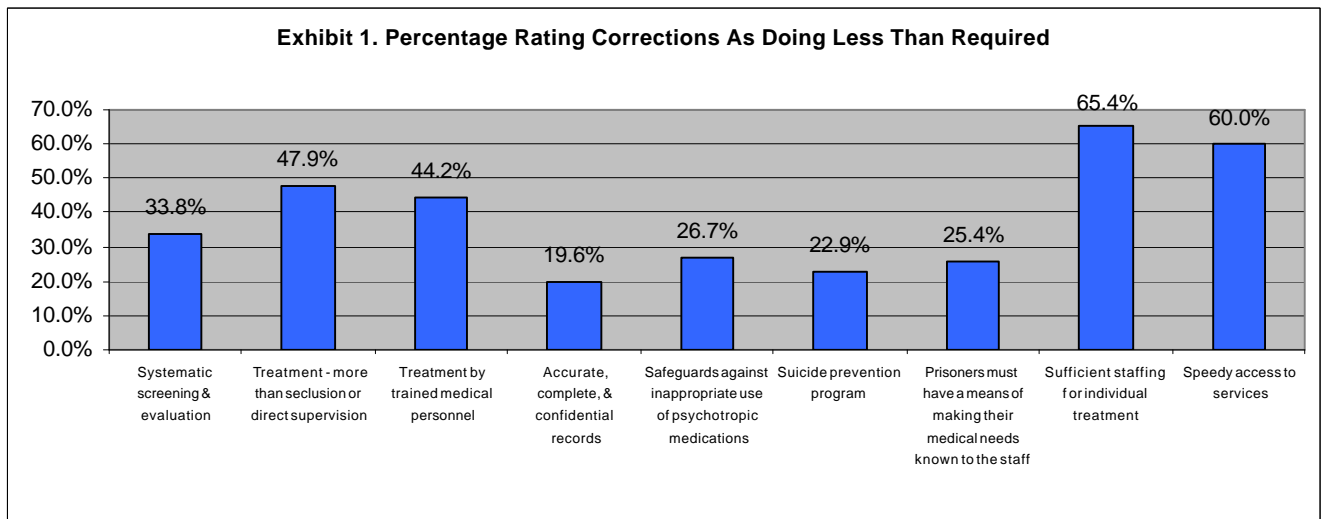
There are differences in respondents' answers between each judicial district; however, the difference between every district is not statistically significant. Inferential statistics, the tools

used to analyze the data, is concerned with estimating characteristics of the population – persons engaged in corrections mental health - based on the sample – people who responded. The statistical test used determines whether the mean score of one district is equal to another. What confuses most people is that every unique sample of a population will give a different mean score; however, the scores from all the samples will cluster around the true population value. Therefore, to determine whether districts’ mean scores are different enough to not have been solicited from two groups that hold the same opinion, a range instead of a single number is used to make a determination. If the ranges of possible mean scores in one district, as extrapolated from the sample responses, do not overlap the range of another district, then there is said to be a statistically significant difference and the opinions held by those in the two districts are not considered the same on that issue.

In the remainder of the report, maps will be used to convey these district-by-district differences, both those that are and are not statistically significant. The maps illustrate three pieces of information: 1) the pie chart for each district denotes the number of respondents answering each category; 2) the size of the “pie slice” represents the relative percentage of respondents choosing a category; 3) the size of the pie chart itself is relative to the number of respondents answering in that judicial district - it has been normalized.

Mandates Are Not Being Met

As the result of many different laws and court decisions, states are required to provide certain mental health services to inmates. The survey asked respondents how well they believed Iowa’s correction system is accomplishing some of these mandates. Respondents had the option of rating each category as excellent, adequate, or less than what is required. Exhibit 1 only reports the percentage that responded "less than required." As Exhibit 1 shows, even in the mandate the state performed best at - accurate, complete, and confidential records - 1 out of 5 respondents believed the state was not meeting its legal obligation.



Granted, this is a subjective evaluation, as any opinion poll is, but those answering the questions are the ones engaged and interested in the issues. While their appraisal of the system is not taken without a certain degree of subjectivity, in their eyes the system is doing better at some things than others. For instance, statewide respondents felt the system was keeping accurate, complete, and confidential records, a necessity in treating mental illness. In contrast, well over 50% believe the corrections system is neither providing sufficient staffing for individual treatment nor speedy access to services, which is contrary to legal mandate. Only slightly more than one in ten respondents believed the state was doing an excellent or adequate job in these areas, 13% and 14.6% respectively. (The remaining respondents did not choose an answer from the scale. Some told proctors they were not qualified to answer these questions.)

Performance Is Not Uniform Around the State

The belief that the mandates of sufficient staffing and speedy access are being accomplished at less than what is required was an opinion held relatively consistently throughout the state regardless of which judicial district the respondent lives in. However, attitudes are not uniform across the state on every mandate. In regard to some mandates, there are great disparities between judicial districts as to how the system is doing.

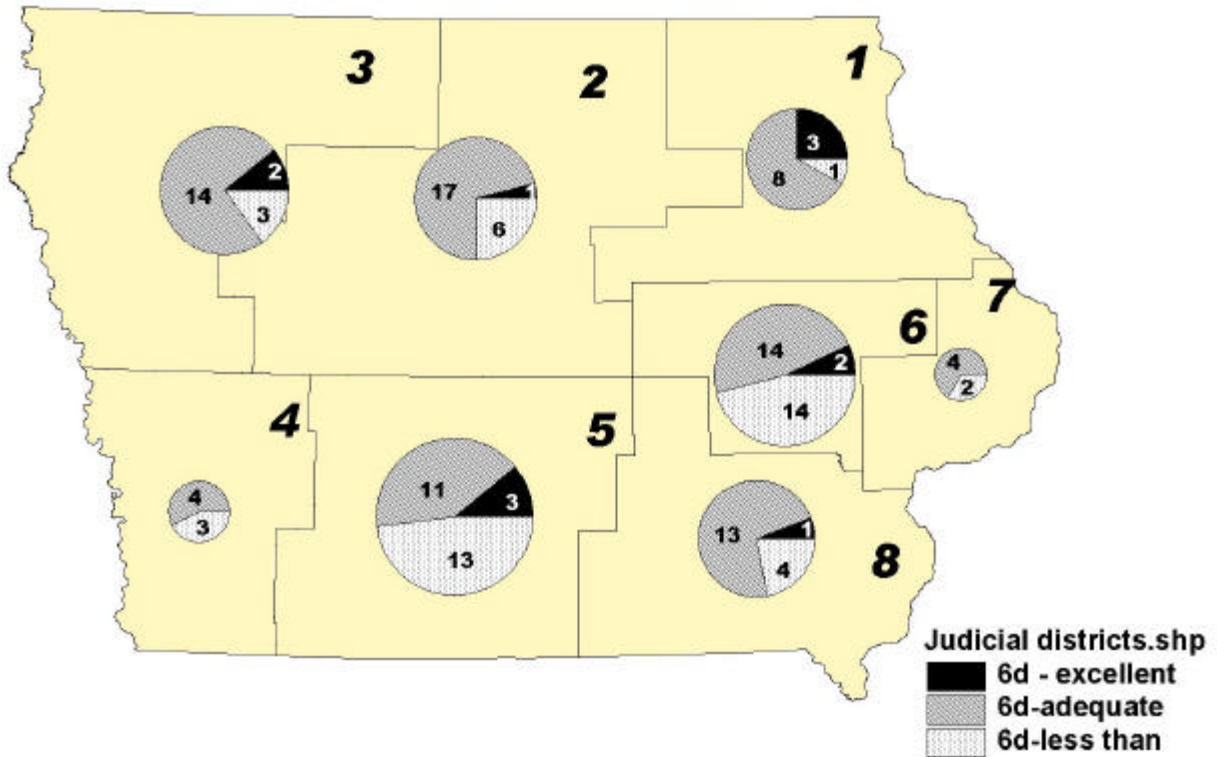
As is conveyed in Exhibit 2, respondents rated the Iowa corrections system on how well it is accomplishing nine of its mandates. Of the nine mandates, there were three that showed perceived differences that were statistically significant between judicial districts. The three mandates that had judicial districts with statistically significant differences regarding system performance were:

- accurate, complete, and confidential records;
- prisoners must have a means of making their medical needs known to the staff; and
- suicide prevention program.

Keeping accurate, complete, and confidential records may not sound like one of the most important mandates, but it is crucial for mental health patients. Arriving at the best course of treatment necessarily relies on having a complete medical history. Additionally, other research has substantiated that persons with mental illness are stigmatized and treated differently by Iowans; hence persons with mental illness may not necessarily want their affliction widely publicized.

Respondents from Judicial District 1 believe more than respondents of other districts the system in their area does a good job meeting its mandate about records. Judicial District 1 had a mean score on the three-point scale (excellent, adequate, and less than what is required) that was significantly larger than Districts 4, 5, and 6. District 3 also had an average or mean score that was significantly different than District 6; it was greater.

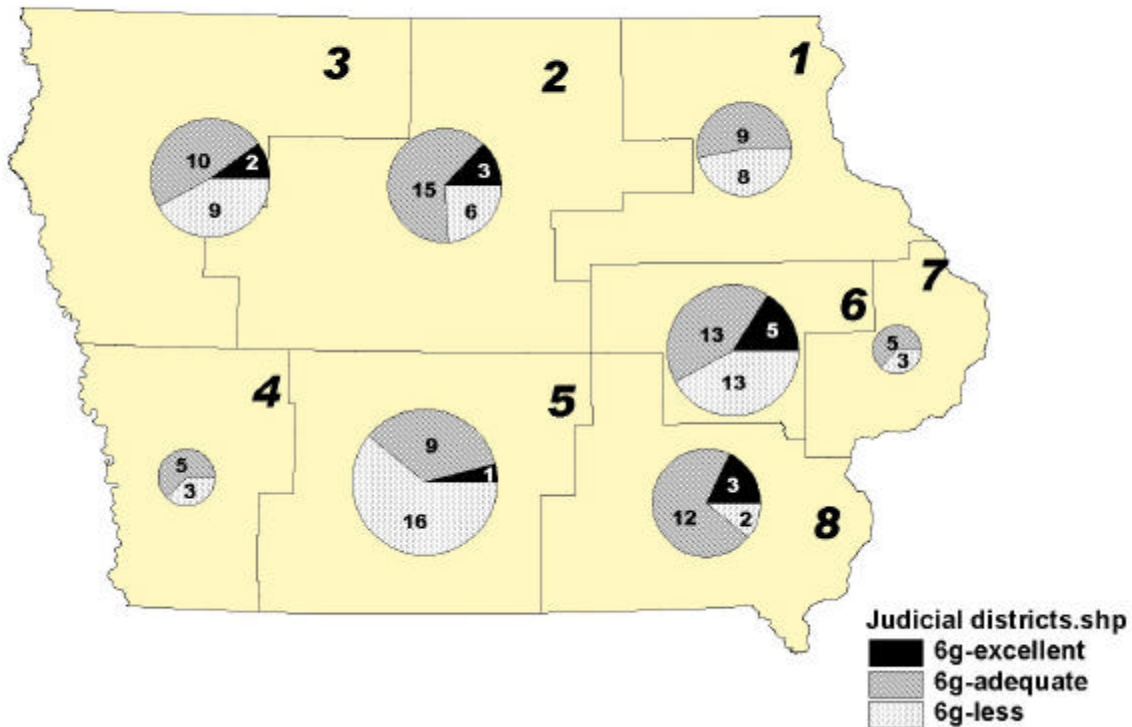
Exhibit 2. Is the Iowa corrections system accomplishing the mandate of accurate, complete, and confidential records?



Statewide, a comparatively small percentage (25.4%) responded that they believed the corrections system was doing a less than adequate job providing prisoners with a means to make their medical needs known to staff. This is one of the first steps in treatment. If this step never happens, someone who needs treatment may not receive it. The system cannot be fixed without addressing this hurdle.

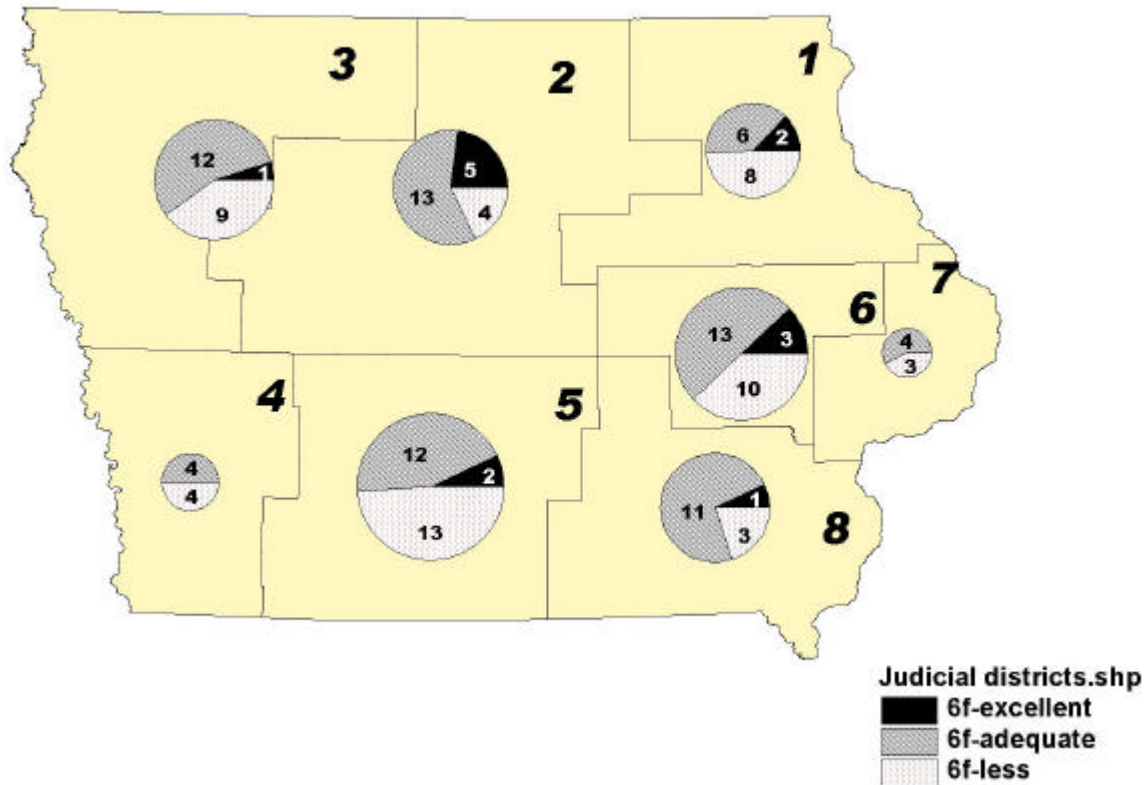
Even though the number of respondents rating the corrections system as less than adequate on this mandate is low, it is important to note areas with poor performance because of the importance of this mandate to the ability to receive treatment. As Exhibit 3 points out, there is a large disparity between Judicial District 5 where 61% of those who answered the question felt the corrections system is doing less than what is required and Judicial District 8 where only 12% of those who answered the question felt the corrections system is doing less than what is required. (Statewide 34.6% of respondents did not choose a response from the scale. For some this may be a concern, but it is this researcher’s opinion that it is better they admitted not being qualified to answer rather than venturing to guess.)

Exhibit 3. Is the Iowa corrections system accomplishing the mandate that prisoners must have a means of making their medical needs known to the staff?



Judicial District 5 shows the poorest performance on this mandate according to respondents. With over 60% of respondents in District 5 saying it is doing a less than adequate job, there is a statistically significant difference between its performance and those of Districts 2 and 8, which were rated as adequate by nearly the same percentage (about two-thirds).

Exhibit 4. Is the Iowa corrections system accomplishing the mandate of providing a suicide prevention program?



Respondents living in the second judicial district believe they have the best suicide prevention plan when compared to other respondents. Nearly 25% of the respondents from District 2 believe the system has an excellent suicide prevention plan. The mean difference between respondents' rating in District 2 is significantly different than those in Districts 3, 4, and 5. Similarly, the difference was almost great enough between Districts 1 and 2 that it was significant; it would be significant at a 90% confidence interval.

The beliefs of those engaged and interested in mental health corrections policy in Iowa vary throughout the state. Looking at the state, using the regions of the judicial districts to differentiate among respondents, it becomes clear respondents in some regions of the state believe the system is doing a better job than respondents from other districts. Some of this difference of opinion is due to the fact that the Iowa corrections system is organized along judicial districts and functions differently within those districts; procedures are different. Another reason is respondents were asked for their perceptions. Respondents in certain districts may be more attune to the needs of persons with mental illness, thereby making them more sensitive to and critical about reaching the mandates tested. All this research can say for certain is that differences in perceptions exist: District 1 keeps the best records; District 5 rates the lowest at having a means whereby inmates can inform personnel about their medical problems; and District 2 has the best suicide prevention program.

Solving the Problem is Urgent

An overwhelming majority of the respondents indicated it was urgent to solve some of the key problems facing Iowa's correctional system. Respondents were asked about several problems state government could solve and more respondents thought it was urgent to solve those problems related to corrections compared to many other issues of the day, as well as long standing issues of importance to Iowans (e.g. education - retaining qualified teachers). For this group of engaged individuals, solving the problems that face the corrections system is even more important than issues of self-interest (i.e. tax cuts).

Exhibit 5. Urgency to solve certain state government problems

	URGENT Corrections	URGENT Active Public
A) Addressing the shortage of qualified workers	52.5%	10.4%
B) Reducing drug crimes with better community prevention and treatment programs	69.2%	69.4%*
C) Retaining qualified teachers	38.8%	64.9%
D) Ensuring access to mental health and substance abuse treatment services	80.8%	NA
E) Increasing wages	23.8%	27.2%
F) Reducing repeat offenses by treating prisoners' mental illness and substance abuse problems	78.3%	NA
G) Streamlining state government to balance its budget	34.2%	40.0%*
H) Lowering taxes	7.9%	38.8%
* The question wording was not identical, the questions asked of the active public had slightly different wording.		

Some of the same questions were asked of the active public - those who voted in the last two general elections - in a statewide survey of 550 respondents conducted by SPPG in April of 2001. Exhibit 5 illustrates the similarities and differences between the two groups. Both sets of respondents indicated reducing drug crimes was a top tier issue. While the active public's question did not have the additional verbiage "with better community prevention and treatment," if they could be convinced this was a viable solution, they may be inclined to support the approach since it was the most urgent issue to address for that group.

Preferred Treatment Options

One section of the survey presented three vignettes based on case profiles of three individuals who had been in Iowa's correctional system and asked respondents in which corrections mental health setting they would place the subjects of the vignettes: What is the most effective placement for [subject's name]? All the subjects of the vignettes had both drug and mental health issues; all were either diagnosed with a mental illness or possessed indications of potential mental illness. Following are the vignettes respondents read.

Jake, a sixteen-year old who is on probation for a series of minor law violations (marijuana possession and stealing), is arrested one night for attacking his mother in the home they live in together. Jake is very close to being expelled from school, has continued to test positive during random drug testing at his outpatient drug treatment center, and has a history of bullying his codependent mother. He is diagnosed with Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder, but he is noncompliant in taking his medication.

Cathy, a twenty-year-old has been caught shoplifting; the police also found crank on her. She has a history of being sexually abused by her three older brothers and spent the majority of her teenage years in foster homes. Her mother is mentally ill, but Cathy has never been diagnosed with anything more severe than Adjustment Disorder and has never been placed on medication. Two years ago she did attempt suicide by overdosing and upon further investigation, scars from cutting are found on her arms and legs.

Tracy is a twenty-two-year-old who has been sentenced to 18 months in prison for drug possession and writing bad checks. She has two children and no husband. She has had a series of codependent relationships with drug abusers. She began serving her sentence in a strict facility for women, but after a year was moved to a co-ed facility due to her model behavior. She has completed a drug treatment program while in prison. Three months before her release, Tracy wound up pregnant.

The analysis of these vignettes requires a less empirical approach than used in the other sections of the report; instead, a well-structured qualitative approach is used. All the individuals in the vignettes have characteristics that fall into certain categories: age, gender, mental illness, type of drug abuse, and time spent in a corrections facility. How respondents reacted to these underlying characteristics is the value in the responses.

From a corrections standpoint, there is good news. The placement setting chosen by more respondents for every vignette was a setting that provided mental health services, something all three subjects needed. Exhibit 6 provides the top response category for each vignette. Placement settings that provide mental health services were also the second most

popular choice among respondents for Jake and Tracy (See Attachment D - Questions 3 and 5).

Exhibit 6. Response category selected by the most respondents for each vignette		
Name of Individual in Vignette	Placement	Percentage selecting placement
Jake	Community corrections dual diagnosis center with programming for youthful offenders	47.9%
Cathy	Probation with access to medication and psychological services	38.8%
Tracy	Placement in a community corrections facility followed by supervision on parole with required treatment and programs	56.7%

Another important thing to notice about the placement setting chosen by more respondents for each vignette is which facilities were chosen. In the two scenarios where community-based corrections (CBC) was an option (along with institutions like prison), CBCs were most often selected.

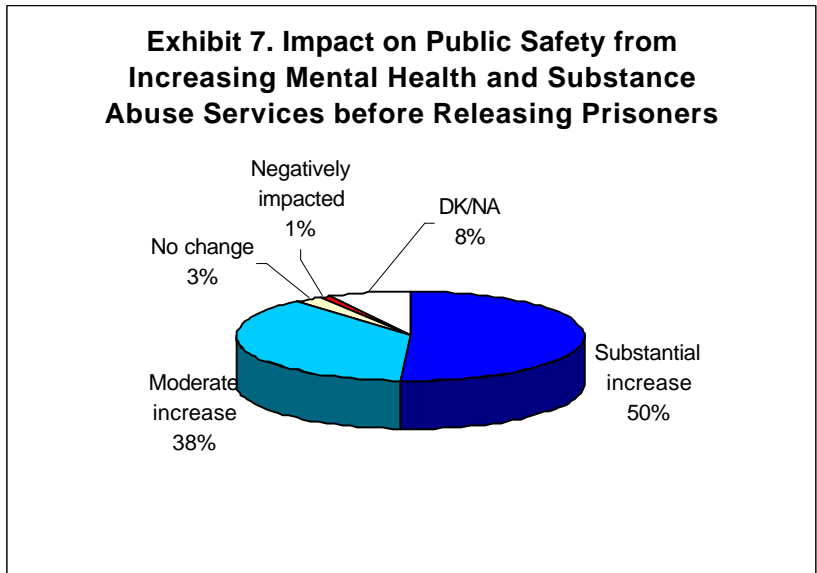
Cathy, the subject of the second vignette, was characterized as the person with the strongest history of suicidal tendencies and self-harm among the subjects in the vignettes. However, the most effective placement for Cathy, according to respondents, was probation with counseling, the least restrictive number one choice of respondents for any of the three vignettes. Generally, individuals with issues such as suicidal ideations and self-harm need close supervision. Not only is which placement was selected most frequently for Cathy interesting, but the fact that only 39% of respondents chose a facility that specifically had mental health services is also very telling. Nearly half of respondents chose an option that focused on her substance abuse problem exclusively (28.3% inpatient rehabilitation and 21% outpatient rehabilitation).

The vignette of Cathy is based loosely on an actual case history. Cathy has been undergoing treatment her entire life. Yet she still has very serious issues that have obviously never been dealt with. The effect of the placement selected by the most respondents for Cathy is indeterminate. It is telling that the individual on which the character of Cathy is based received the number one placement choice - probation with access to medication and psychological services - and was not helped by this type of treatment.

Overwhelming Support for Solutions

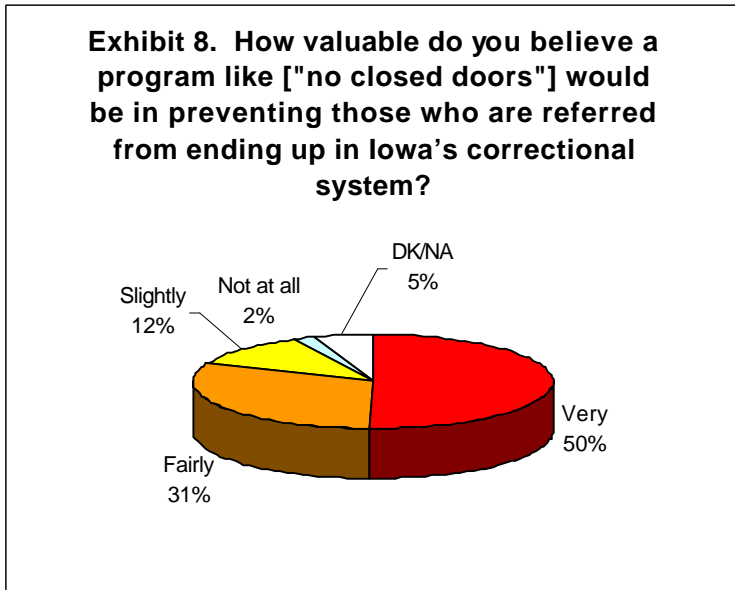
The overarching “goal” of corrections will always be ensuring public safety. According to the people who completed the survey, providing more mental health and substance abuse

services to prisoners is a first step to improving public safety. The vast majority of respondents, 88%, believe that increasing services to prisoners while in prison and before release will have a positive impact on public safety. Next to no one sees this approach as having a negative impact on public safety; only 1% responded in this manner.



As inpatient psychiatric beds decreased in the 1980s, the number of

prisoners increased. Eighty percent of survey respondents were previously aware of this fact. Such wide-spread knowledge by respondents makes the case that many of these individuals have witnessed the phenomenon first hand either as staff or an engaged observer. If you accept the assumption that this knowledge comes from experience, then in



order for the corrections system to function optimally it must ensure individuals receive the appropriate treatment. In turn, this means the solution must also address placing individuals in the appropriate setting so they avoid placement in the correctional system.

Respondents were asked their opinion of one such program, "no closed doors." "No closed doors" means that any agency throughout the community such as churches, fire stations, police

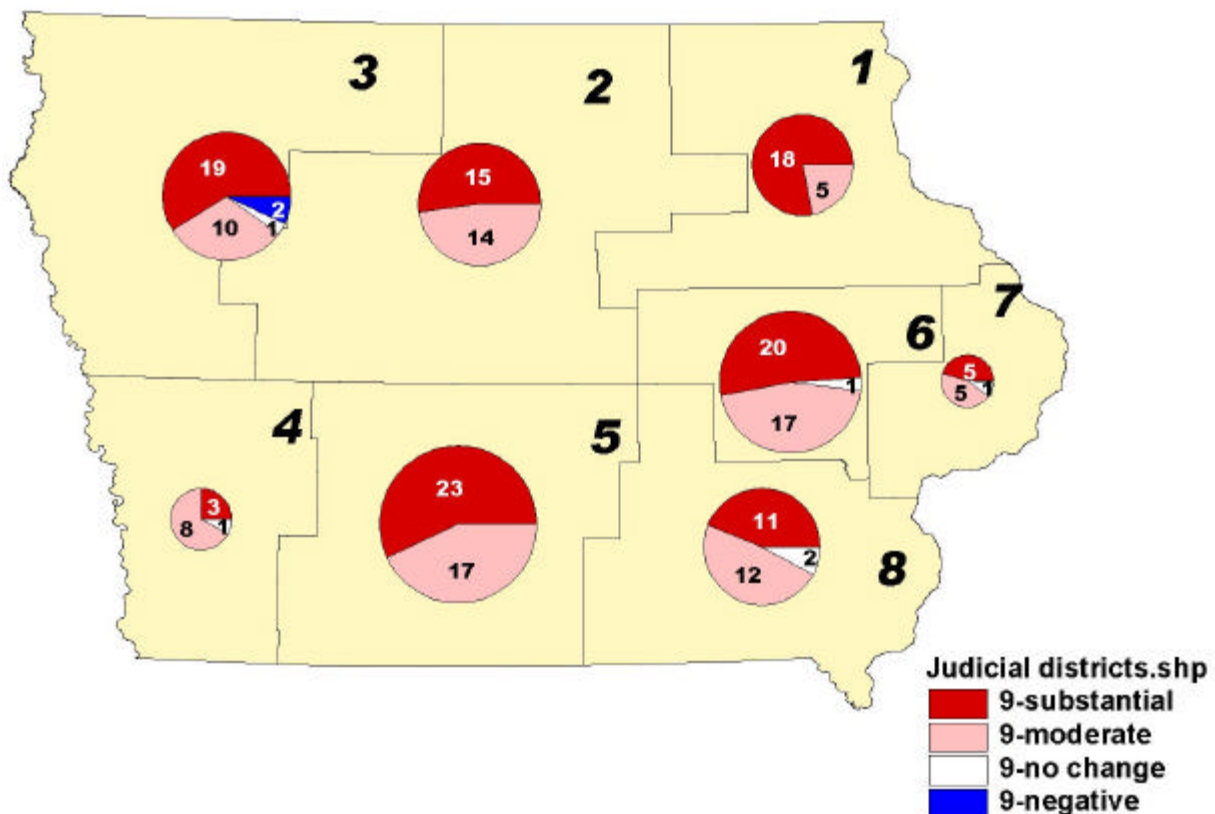
stations, clinics, and Department of Human Services offices should have a uniform protocol whereby persons with mental illness are immediately referred to a mental health provider. This solution was overwhelmingly supported by respondents: 50% thought it would be very valuable in preventing those individuals who were referred from ending up in the corrections system and another 31% thought it would be fairly valuable.

Support Is Not Equal Around the State

As was done with the mandate question, attitude questions about potential solutions were analyzed using many criteria, one of which was judicial district. Like performance, support for reform and specific solutions varies by the respondent's judicial district. In several instances, the statistically significantly different attitudes between respondents in various judicial districts are insightful.

Respondents from Judicial District 1 are believers in treatment. More than respondents from any other judicial district, they believe there would be a substantial increase in public safety from increased availability of mental health and substance abuse services in prison; over three-quarters of respondents in Judicial District 1 held this opinion. The intense support for this position was so different that it was statistically significantly different than Judicial Districts 3, 4, 6, and 8; half of the remaining districts.

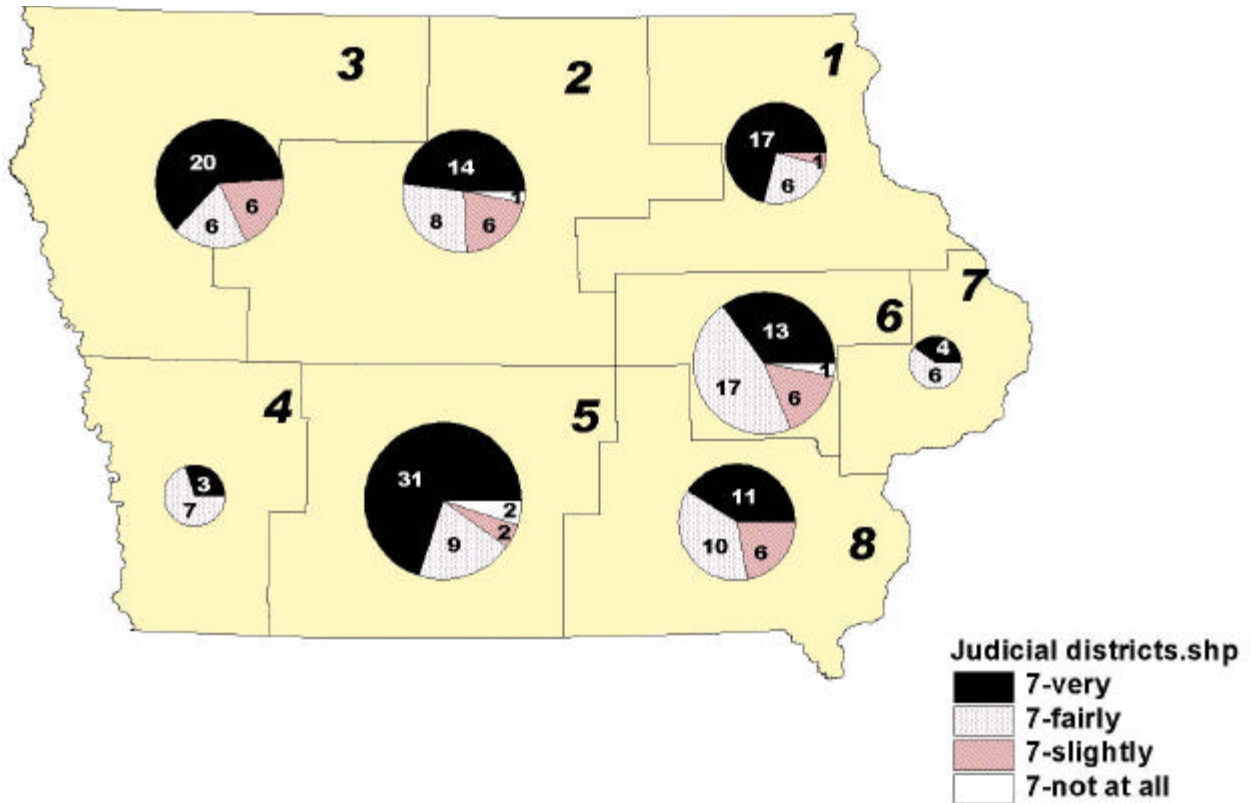
Exhibit 9. How would public safety be impacted if the availability of mental health and substance abuse services were increased to prisoners while in prison and before these individuals are released back into the community?



The most intense support for a piece of the solution – the “no closed doors” program – came from Judicial District 5. Nearly three-quarters of respondents in Judicial District 5 think a “no

closed doors” program would be very valuable in preventing those referred through the program from ending up in Iowa’s correctional system. This is a considerably larger ratio than the 50.8% of respondents statewide who held the same opinion. It is not just the difference between District 5 and the overall statistics; the difference between opinions in District 5 compared to Districts 6 and 8 is of a magnitude to be statistically significantly larger.

Exhibit 10. How valuable do you believe a program like this [“no closed doors”] would be in preventing those who are referred from ending up in Iowa’s correctional system?



Conclusion

The identified goals of the Commission on the Status of Mental Health of Iowa’s Corrections Population are to provide a public forum for the exchange of dialogue on mental health issues; provide information on national and state issues and trends; discuss how mental health issues will effect corrections treatment programs; receive grassroots community feedback; build a constituent base; and sponsor a public policy conference. Much of the information this survey provides will help the CCIA move forward in meeting these goals.

Three initial findings emerge from the convenience sample of those engaged in corrections issues provided by the Commission on the Status of Mental Health of Iowa’s Corrections Population’s public hearings: 1) there is a consensus among those engaged in the issue that the system is not fulfilling its mandates; this varies by mandate and judicial district; 2) there

is a sense of urgency among those engaged in the issue to address the overarching issues which exacerbate problems in the corrections system; and 3) there is general agreement among these same individuals for the solutions tested, such as a “no closed doors” program. While these indications do not provide a conclusive blueprint, they do provide the basis for enlightened policy development.

Several opportunities to use this information may surface. Because there is consensus among many of the mental health and corrections professionals, as well as the active public, the CCIA can begin to develop clear and direct policy objectives and approaches. Similarly, there is a sense of urgency among the constituent base so it seems as though they would be willing to act and support the policy approaches and objectives the CCIA recommends. Finally, the dialogue from the eight public hearings will help the CCIA determine if a program like “no closed doors” would meet their expectations and solve the identified problems they mentioned.

In terms of identifying the best approach to begin tackling the complicated relationships between mental health, substance abuse, and corrections, it must be known that the problem is one that varies throughout the state, so “one size will not fit all.” Perhaps an approach that is flexible and able to evolve would work. Any approach would necessitate reworking or at least emphasizing the use of communication among a number of groups and agencies. These groups would need to include families, mental health professionals, corrections professionals, judges, policymakers, jail and prison staff, educators, as well as a number of state and local government agencies. Similarly, the possible redesigning of government policies that address mental health, substance abuse and Iowa’s correctional system would need to take place so communication and access to information is made easier. This redesigning would also need to include looking at the funding silos that exist in order to streamline and more efficiently use the money available for treatments and the training of individuals working within the mental health corrections system.

One of the most often mentioned criticisms of Iowa’s current system besides the lack of communication among key parties and the rigidity of funding silos was the lack of policies or programs specifically addressing the release of individuals from treatment centers, jails, or prisons. Many people also mentioned if the money is going to be spent anyway, why not spend it trying to prevent crimes through earlier screenings on people to help them before they end up in the corrections system.

While this is just a general and brief discussion of some of the components that must be addressed as Iowa works toward better policy to address mental health needs in Iowa’s corrections system, it does begin to illustrate the need for a flexible and adaptive solution to this problem. As the survey showed, some respondents believed many of our state’s mandates are not being met and among the eight judicial districts, there are discrepancies as to how each is performing to meet these mandates. However, ending on a positive note,

many of these respondents agreed on the solutions to help prevent these discrepancies from becoming wider, and the most popular solutions mentioned by the respondents directly involved helping individuals to deal with their substance abuse or mental health issues.

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