NEIL GOLDSCHMIDT
GOVERNOR

Department of Human Resources

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

2575 BITTERN STREET NE, SALEM, OREGON 97310-0520 VOICE:

TDD - NONVOICE: (503) 373-1449

August 24, 1990

$200.00 X 3
600.00/dy.
$438,000.00

Fred Pearce
Director
Department of Corrections
2575 Center Street, NE
Salem, Oregon 97310

Dear Fred:

As I indicated in my July 16, 1990 memorandum, my staff and I have been reviewing and analyzing the revised budget submitted by Catherine Knox on July 9, 1990 for mental health services to the inmate population. Based on this review, I am concerned that the proposed changes in priorities and funding of hospital level care are not adequate to support the necessary services identified in our Interagency Agreement.

My primary concern focuses, therefore, on the deletion of the purchase of psychiatric inpatient services. I believe that it is of paramount importance that these services be restored as a priority 1 item. We could not establish a contract which does not include an appropriate range of necessary and adequate services for those inmates who suffer from mental illnesses. As you know, our preference is to convert the existing Correctional Treatment Program M-ED Unit from a residential program to a psychiatric inpatient treatment unit at a hospital level capable of receiving accreditation by the Joint Commission on the Accreditation of Healthcare Organizations. This would serve only until restoration of the present 50 building is sufficient to have a secure inpatient unit for Corrections. The 27-bed Unit would serve both men and women inmates, on either a voluntary or involuntary basis, who are affected by a major mental illness. The Unit would handle acute and emergency hospitalizations and provide intermediate and long-term care for inmates. The cost of implementing this Unit enhancement is $996,960 for the 1991-1993 biennium.

A less acceptable alternative to the Division is to establish a per diem rate for the purchase of psychiatric inpatient beds, as stated in our Interagency Agreement, based on the projected number of inmates successfully using the civil commitment process. With only a cost shift, it

would be impossible for us to provide an adequate level of care within our existing resources for the anticipated workload increase without firm funding for this range of services. Our estimate of funding these services at a cost of $200/bed/day for 5 inpatient beds is approximately $1 million per biennium.

In the absence of funding in the DOC proposed budget, we would need to seek a separate appropriation from the Governor and the Legislature to meet the projected workload increase from civilly committed corrections inmates. Such a request would have to compete for limited General Fund dollars with other priorities of both the Department of Corrections and the Division.

In addition to reestablishing psychiatric inpatient services as a level one priority, I believe it is critical to restore the position of Program Researcher. As the Governor's Task Force said, it is important that we establish an analytic capacity to evaluate outcome data in order to improve treatment program effectiveness, to establish a data base for planning, and to meet the needs of the Legislature in its review of our Agreement. The fiscal impact of this position is approximately $100,000.

1 FTE. Other Fund

I am, of course, committed to maintaining the Interagency Agreement and want to work closely with you to establish appropriate and adequate mental health services to meet the needs of the inmate population. To this end, I look forward to hearing from you in the near future and to setting an agenda to discuss our mutual fiscal options.

Sincerely,

Richard C. Lippincott, M.D.
Administrator

MENTAL HEALTH DIVISION

MEMORANDUM

September 10, 1990

To: Dan Barker
Mary Dolan
Margy Johnson

From: Richard Lippincott

Subject: Agreement with DOC

The agreement is as follows for inpatient services: $438,000 in their budget for the biennium which represents three patients a day at $200 per day to be renegotiated in June 1991 based on the data collected between now and then. They will be sending over corrected copy. Something less than $100,000 but the dollar figure will not be available until tomorrow for one full-time researcher in the sex offender programs.

DRAFT

CONFIDENTIAL

Really quite good RLH

PROPOSED PROGRAM STRUCTURE FOR
FORENSIC PSYCHIATRIC AND CORRECTIONS
MENTAL HEALTH SERVICES

OVERVIEW:

A dedicated Forensic Psychiatric and Corrections Mental Health Program is proposed that will provide broad-based forensic psychiatric services for both Oregon State Hospital (OSH) Forensic Psychiatric Program (FPP) patients and Department of Corrections (DOC) inmates who are affected by major mental illnesses. A continuum of treatment services is established, which includes: (1) psychiatric inpatient services for both FPP patients and dedicated beds for the small cohort of inmates who are expected to require this level of psychiatric care; (2) residential services through the Correctional Treatment Programs (CTP); (3) the continuation and expansion of Correctional Institutional Treatment Services (CITS); (4) a mental health staffing enhancement at Oregon State Penitentiary (OSP) "Special Management Unit" (SMU); and (5) increased liaison with community mental health treatment programs serving individuals on release status. A Manager of Forensic and Corrections Mental Health Services position will be established in the Mental Health and Developmental Disability Service Division (MHDDSD) Office of Mental Health Services (OMHS) during the 1991-93 biennium.

Budget proposals will be jointly developed and submitted by the DOC and the MHDDSD to: (1) continue base funding of existing DOC mental health services; (2) fund services implemented during the remainder of the 1989-91 biennium; and (3) support the expansion of services during the 1991-93 biennium for underserved populations.

INTERAGENCY AGREEMENT:

An Interagency Agreement will be established between the DOC and the Department of Human Resources (DHR) which will formalize the array of mental health services to be funded by DOC and provided by the MHDDSD for the inmate population. A performance contract will be entered into between DOC and the MHDDSD that will define treatment services, program evaluation, performance standards, and payment schedules for services rendered to the inmate population.

EXECUTIVE BOARD:

A five-member Executive Board will be established to oversee the implementation of the DHR and the DOC Interagency Agreement pertaining to the provision of mental health services to the adult inmate population. The Executive Board will have direct administrative decision-making authority over the specific mental health services purchased from the MHDDSD by the DOC. In addition, the Executive Board will be responsible for approving any change in the type and range of mental health services necessary to meet the

projected increase in the number of inmates affected by mental illness. The Board will be comprised of the Director of DOC, the Administrator of the MHDDSD, a member appointed by the Governor, a Community Mental Health Program Director, and a fifth member yet to be determined.

Proposed by, but not attached to PSB-13.

FORENSIC PSYCHIATRIC AND CORRECTIONS SYSTEMS MANAGEMENT COUNCIL:

The existing MHDDSD/A & D/DOC Joint Policy Board will be renamed the Forensic Psychiatric and Corrections Mental Health and Alcohol and Drug Systems Management Council. This Council will be parallel in function to the OMHS Systems Management Council which monitors public psychiatric inpatient and community mental health services. The Council will review specific operational issues and will function in an advisory capacity to the Assistant Administrator of the OMHS and to the DOC Health Services Program Director who will jointly chair the Council.

MANAGER, FORENSIC AND CORRECTIONS MENTAL HEALTH SERVICES:

A Manager of Forensic and Corrections Mental Health Services position will be established in the OMHS during the 1991-93 biennium. This position will be supervised by the OMHS Assistant Administrator and will directly accessible to the DOC Health Services Program Director in matters pertaining to services purchased from the MHDDSD by the DOC. The Manager position will assume direct responsibility for CITS and the OMHS Community

Forensic Specialist. The Community Forensic Specialist currently develops programs for clients under the jurisdiction of the Psychiatric Security Review Board (PSRB). The role of this position will be expanded to include liaison functions with the DOC Community Services Branch.

INPATIENT PSYCHIATRIC SERVICES:

1. Oregon State Hospital (Salem):

An additional Chief Medical Officer (CMO) position will be established under the direct supervision of the Superintendent of OSH to facilitate the implementation of the Forensic Psychiatric and Corrections Mental Health Services program. One OSH CMO will have supervisory responsibility for the existing Adult Psychiatric Program, Gero-psychiatric Treatment/Medical-Surgical Program, and the Child and Adolescent Treatment Program. The second CMO position will oversee Forensic Psychiatric and Corrections psychiatric inpatient services, the Correctional Treatment Programs, and will provide supervision to those MHDDSD staff assigned to the OSP SMU. Approval will be sought from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) regarding the implementation of the joint CMO proposal.

A Clinical Director position will be established under the direct supervision of the Superintendent of OSH. The Clinical Director will supervise all hospital professional disciplines, including

the Chief Psychologist, Director of Nursing Services, Director of Social Work, and Therapeutic Activities Director, and will provide support staff to the Medical Staff Organization.

The MHDDSD will make available two (2) dedicated psychiatric inpatient beds at OSH for use by the adult inmate population; one (1) bed for use by women inmates and one (1) bed for male inmates. A second bed for male inmates will be available at OSH when capacity permits. Admission of an inmate to an inpatient bed will be approved by the Forensic Psychiatric and Corrections CMO or his or her designee. The appropriate treatment setting for each individual inmate will be negotiated, taking security issues into account. An individual inmate's security classification and other pertinent safety issues will be openly discussed between DOC and the MHDDSD prior to any transfer for treatment purposes. Maintaining OSH ward security and an appropriate treatment milieu is crucial. To this end, based on an assessment of high security risk and, when requested, DOC will provide a plain-clothed Correctional Officer in attendance to supervise an inmate 24-hours per day during the entire period of hospitalization. If a Correctional Officer is not available for supervision, or an inmate is classified as "maximum" or "close" custody and in need of acute psychiatric care, the inmate will, in general, be transferred to the OSP SMU. Upon agreement between DOC and the MHDDSD to the above conditions, the per diem cost of psychiatric inpatient care will be waived for all inmates during the remainder of the 1989-91 biennium.

2. Eastern Oregon Psychiatric Center (Pendleton):

The MHDDSD will make available one (1) dedicated psychiatric inpatient treatment bed at Eastern Oregon Psychiatric Center (EOPC) for use by the inmate population incarcerated in that region. A second bed will be made available at EOPC based on capacity. Conditions for use of these inpatient beds will be the same as those stipulated for the use of psychiatric inpatient beds at OSH.

The availability of inpatient beds at EOPC during the remainder of the 1989-1991 biennium will be dependent upon the completion of a facility security assessment by the DOC and the possible remodeling of ward space to accommodate the needs of the inmate population.

CORRECTIONAL TREATMENT PROGRAMS:

The Correctional Treatment Programs (CTP) are under the direct supervision of the Superintendent of OSH and consist of four residential units that serve 120 inmates who voluntarily participate in treatment. CTP provides evaluation, treatment, training, and post-release services. The programs include: (1) the "Mentally or Emotionally Disturbed " (M-ED) program for male and female inmates who experience psychoses or major affective disorders as factors in their criminal behavior; (2) the "Cornerstone" Alcohol and Drug unit for male and female inmates with diagnosed alcohol and drug abuse problems identified as a

major aspect of their criminal activity; (3) the "Sexual Offenders" unit for the evaluation and treatment of male inmates convicted of a felony sexual offense; and (4) the "Social Skills" program for the treatment of inmates with intellectual or social deficits, the majority of whom (60%) have committed sexual offenses. A combined total of up to 1.0 FTE CTP or CITS staff will be assigned to part-time duties at the OSP SMU. Specific staff assignments will be contingent upon being able to maintain adequate CTP unit staffing and pending the approval of the MHDDSD Manager of Personnel Services, in consultation with employee union representatives. Supervision of these staff will be the responsibility of the OSH Forensic Psychiatric and Corrections CMO. OSH will include CTP in the next scheduled JCAHO site review process in an attempt to achieve JCAHO residential treatment program accreditation for all units.

Police & Fire Benefits

Effective June 1, 1990, the management of the OSH FPP Sexual Offender program (47-B) will be merged with the management of the CTP Sexual Offenders and Social Skills Units. The FPP Sexual Offender program is currently operated as a psychiatric inpatient ward. As one facet of the management merger, this ward will be converted to residential treatment status.

OREGON STATE PENITENTIARY "SPECIAL MANAGEMENT UNIT:"

OSP SMU is a 57-bed unit that currently houses inmates transferred from all DOC facilities who are identified as experiencing a mental

illness, or who are behaviorally disordered and are not considered appropriate for inclusion in the DOC general population.

Contingent upon maintaining adequate staffing on all CTP units, a combined total of up to 1.0 FTE CTP and/or CITS staff will be assigned to part-time duties on OSP SMU to enhance treatment services. These staff will be responsible for facilitating and supervising therapeutic activities and will receive supervision from the Forensic Psychiatric and Corrections CMO. The current DOC staffing pattern of Correctional Officers assigned to the SMU will remain in effect for security purposes.

The MHDDSD, and specifically OSH, will assist the DOC in recruiting and retaining a 1.0 FTE psychiatrist for the SMU. The psychiatrist accepting this position will be offered some level of membership in the OSH Medical Staff Organization and would possibly be eligible to receive privileges at OSH.

CORRECTIONAL INSTITUTIONAL TREATMENT SERVICES:

The Correctional Institutional Treatment Services (CITS) is currently a component of the CTP which is under the direct supervision of the Superintendent of OSH. CITS provides mental health, alcohol and drug, and HIV/AIDS education and counseling services to each DOC facility and will implement the offender screening and assessment program in May, 1990 in cooperation with the University of Washington School of Medicine, Department of

Psychiatry.

Under the proposed organizational structure, CITS will be moved to the OMHS under the supervision of the Manager of Forensic and Corrections Mental Health Services. CITS will continue to provide consultation services to DOC facilities and to coordinate the implementation of the offender screening and assessment program.

The role of CITS will be expanded to implement a case management pilot project during the remainder of the 1989-91 biennium. The case management project will be staffed by four (4) 0.5 FTE positions funded through an allocation made to CITS by the 1989 Legislature specifically to increase evaluation and treatment capacity. Case management services will target those inmates not in immediate need of acute psychiatric care and those who are not being served in existing treatment programs. The case managers will: (1) assist CITS consultants in tracking inmates determined, on the basis of the assessment protocol, potentially to require mental health services at some point during their period of incarceration; (2) participate in mental health crisis intervention assessments; and (3) assist inmates in gaining access to mental health services, as needed. DOC Health Services staff at each institution will receive training in crisis intervention assessment techniques in order to identify inmates experiencing acute psychiatric symptoms and to assist MHDDSD staff in the treatment of inmates affected by major mental illness. The DOC and the MHDDSD will submit a joint budget proposal to continue case management

services during the 1991-93 biennium.

ALCOHOL AND DRUG SERVICES:

During 1989, the DOC established a position of Alcohol and Drug Services Manager. In order to meet DOC objectives, the Manager of Alcohol and Drug Services will establish annual performance contract conditions pertaining to alcohol and drug services provided by both the CTP Cornerstone program and CITS consultation services. In addition, the Manager will participate in Cornerstone and CITS program meetings, as needed, to review services that have major policy implications. It is recommended that the DHR Assistant Director for Alcohol and Drug Programs serve as a voting member of the Executive Board for issues specific to DOC alcohol and drug services provided for the inmate population.

COMMUNITY TREATMENT SERVICES:

Community mental health treatment services for OSH FPP patients under the jurisdiction of the PSRB will be located in the OMHS under the supervisory responsibility of the Manager of Forensic and Corrections Mental Health Services. In addition, the role of the Community Forensic Specialist will be expanded to serve as a liaison to the DOC Community Services Branch to plan and coordinate services for inmates on post-prison supervision. Subject to approval by DOC, the MHDDSD Intergovernmental Agreement for Mental Health Services will be evaluated as a potential vehicle for the

contracting of DOC-funded mental health services in the community.

1991-93 DOC AND MHDDSD JOINT BUDGET PROPOSALS:

The following budget proposals will be submitted jointly by the DOC and the MHDDSD to support mental health services for the inmate population during the 1991-93 biennium.

- ✓ Screening of sexual offenders
- o Sexual offender education and assessment programs CITS.
- o Establish a sexual offender residential program at the Ontario prison
- o Provide follow-up and community transition services to sexual offenders
- o Continue alcohol and drug services supported by Federal grants
- o Increase institutional alcohol and drug services
- o Expand substance abuse self-help groups
- o Continue the CTP Cornerstone program
- o Establish a DOC Alcohol and Drug Services Office
- o Continue and expand alcohol and drug community transition programs
- o Continue the CITS offender assessment and evaluation program
- o Establish crisis intervention services all DOC institutions
- o Purchase acute psychiatric inpatient services from the MHDDSD
- o Staff OSP SMU to provide residential treatment services
- o Establish a 72-bed residential treatment program at Eastern Oregon Correctional Institution

- Expand CITS consultation services
- Convert the CTP M-ED Unit to a women's residential treatment program
- Establish a community transition pilot project for inmates on release status
- Continue and enhance CTP clinical services

MD/mkd

MDwp51a:fcmhs

May 23, 1990

NEIL GOLDSCHMIDT
GOVERNOR

Department of Human Resources
MENTAL HEALTH DIVISION
2575 BITTERN STREET N.E., SALEM, OREGON 97310-0520

DATE: August 24, 1989

TO: The Honorable Vera Katz
Speaker, House of Representatives
State Capitol

FROM: Richard C. Lippincott, M.D.
Administrator
Mental Health and Developmental Disability
Services Division

Fred Pearce
Director
Department of Corrections

SUBJECT: Department of Corrections Mental Health Services

OVERVIEW:

The Department of Corrections and the Department of Human Resources Mental Health and Developmental Disability Services Division (formerly the Mental Health Division), have actively collaborated in the review and planning of mental health services for the inmate population over recent months. In an effort to formalize the relationship between the two Departments, a Cooperative Agreement was originally developed in 1978 that established a Mental Health and Corrections Policy Board. The Policy Board was active for a brief period before being discontinued and was reinstated in January 1988. At the January 1988 meeting of the Policy Board, a charge was given by both Michael Francke, Director, Department of Corrections, and Kevin Concannon, Director of the Department of Human Resources, to provide administrative leadership and to formulate recommendations for the two Departments regarding necessary mental health services for Department of Corrections inmates.

The Policy Board has developed and reviewed budget proposals and recommended system changes to develop a continuum of appropriate mental health services. Issues of primary concern have included:

- The Policy Board has reviewed the issues relating to the administrative transfer of inmates from the Department of Corrections to a Mental Health and Developmental Disability Services Division (MHDDSD) facility for evaluation and treatment. The procedures for transferring inmates became critical following a 1980 Supreme Court decision (Vitek v. Jones) stipulating due process rights proceedings for inmates being transferred from corrections institutions for mental health treatment. The Department of Justice has recommended that the transfer of inmates to MHDDSD institutions be accomplished under civil commitment statutes.

- A law suit was brought against the Department of Corrections in 1986 for failure to provide adequate treatment to inmates designated as dangerous offenders. The designation of "dangerous offender" or "sexually dangerous offender" is applied by the court at the time of sentencing to those individuals who are determined to be suffering from a "severe personality disorder indicating a propensity toward criminal activity" (ORS 161.725 et. seq.) An enhanced sentence is imposed that prohibits an inmate from receiving a firm parole date until his presenting psychiatric condition is in "remission" or "cured." The indictment against the Department of Corrections stated that psychiatric treatment was not available to inmates that would facilitate the improvement of diagnosed psychiatric conditions.

- Corrections superintendents have raised concerns regarding the mental health needs of inmates, program under-utilization, and an inability to access treatment slots, particularly in the Correctional Treatment Programs.

- A review of the operation of the Special Management Unit (SMU) located at Oregon State Penitentiary is a high priority for the Department of Corrections. The present program is inadequate to provide the necessary range of treatment services required by the inmate population.

- In March 1988, the Department of Corrections retained Joseph Treleavan, M.D., as a psychiatric consultant to review current mental health services available to the inmate population, estimate the incidence and prevalence of mental illness among inmates, and to provide recommendations for improving the existing service delivery system in preparation for the projected increase in the inmate population. Dr. Treleavan determined that approximately 2.2% of the current population was affected by a major mental disorder, approximately 5% were affected by a severe mental illness, with an additional 10% being affected by

"significant psychiatric disability." Dr. Treleavan cautioned that the figures cited represented a "gross understatement of the problem." The consultation report documented overburdened mental health treatment resources, the inability of the Correctional Treatment Programs (CTP) and Correctional Institutional Treatment Services (CITS) to deal with "unmotivated, extremely disabled, and disruptive" inmates, and a lack of coordination of services from inpatient care to community release resources. Dr. Treleavan recommended that a management position be created to "plan, develop, monitor, redesign, and manage Mental Health programs for the Department of Corrections and its clients." In addition, Dr. Treleavan recommended the development of treatment standards, screening of admissions, rehabilitation programs, program evaluation, and release follow-up services. The consultation report cited an inability to access out-of-prison psychiatric beds and psychiatric hospital services. Dr. Treleavan's report was submitted to the Department of Corrections and the Mental Health and Corrections Policy Board in April 1988.

- The Policy Board developed several budget proposals in preparation for the 1989 Legislative session. The proposals reflected an effort to establish a continuum of treatment services to be administered jointly by Department of Corrections and the MHDDSD.

- In recent weeks, Fred Pearce, Director, Department of Corrections and Richard Lippincott, M.D., Administrator of the MHDDSD, have requested that collaborative planning efforts be undertaken to develop a continuum of treatment services for the Department of Corrections. The Department of Corrections has expressed an interest in contracting with the MHDDSD to administer and operate necessary services.

- The MHDDSD has retained a consultant to provide a further analysis of available services, with particular emphasis on the residential treatment programs and SMU.

- As of August 2, 1989 the Department of Corrections inmate population is 5,465. The average budgeted population is projected to be 5,818 inmates during the 1989-91 biennium, with a June 30, 1991 ending population of 6,480. A legislatively approved 3,000 bed medium security prison is currently being planned; however, no corresponding increase has been made in allocations for improving existing mental health services and expanding treatment capacity to meet the projected census increase.

REVIEW OF ISSUES:

The following issues have been of primary importance to the Mental Health and Corrections Policy Board, the Department of Corrections, and the MHDDSD. The issues involve the adequacy, appropriateness, cost-benefit ratios of available treatment resources, and the need to provide legally mandated mental health services to the inmate population.

1. Assignment and Transfer of Inmates:

   A primary reason for the reinstatement of the Mental Health and Corrections Policy Board was the need to review the assignment and administrative transfer of inmates from Department of Corrections to MHDDSD facilities. Transfers are necessary when an inmate is diagnosed as experiencing a psychiatric disorder that is not amenable to treatment in existing Department of Corrections programs or exceeds the treatment capacity of Corrections services. Inter-institutional transfers without inmate due process protection has been severely limited based on the 1980 Supreme Court decision of Vitek v. Jones (445 US 480). The Policy Board has consulted extensively with the Department of Justice to find a resolution for the transfer issue.

2. Dangerous Offenders:

   In 1986 the Department of Corrections was indicted for failure to provide adequate psychiatric treatment for those inmates designated by the courts to be "dangerous offenders" or "sexually dangerous offenders" (David/Herrera v. Peterson). "Dangerous offenders" are determined to suffer from a "severe personality disorder indicating a propensity toward criminal activity" (ORS 161.725 et. seq.). Courts, at the time of adjudication, may impose an enhanced sentence of an additional 30 years upon individuals determined to be "dangerous offenders." On the basis of this designation, dangerous offenders have not been eligible to receive a "firm" parole date until such time as their condition was found to be in "remission" or "cured." The class action indictment cited the Department of Corrections for not providing the range of appropriate psychiatric treatment for dangerous offenders that would qualify them to receive a "firm" parole date. This case sought to further the findings of Ohlinger v. Watson (1980) that requires treatment which will cure or improve a psychiatric disorder. In the 1988 David/Herrera v. Peterson decision, the plaintiffs were unable to prove that existing Department of Corrections treatment services were inadequate.

3. Correctional Treatment Programs:

The Correctional Treatment Programs (CTP) consist of four residential units that serve approximately 120 voluntary inmates. The programs consist of Sexual Offenders, Social Skills, "Cornerstone" Alcohol and Drug Program, and the Mental or Emotional Disturbed (M-ED) unit. CTP has been cited as a national model for the psychiatric treatment of offenders; however, the Mental Health and Corrections Policy Board has reviewed the stated inability of institution superintendents to access these services and the under-utilization of program treatment slots. These issues have not been resolved. In addition, many inmates who are statutorily entitled to receive treatment (e.g., "dangerous offenders") have apparently not received services through CTP. At the October 18, 1988, Policy Board meeting the Department of Corrections Assistant Attorney General recommended that a program review be undertaken to determine the number of inmates served by CTP who were statutorily entitled to receive treatment. Both CTP and Correctional Institutional Treatment Services (CITS) have long waiting lists for services that delay treatment entry and, therefore, the assignment of potential release dates. CTP and CITS admission criteria for evaluation and treatment has been requested by the Policy Board since October 1988 and has not been received. Other issues of concern include the current management of CTP, the actual location of programs and the possible benefits of relocating one or more of the programs back within the institutions, lack of treatment slots for women inmates, and questionable individual program effectiveness as assessed by program completion and recidivism rates.

4. Oregon State Penitentiary "Special Management Unit:"

A review of the Special Management Unit (SMU) is a high priority for the Department of Corrections. The present program is inadequate to provide the necessary range of appropriate inpatient mental health services required by the inmate population. SMU is a 57-bed unit designed to house severely and chronically mentally ill inmates, control behavioral management problems, and to serve as a disciplinary segregation unit when appropriate space is not available in other cell blocks. SMU is staffed by Corrections officers and has limited treatment capacity. What treatment is available is voluntary and SMU has no informed consent procedures for medication overrides. Medical staff on SMU is severely limited. One .16 FTE psychiatrist is available on-site 2 days per week and SMU has one 1.0 FTE psychiatric Registered Nurse. The contract for the current psychiatrist is due to terminate on December 31, 1989. The Department of Corrections has requested that the MHDDSD assist in recruiting and retaining a psychiatrist for the SMU.

5. Oregon State Hospital Forensic Psychiatric Program:

The Oregon State Hospital Forensic Psychiatric Program (FPP) was established in 1966 to provide care, custody, and treatment to mentally ill offenders. The majority of patients in the FPP are under the jurisdiction of the Psychiatric Security Review Board (PSRB) for having been found "guilty, except for insanity" of a criminal offense. In addition, the FPP: (1) conducts court-ordered evaluations of individuals to determine their competence to aid and assist with court proceedings, (2) conducts pretrial examinations to determine whether a defendant is suffering from a mental disease or defect, (3) provides psychiatric evaluation or treatment as a condition of parole, (4) receives inter-institutional transfers of dangerous individuals, and (5) accepts civilly committed individuals. The FPP census is projected to increase by 24 patients per year during the 1989-91 biennium. The FPP is experiencing an increase in patient institutionalization, chronicity of illness, length of stay, and a lack of appropriate community treatment resources. In addition, the FPP has no statutory authority to transfer patients not amenable to treatment to the Department of Corrections, thereby making available increased treatment space for appropriate patients. Several budget proposals have been developed in an effort to utilize the FPP in serving Department of Corrections inmates. The proposals have been based on maximizing available mental health treatment technology, fiscal resources, and personnel. The options, as historically developed, have not been included in legislative or budget concept proposals.

6. Governor's Task Force on Corrections Planning:

In July 1987, the Governor's Task Force on Corrections Planning was established. The Task Force evaluated current facilities and programs which included a review of mental health treatment programs. In its August 1988 report entitled "A Strategic Corrections Plan for Oregon: Restoring the Balance," the Task Force determined that the "overall range and quality of necessary mental health services in the state's correctional facilities is clearly inadequate." With regard to CTP, the Task Force recognized the limited capacity of the program, the program's acceptance of only voluntary inmates, low turnover rate, and the required long length of treatment. The Task Force referenced the consultation report submitted by Joseph Treleavan, M.D., and supported his recommendations for program-wide improvements.

7. Collaborative Services Planning Efforts:

A concerted effort has been made by the Department of Corrections, in conjunction with the Department of Human Resources MHDDSD, to identify and resolve problems regarding the delivery of necessary mental health services to the inmate population. These efforts have included:

- During the summer of 1988, a Mental Health and Corrections Policy Board task group was established and developed a $7 million budget proposal and service delivery organizational plan. The plan included the purchase of 10 acute psychiatric treatment beds from Oregon State Hospital Forensic Psychiatric Program, improved staffing capacity on the Special Management Unit (SMU), doubling the treatment capacity of the Correctional Institutions Treatment Services (CITS), and funding community-based treatment for inmates on release status. This proposal was not approved for inclusion in the Governor's Recommended Budget.

- Development of an $8.7 million dollar proposal to establish a joint Mental Health and Corrections Treatment Program. This proposal essentially mirrored the above program design, with the exception of the purchase of a 35-bed ward in the Oregon State Hospital Forensic Psychiatric Program. This proposal was developed in anticipation of the availability of revenue generated from an increase in vehicle license registration fees by a special Legislative Session. The special Session never took place; therefore, the proposal was not acted upon.

- The 1989 Legislature allocated $638,000 to the Department of Corrections Correctional Institutions Treatment Services (CITS) to accommodate the projected increase in the inmate population and to conduct evaluations of felons sentenced as "dangerous" or "sexually dangerous" offenders. The allocation will be used to: (1) assess the mental health history and current needs of inmates, (2) directly provide, or refer, inmates to appropriate treatment resources, (3) provide periodic treatment plan reviews, and (4) establish treatment documentation protocols. The recent court decision of David/Herrera v. Peterson (1988) may have reduced the Department of Corrections' obligation to treat "dangerous" offenders, but may have increased the obligation to provide services to those inmates with identified mental health problems which are amenable to treatment.

8. Present Joint Planning Options Initiatives:

As a result of recent meetings between the Director of the Department of Corrections and the Administrator of the MHDDSD further planning for a corrections mental health delivery system is now taking place. The Department of Corrections has expressed an interest in exploring the feasibility of contracting with the Division to assist in the development and operation of a continuum of mental health services for inmates. These plans are to address the immediate needs of the Department of Corrections to provide adequate mental health services, avoid further legal challenges, prepare for the 1991-93 biennium, and to foster continued collaboration between the Department of Corrections and the MHDDSD.

- Planning proposals include establishing a Director of Corrections Mental Health and Forensic Services position with oversight responsibility for both mental health programs serving Department of Corrections clients and MHDDSD forensic programs.

- Another organizational option being considered utilizes Oregon State Hospital inpatient ward space or vacated CTP unit space for psychiatric inpatient treatment of inmates with mental illness. Implementation of these options is dependent upon: (1) the discontinuation of the present CTP M-ED program which would make available ward space for 30 inmates in what is envisioned as a modified SMU program, or (2) use of Forensic Psychiatric Program "maximum security" ward space in the Oregon State Hospital 48 Building. The second facility option is favored as the 48 Building would provide a higher level of security for inmates requiring mental health services.

- The present design of the Correctional Treatment Programs (CTP) must be reviewed to meet the needs of the changing characteristics of the inmate population. This program has remained essentially unchanged in size and focus since its implementation in 1978. Issues for review include:

  - CTP program capacity and treatment modalities on the Sex Offender Unit may need to be reevaluated and expanded to accommodate an increase in the number of offenders projected to be identified during the current biennium through the CITS assessment program.

- Facility barriers need to be resolved that restrict the participation of women inmates in the CTP programs.

- The M-ED unit has consistently not been utilized to capacity in treating emotionally disturbed inmates.

- At present, inmates being placed on release status are not regularly enrolled in community mental health services. Access to release services will become more critical as more inmates are identified through the assessment and referral process to be implemented by CITS. Funding specifically for the community treatment of mentally ill offenders on parole and probation was not obtained during the 1987-89 biennium. However, the management of this issue might be improved within existing fiscal resources that may include consideration of:

  - Data base development against which legislative and budget proposals can be considered for the 1991-93 biennium.

  - A utilization review of Community Corrections Act (CCA) funds for the purchase of mental health services.

  - Expansion of cooperative agreements for mental health services using subsidy funds.

  - State-funded extension of the provision of psychotropic medications.

  - Training of community mental health program staff and parole and probation officers in the management and treatment of mentally ill offenders.

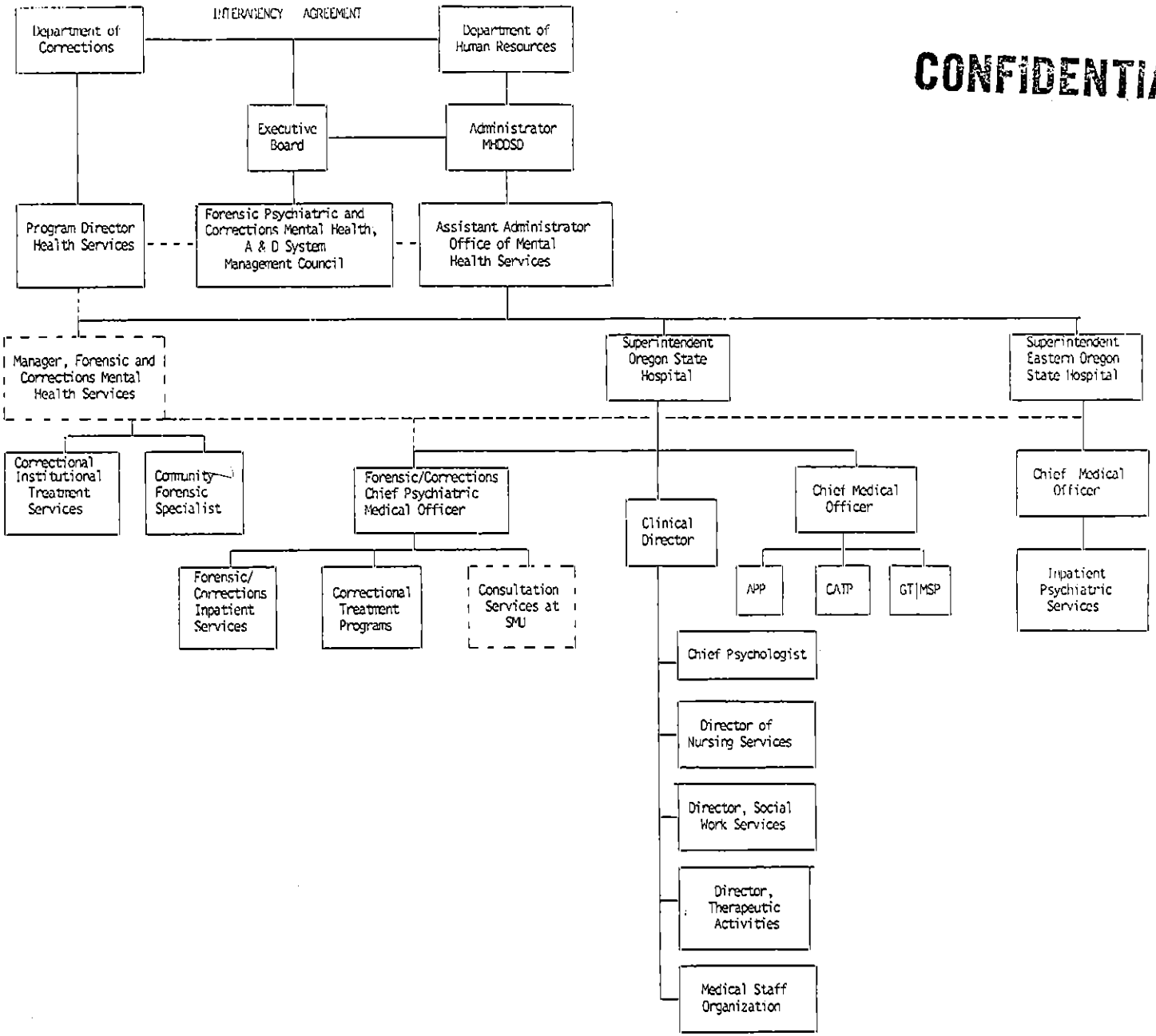
  - Development by the MHDDSD of community treatment criteria and establishment of a specific service element and funding, if appropriate.

9. MHDDSD Consultation:

The MHDDSD has retained Eric Trupin, Ph.D., as a consultant to: (1) provide an analysis of current forensic mental health programs, and (2) make recommendations for the Department of Corrections and the Division in the joint operation of services. Dr. Trupin is vice-chair of the University of Washington School of Medicine Community Psychiatry Program. He is a nationally recognized expert in the field of mental health services for prison systems. Dr. Trupin was on-site August 29-31, 1989 and a report will be received by September 14, 1989.

FORENSIC PSYCHIATRIC AND
CORRECTIONS MENTAL HEALTH SERVICES

CONFIDENTIAL



Where is DOC Services Per Company on this chart.

Barry, George

MENTAL HEALTH & DEVELOPMENTAL DISABILITY SERVICES DIVISION
OREGON STATE HOSPITAL

1991-93 BUDGET PROPOSALS WORKSHEET

#251
(Control #)

TITLE: CORRECTIONS MENTAL HEALTH SERVICES

PURPOSE: This decision package provides basic treatment, case management, and community transition services for mentally ill offenders. Components of this package include: (a) expansion of existing treatment services proportionate to the absolute increase in the offender population; (b) establishment of minimal services for treatment, care, and custody of inmates with mental illness; and (c) expansion of community-based treatment services as an alternative to incarceration and support for transition and supervision in the community, thereby reducing subsequent criminal activity.

HOW ACCOMPLISHED: There are three major areas of emphasis which include: increasing funding to the Correctional Institutional Treatment Service (CITS); (2) establishment of residential treatment services within the SMU; and (3) restoring clinical and security positions to the Correctional Treatment Program. These three major elements of service are divided up as follows:

1. Correctional Institutional Treatment Service

   a. Continue the mental health evaluation of all new admissions established 7-1-90
   $45,571/month x 24 = $1,093,714
   Less Base Budget 89-91 -638,000
   Occurs at the Intake Center — $ 455,714

   b. Continue case management of mentally ill offenders at all DOC institutions initiated by interagency agreement during 1989-91, 2 positions. (SRCI, $12,756; all other institutions, $146,692) — $ 159,448

Personal Services:	
2 Psychiatric Social Workers - Salaries	$112,512
Benefits	43,936
Total Personal Services:	$156,448
S&S	$ 3,000

   c. Training DOC staff to function as mental health crisis intervention teams at all major institutions. — $ 50,000

   d. Training community mental health providers to provide treatment for mentally ill offenders. — $ 20,000

e. Expand basic services to meet 75% of the projected need for non-residential treatment of mentally ill offenders during incarceration. (SRCI, $28,259; all other institutions, $324,977).

o MED	$253,801	
o MR-DD	91,935	
o Gerpsychiatric	7,500	$ 353,236

Item 1 Subtotal:	$1,038,398
(SRCI:	$ 41,015)
(All Other Institutions:	$ 997,383)

2. Establish Residential Treatment Services

Staff SMU to provide 57 beds for residential level treatment to be operated by the MHDDSD via interagency agreement, 9 positions.

Item 2 Subtotal:	$ 879,616

Personal Services:		
Physicial Specialist		$123,792
Clinical Psychologist 2		74,808
Prin. Exec/Manager D		72,528
(2) Staff RN		106,800
(2) Rehabilitation Therapists		107,328
Psychiatric Social Worker		56,256
Office Specialist 2		32,496
	Salaries Subtotal:	$574,008
	Benefits:	224,150
Total Personal Services:		$798,158
S&S		$ 81,458

3. Restore Clinical and Security Positions to the Correctional Treatment Program

Restores funding for positions which were cut from the program during the 1981 state budget crisis. Establishes a clerical position for each of the four units, enhances security of residents housed in the program, establishes clinical positions (nursing, rehabilitation therapy, and psychology), establishes transition services. Establish 23 positions.

Item 3 Subtotal:	$1,425,251

TITLE: CORRECTIONS MENTAL HEALTH SERVICES (Continued)

Personal Services:		
(9) Mental Health Security Technicians		$ 334,584
(2) Staff Nurses		106,800
Nurse Manager		65,904
(2) Rehabilitation Therapists		107,328
(4) Office Specialists 1		129,984
Office Assistant		28,464
Clinical Psychologist 2		74,808
Psychiatric Social Worker		56,256
(2) Occupational Therapists		107,328
	Salaries Subtotal:	$1,011,456
	Benefits:	394,974
Total Personal Services:		$1,406,430
S&S		$ 18,821

CONSEQUENCES OF NON-IMPLEMENTATION: Currently, the Department of Corrections is under-serving mentally ill offenders. This has been recognized in many forms, such as through consultants and also through lawsuits. The State's liability continues to be exposed unless increased services are made available. There are also long waiting lists for services, sometimes stretching into two and three years for Correctional Institutional Treatment Services. It is anticipated that the waiting lists would continue to grow.

ALTERNATIVES CONSIDERED: The Department of Corrections and MHDDSD have been doing joint planning for quite some time. The MHDDSD has reconfigured some of the services within existing resources. For example, some CITS funds have been redistributed to provide a full-time therapist in the SMU. Also, four of the penitentiaries will have half-time case managers during this biennium, which is also part of a funding request for next biennium, so that service may continue. This reconfiguration of resources has better targeted services provided but does not come close to addressing the true need. Without additional resources, it does not appear that there are other alternatives.

EFFECTS ON OTHER AGENCIES, INTEREST GROUPS, OR OTHER AREAS IN THE DIVISION: This budget request has a major effect on the Department of Corrections in that it improves services to their population, specifically, mentally ill offenders. Other interest groups, such as family members and the courts, would have interest in this funding.

SPECIFIC CHANGES REQUIRED IN STATUTES, FEDERAL REGULATIONS, ADMINISTRATIVE RULES: None

TITLE: CORRECTIONS MENTAL HEALTH SERVICES (Continued)

REVENUE SOURCES: 100% General Funds. This funding is shown as S&S funds for Corrections and Other Funds for Oregon State Hospital. The FTE assigned would be FTE of Oregon State Hospital.

9/4/90
(BUDG2)

MENTAL HEALTH & DEVELOPMENTAL DISABILITY SERVICES DIVISION
OREGON STATE HOSPITAL

1991-93 BUDGET PROPOSALS WORKSHEET

#252
(Control #)

TITLE: CORRECTIONS SEX OFFENDER SERVICES

PURPOSE: This request is to provide resources for the management and treatment of sex offenders proportionate to the increase in the prison population. Additional treatment resources requested in this package are organizationally linked to existing sex offender treatment programs to achieve broader participation of sex offenders in treatment and to maximize the impact of expenditures for the purpose of treatment.

HOW ACCOMPLISHED: The treatment of sex offenders will be handled primarily through the Correctional Institutional Treatment Services, as follows:

- Sixty-four inmates will complete 8-12 months of sex offender treatment at the Correctional Treatment Program per biennium. Combined with the assessment, education, and follow-up phases, total length of the treatment period will be 18-24 months.
- One hundred ninety-two inmates per biennium will complete a less intensive 6-8 month residential phase of treatment at the Snake River Correctional Institution (SRCI). Combined with the assessment, education, and follow-up phases, the total length of treatment will be 12-18 months.
- Mandatory sex offender education is the least intensive intervention but will provide additional incentive for inmates to consider treatment participation and further identify those not amenable to treatment.
- The screening and assessment phases will match inmates to the appropriate treatment program, maximizing resource utilization.

Program Funding:

1. Sex Offender Screening (Intake Center) $ 168,000

Based on an anticipated 500 admissions per month, 20% of which will be convicted sex offenders, it will be necessary to do 100 screenings per month.

Personal Services:		
Clinical Psychologist 2 @ $3117 per month	$74,808	
Benefits	29,213	
Total Personal Services		$104,021
S&S for testing and screening materials, phones		$ 63,999

TITLE: CORRECTIONS SEX OFFENDER SERVICES (Continued)

2. Education and Assessment — $ 160,716
(SRCI, $12,857; Other, $147,859)

- o 2,400 sex offenders to receive mandatory 2-week educational program
- o 25% seek treatment and complete 4-6 week assessment phase = 600

(52 educational classes of 2 weeks with 50 inmates each, or 2,600 slots per biennium)

(26 assessment sessions of 4 weeks with 23 inmates per session, or 600 slots per biennium)

3. Expand CITS capacity to treat 75% of the sex offenders appropriate for outpatient (non-residential) treatment — $ 182,861
(SRCI, $14,629; other, $168,232)

4. Treatment Program for 64-Bed Residential Unit at the Snake River Correctional Institution (SRCI) starting 1-1-92, or 18 months operation — $ 238,584

- o 4-hour group therapy for 8 groups of 6 inmates each per day
- o Therapeutic equipment and supplies, $1.65/inmate/day

5. Follow-Up Treatment Community Transition — $1,359,384

- o 160 slots at $1,000 each month x 8 months
(SRCI, $1,024,000; other, $255,000)

(32 complete CTP and receive 8 months aftercare)

(128 complete Snake River Correctional Institution and receive 8 months aftercare)

	$2,109,545
SRCI	$1,370,454
Intake Center	$ 168,000
Other	$ 571,091

TITLE: CORRECTIONS SEX OFFENDER SERVICES (Continued)

CONSEQUENCES OF NON-IMPLEMENTATION: Since the prison continues to show increases in the number of sex offenders, it is most important to attempt to provide treatment. Without treatment, these individuals will leave prison with no change and a high likelihood of reoffending. The State's exposure for failure to treat will continue.

ALTERNATIVES CONSIDERED: The Department of Corrections and MHDDSD have continued to try to reorganize existing resources to provide as many services as possible. During the 1989/91 biennium the MHDDSD merged two sex offender programs under one administration within Oregon State Hospital to better utilize available expertise and technology. There is a large backlog of documented need for treating sex offenders, and at this time it appears there are not other available alternatives without increased funding.

EFFECTS ON OTHER AGENCIES, INTEREST GROUPS, OR OTHER AREAS IN THE DIVISION: This program has a major impact on Corrections by providing treatment to sex offenders within Corrections. This funding would be supported by other interest groups, such as the Alliance for the Mentally Ill and advocacy groups for treatment of dangerous offenders.

SPECIFIC CHANGES REQUIRED IN STATUTES, FEDERAL REGULATIONS, ADMINISTRATIVE RULES: None

REVENUE SOURCES: 100% General Funds which would be shown as S&S funds to Corrections and Other Funds to Oregon State Hospital.

9/4/90
(BUDG2)

Eastern Oregon Correctional Institution

2500 Westgate Pendleton, Oregon 97801

NOTED

AUG 27 1990

D. P. O'DEA
ASST. SUPT.-EOCI

INTEROFFICE COMMUNICATION

NOTED

AUG 27 1990

GHB
G.H. BALDWIN, JR
SUPERINTENDENT
EOCI

DATE: August 22, 1990

TO: D.P. O'Dea, Assistant Superintendent

FROM: Wayne Hulick, Physical Plant Manager WH

RE: Secure second level room, EOPC, remodel and furnish to provide one secure cell

1. Remove existing electrical wiring and receptacles $ 120.00

2. Furnish 3/8" perforated plates and epoxy anchor on heating and cooling ducts 200.00

3. Furnish one metal bed and install with through bolts 450.00

4. Remove fire sprinkler head and replace with recessed head 300.00

5. Remove wooden door, replace with steel door with window, reinforce or replace door frame 650.00

6. Install combination toilet and sink, rough in plumbing and vent (set stainless steel fixture) 7,500.00

7. Replace lighting fixture to secure cell type with night light 525.00

8. Build and finish pipe chase, second level through first floor offices 750.00

Post-it™routing request pad 7664

ROUTING - REQUEST

Please
- ☐ READ
- ☐ HANDLE
- ☐ APPROVE

and
- ☐ FORWARD

To Pam

Xerox - Mary

- Bill

CD 787 E (1

9. Bars for window grill on outside - expanded metal inside
435.00

10. Remove existing carpet - finish concrete floor
250.00

11. Add shower as an extra item if square footage permits
1,500.00

TOTAL $12,680.00

Overhead and profit by contractors 35% 4,438.00

TOTAL $17,118.00

DECISION PACKAGE #251

PACKAGE NAME: CORRECTIONS MENTAL HEALTH SERVICES

PURPOSE: This decision package provides basic treatment, case management, and community transition services for mentally ill offenders. Components of this package include: (a) expansion of existing treatment services proportionate to the absolute increase in the offender population; (b) establishment of minimal services for treatment, care, and custody of inmates with mental illness; and (c) expansion of community-based treatment services as an alternative to incarceration and support for transition and supervision in the community, thereby reducing subsequent criminal activity.

HOW ACCOMPLISHED: There are three major areas of emphasis which include: increasing funding to the Correctional Institutional Treatment Service (CITS); (2) establishment of residential treatment services within the SMU; and (3) restoring clinical and security positions to the Correctional Treatment Program. These three major elements of service are divided up as follows:

1. Correctional Institutional Treatment Service

   a. Continue the mental health evaluation of all new admissions established 7-1-90
      $45,571/month x 24 = $1,093,714
      Less Base Budget 89-91 - 638,000
      Occurs at the Intake Center $ 455,714

   b. Continue case management of mentally ill offenders at all DOC institutions initiated by interagency agreement during 1989-91, 2 positions.
      (SRCI, $12,756; all other institutions, $146,692) $ 159,448

DECISION PACKAGE #251 (Cont.)

Personal Services		
2 Psychiatric Social Workers - Salaries	$ 112,512	
Benefits	43,936	
Total personal Services:	$ 156,448	
S&S	$ 3,000	

c. Training DOC staff to function as mental health crisis intervention teams at all major institutions $ 50,000

d. Training community mental health providers to provide treatment for mentally ill offenders $ 20,000

e. Expand basic services to meet 75% of the projected need for non-residential treatment of mentally ill offenders during incarceration.
(SRCI, $28,259; all other institutions, $324,977)

MED	$ 253,801	
MR-DD	91,935	
Gerpsychiatric	7,500	
		$ 353,236
Item 1 Subtotal :		$ 1,038,398
(SRCI :		$ 41,015)
(All Other Institutions:		$ 997,383)

DECISION PACKAGE #251 (Cont.)

2. Establish Residential Treatment Services

Staff SMU to provide 57 beds for residential level treatment to be operated by the MHDDSD via interagency agreement, 9 positions

Item 2 Subtotal : $ 879,616

Personal Services:	
Physical Specialist	$ 123,792
Clinical Psychologist 2	74,808
Prin. Exec/Manager D	72,528
(2) Staff RN	106,800
(2) Rehabilitation Therapists	107,328
Psychiatric Social Worker	56,256
Office Specialist 2	32,496
Salaries Subtotal:	$ 574,008
Benefits	224,150
Total Personal Services:	$ 798,158
S&S	$ 81,458

3. Restore Clinical and Security Positions to the Correctional Treatment Program

Restore funding for positions which were cut from the program during the 1981 State budget crisis. Establishes a clerical position for each of the four units, enhances security of residents housed in the program, establishes

DECISION PACKAGE #251 (Cont.)

clerical positions (nursing, rehabilitation therapy, and psychology), establishes transition services. Establish 23 positions.

Item 3 Subtotal : $ 1,425,251

Personal Services:	
(9) Mental Health Security Technicians	$ 334,584
(2) Staff Nurses	106,800
Nurse Manager	65,904
(2) Rehabilitation Therapists	107,328
(4) Office Specialists 1	129,984
Office Assistant	28,464
Clinical Psychologist 2	74,808
Psychiatric Social Worker	56,256
(2) Occupational Therapists	107,328
Salaries Subtotal:	$ 1,011,456
Benefits:	394,974
Total Personal Services:	$ 1,406,430
S&S	$ 18,821

CONSEQUENCES OF NON-IMPLEMENTATION: Currently, the Department of Corrections is under-serving mentally ill offenders. This has been recognized in many forms, such as through consultants and also through lawsuits. The State's liability continues to be exposed unless increased services are made available. There are also long waiting lists for services, sometimes stretching into two and three years for Correctional Institutional Treatment Services. It is anticipated that the waiting lists would continue to grow.

DECISION PACKAGE #251 (Cont.)

ALTERNATIVES CONSIDERED: The Department of Corrections and MHDDSD have been doing joint planning for quite some time. The MHDDSD has reconfigured some of the services within existing resources. For example, some CITS funds have been redistributed to provide a full-time therapist in the SMU. Also, four of the penitentiaries will have half-time case managers during this biennium, which is also part of a funding request for next biennium, so that service may continue. This reconfiguration of resources has better targeted services provided but does not come close to addressing the true need. Without additional resources, it does not appear that there are other alternatives.

EFFECTS ON OTHER AGENCIES, INTEREST GROUPS, OR OTHER AREAS IN THE DIVISION: This budget request has a major effect on the Department of Corrections in that it improves services to their population, specifically, mentally ill offenders. Other interest groups, such as family members and the courts, would have interest in this funding.

SPECIFIC CHANGES REQUIRED IN STATUTES, FEDERAL REGULATIONS, ADMINISTRATIVE RULES: None

REVENUE SOURCES: 100% General Funds. This funding is shown as S&S funds for Corrections and Other Funds for Oregon State Hospital. The FTE assigned would be FTE of Oregon State Hospital.

FUNDING:	~~GF~~	~~$ x,xxx,xxx~~
	OF	x,xxx $3,343,265
	~~FF~~	~~0~~
	~~TOTAL~~	~~$ x,xxx,xxx~~

DP251
09/10/90

Mary

MENTALLY ILL OFFENDERS

Priority #1: Correctional Institution Treatment Services

A.	Mental Health Evaluation	$ 455,714
B.	Case Management SRCI $12,756 Other $146,692	159,448
C.	Crisis Intervention Training	50,000
D.	Community Mental Health Provider Training	20,000
E.	Expand Basic In-Prison Services to meet Population Increases SRCI $28,259 Other $324,977	353,236

Priority #2: Establish Residential Treatment on the Special Management Unit — $ 879,616

Priority #3: Restore Clinical and Security Positions to the Correctional Treatment Program — $1,425,251

TOTAL:	$3,343,265
SRCI:	41,015
OTHER:	3,302,250

DECISION PACKAGE

TITLE:

Mentally Ill Offenders

PROPOSAL:

This decision package provides basic treatment, case management, and community transition services for mentally ill offenders. Components of this package include:

a. expansion of existing treatment services proportionate to the absolute increase in the offender population.

b. establishment of minimal services for the treatment, care and custody of inmates with mental illness.

c. expansion of community-based treatment services as an alternative to incarceration and support for transition and supervision in the community thereby reducing rates of subsequent criminal activity.

BACKGROUND AND ANALYSIS:

ISSUE:

The issue this Decision Package addresses is the expansion of the Department's capacity to treat mentally ill offenders commensurate with the severity of problems existing among this population.

BACKGROUND:

The range of programs available to treat mentally ill offenders has not increased in proportion to the absolute increase in the number of offenders. Current services are limited to:

a. the 57 bed Special Management Unit.

b. the 30 bed MED Unit at the Correctional Treatment Program.

c. the $576,308 of funding for 58 MED treatment slots provided by the Correctional Institutional Treatment Service.

There have been no increases in the number of residential beds or prison based treatment services for inmates who are mentally ill since the MED Unit was

established in 1977-79. The prison population in 1977-79 was 2,897 and is projected to be 8,409 during 1991-93. Over this 14 year period scarce access to treatment has resulted in larger groups of inmates being released to the community having received no treatment and the use of segregation to maintain mentally disordered behavior during incarceration.

Also, there has been an increase in the percentage of offenders with mental disabilities among the population since 1978. This increased percentage of "at risk" offenders is a result of several factors. These include changes in legal issues such as the use of insanity defense, civil commitment, and sentencing; and clinical issues such as an increase in the use of alcohol and drugs with resulting brain disorders, an increase in disordered behavior that is impulsive, violent, and difficult to treat in traditional mental health programs. The extremely limited range of treatment resources has prevented the development of services for additional "at risk" populations such as the severe or chronically mentally ill, prisoners with dual or mixed diagnosis, women, the elderly or mentally retarded.

In 1989 the MHDDSD and DOC contracted with Dr. Eric Trupin, University of Washington, to evaluate the adequacy of services for the treatment of the mentally ill offenders. Dr. Trupin's conclusion was that the current level of treatment was not commensurate with the severity of problems presented by offenders. The most glaring omissions in the systems were cited as:

1. the combined absence of mental health personnel within each prison facility and coordination of correctional mental health services;

2. a lack of a crisis mental health intervention team with psychiatric consultation to deal with psychiatric emergencies (women inmates, geriatric inmates and those placed in Eastern Oregon facilities are most severely underserved.);

3. no systematic evaluation of inmates' mental needs; and

4. failure to track mentally ill individuals within the prison or community programs in corrections.

Dr. Trupin's evaluation echoed the findings of an evaluation done in 1987 by another consultant, Dr. Treleavan. The deficiencies cited by Dr. Treleavan were:

- No centralized authority to plan, implement, or evaluate policies or programs.
- No established mechanism to screen the mental health status of inmates.
- Evaluations are nonexistent, or inadequate, inconsistent and often unaccessible.
- Virtually no acute psychiatric care or follow-up services for inmates with the most serious mental illnesses.
- Inpatient and outpatient components of the Correctional Treatment Program (CTP) are at capacity.
- Released inmates are without sufficient access to ongoing treatment and follow-up programs.
- The Parole Board is often unable to set release dates and the Department of Corrections is potentially open to civil suit for failure to provide treatment.

The 1989-91 legislature provided $634,000 funding for the evaluation of offenders to determine the nature and extent of mental illness. The mental health assessment program was piloted at OSP in May 1990 with implementation to OWCC and EOCI in August 1990. Full implementation of the mental health assessment program will occur at the Intake Center when it opens in January 1991. Other proposals to provide psychiatric treatment during incarceration and case management services upon release to the community were not funded. During 1989-90, the Mental Health and Developmental Disability Services Division and Department of Corrections negotiated an interagency agreement to pilot the expansion of a case management and crisis intervention service system within the institutions based upon Dr. Trupin's report. Starting in July 1990, this pilot project was initiated by the two agencies in an effort to improve the adequacy of services for mentally ill offenders.

OPTIONS CONSIDERED:

1. Maintaining the Current Structure and Level of Services

   This option must be rejected on the basis of the overwhelming evidence of inadequate and inconsistent mental health services.

2. Adding a Management Mechanism Only

   While responding to the critical need for program management, this option does not address the problem of inadequate capacity to treat the range and severity of psychiatric disorder present in the incarcerated population at present.

3. Adding New and Expanded Program Services Only

   This option does nothing to provide cost effective, coherent, consistent policy, procedure and program development and evaluation. The problems of a fragmented, autonomous service delivery network would continue.

4. Expanding Residential Treatment Programs (CTP)

   This alternative does not address sufficiently the needs or numbers of inmates with major mental illness.

5. Redirecting CTP Resources

   This alternative would contradict the Department's mandate to evaluate and treat sex offenders, developmentally disabled, and chronic substance abusers. This program has demonstrated success in effectively treating these populations whose mental health problems have contributed to repeated criminal offenses. To eliminate or reduce capacity in this program would be contradictory to the expectations that the Department provide programs which rehabilitate offenders.

RECOMMENDATION:

This decision package is written to fund basic treatment services for mentally ill offenders by:

- expanding existing treatment services proportionate to the absolute increase in the offender population.

- establishing the capacity to provide residential level treatment on the Special Management Unit.

- improving the ability to monitor, follow and manage mentally ill offenders during incarceration and upon return to the community.

- restoring clinical and security positions to the Correctional Treatment Program.

ACCOMPLISHMENTS:

- The Department of Corrections will provide services commensurate with the severity of mental health treatment needs among offenders.

- The four percent (4%) of the population with major mental illnesses will have access to an appropriate range of treatment services to include crisis intervention, residential treatment, ongoing follow-up treatment during incarceration and upon release to the community.

- The ten percent (10%) of the population with chronic mental illness, severe personality disorders manifested by grossly disordered behavior, or the developmentally disabled will have access to mental health evaluation resulting in behavior management plans, residential treatment, prison-based outpatient therapy, and community transition and treatment services.

If the proposal is not authorized the following costs or impacts can be expected:

- an increase in the number of clinical episodes of acute mental illness that are inadequately treated or managed in the prison setting.

- overutilization of segregation and other mechanical forms of restraint or behavioral control when less restrictive methods to manage behavior would be sufficient.

- new criminal activity which occurs as a result of an untreated mental condition.

- use of prison beds to house mentally ill offenders who remain incarcerated until the maximum parole release date because of an untreated mental condition.

- an inability to recruit and retain qualified mental health staff because of the inability to provide treatment according to professional practice standards and erosion of support from community, consumer and professional organizations.

FISCAL IMPACT:

Priority #1: Correctional Institutional Treatment Service (CITS)

A. Continue the mental health evaluation of all new admissions established 7-1-90
$45,471/month x 24 = $1,091,304
Base Budget 89-91 -638,000
Occurs at the Intake Center
$ 455,714

B. Continue case management of mentally ill offenders at all DOC institutions initiated by interagency agreement during 1989-91. (SRCI $12,756, all other institutions $146,692).
$ 159,448

C. Training DOC staff to function as mental health crisis intervention teams at all major institutions.
$ 50,000

D. Training Community Mental Health Providers to provide treatment for mentally ill offenders.
$ 20,000

E. Expand basic services to meet 75% of the projected need for non-residential treatment of mentally ill offenders during incarceration. (SRCI $28,259, all other institutions $324,977).

- MED $253,801
- MR-DD 91,935
- Geropsychiatric 7,500

$ 353,236

Sub-Total Priority #1: $1,038,398
(SRCI: $ 41,015)
(All Other Institutions: $ 997,383)

Priority #2: Establish Residential Treatment Services

- Staff SMU to provide 57 beds for residential level treatment to be operated by the MHDDSD via interagency agreement.

Sub-Total Priority #2: $ 879,616

Priority #3: Restore clinical and security positions to the Correctional Treatment Program.

- Restores funding for positions which were cut from the program during the 1981 state budget crisis. Establishes a clerical position for each of the four units, enhances security of residents housed in the program, establishes clinical positions (nursing, rehabilitation therapy, and psychology), establishes transition services.

Sub-Total Priority #3: $1,425,251

TOTAL S&S ALLOCATION REQUESTED

Priority #1:	**$1,038,398**
(SRCI:	**41,015)**
(Other:	**997,383)**
Priority #2:	**$ 879,616**
Priority #3:	**$1,425,251**
TOTAL:	**$3,343,265**
(SRCI:	**$ 41,015)**
(OTHER:	**$3,302,250)**

012:MIO

NARRATIVE OR SPECIAL ANALYSIS

DECISION PACKAGE #252

PACKAGE NAME: CORRECTIONS SEX OFFENDER SERVICES

PURPOSE: This request is to provide resources for the management and treatment of sex offenders proportionate to the increase in the prison population. additional treatment resources requested in this package are organizationally linked to existing sex offender treatment programs to achieve broader participation of sex offenders in treatment and to maximize the impact of expenditures for the purpose of treatment.

Workload Increase

HOW ACCOMPLISHED: The treatment of sex offenders will be handled primarily through the Correctional Institutional Treatment Services, as follows:

Sixty-four inmates will complete 8-12 months of sex offender treatment at the Correctional Treatment Program per biennium. combined with the assessment, education and follow-up phases, total length of the treatment period will be 18-24 months.

One hundred ninety-two inmates per biennium will complete a less intensive 6-8 month residential phase of treatment at the Snake River Correctional Institution (SRCI). Combined with the assessment, education, and follow-up phases, the total length of treatment will be 12-18 months.

Mandatory sex offender education is the least intensive intervention but will provide additional incentive for inmates to consider treatment participation and further identify those not amenable to treatment.

The screening and assessment phases will match inmates to the appropriate treatment program, maximizing resource utilization.

DECISION PACKAGE #252 (Cont.)

Program Funding:

1. Sex Offender Screening (Intake Center) — $ 167,856 ~~168,000~~

Based on an anticipated 500 admissions per month, 20% of which will be convicted sex offenders, it will be necessary to do 100 screenings per month.

Personal Services:		
Clinical Psychologist 2 @ $3117 per month	$74,808	
Benefits	29,213	
Total Personal Services		$104,021
S&S for testing and screening materials, phones		63,835 ~~63,999~~

2. Education and Assessment (SRCI, $12,857; Other, $147,859 — $ 160,716

2,400 sex offenders to receive mandatory 2-week educational program

25% seek treatment and complete 4-6 week assessment phase = 600

(52 educational classes of 2 weeks with 50 inmates each, or 2,600 slots per biennium)

DECISION PACKAGE #252 (Cont.)

(26 assessment sessions of 4 weeks with 23 inmates per session, or 600 slots per biennium)	
3. Expand CITS capacity to treat 75% of the sex offenders appropriate for outpatient(non-residential) treatment (SRCI, $14,629; other, $168,232)	$ 182,861
4. Treatment Program for 64-Bed Residential Unit at the Snake River Correctional Institution (SRCI) starting 1-1-92, or 18 months operation	$ 238,584
4-hour group therapy for 8 groups of 6 inmates each per day	
Therapeutic equipment and supplies, $1.65/inmate/day	1,280,000
5. Follow-up Treatment Community Transition	~~$ 1,359,384~~
160 Slots at $1,000 each month x 8 months (SRCI, $1,024,000; other, $255,000)	
(32 complete CTP and receive 8 months aftercare)	
(128 complete Snake River Correctional Institution and receive 8 months aftercare	

DECISION PACKAGE #252 (Cont.)

$2,030,017
~~$ 2,109,545~~

~~SRGI 1,370,454~~

~~Intake Center 168,000~~

~~Other 571,091~~

CONSEQUENCES OF NON-IMPLEMENTATION: Since the prison continues to show increases in the number of sex offenders, it is most important to attempt to provide treatment. Without treatment, these individuals will leave prison with no change and a high likelihood of reoffending. The State's exposure for failure to treat will continue.

ALTERNATIVES CONSIDERED: The Department of Corrections and MHDDSD have continued to try to reorganize existing resources to provide as many services as possible. During the 1989/91 biennium the MHDDSD merged two sex offender programs under one administration within Oregon State Hospital to better utilize available expertise and technology. There is a large backlog of documented need for treating sex offenders, and at this time it appears there are not other available alternatives without increased funding.

EFFECTS ON OTHER AGENCIES, INTEREST GROUPS, OR OTHER AREAS IN THE DIVISION: This program has a major impact on Corrections by providing treatment to sex offenders within Corrections. This funding would be supported by other interest groups, such as the Alliance for the Mentally Ill and advocacy groups for treatment of dangerous offenders.

SPECIFIC CHANGES REQUIRED IN STATUTES, FEDERAL REGULATIONS, ADMINISTRATIVE RULES: None

DECISION PACKAGE #252 (Cont.)

REVENUE SOURCES: 100% General Funds which would be shown as S&S funds to Corrections and Other Funds to Oregon State Hospital.

FUNDING:

~~GF~~	~~$ x,xxx,xxx~~
OF	x,xxx $2,030,017
~~FF~~	~~0~~
~~TOTAL~~	~~$ x,xxx,xxx~~

DP252
09/10/90

SEX OFFENDER SERVICES

Service	Intake Center	SRCI	Other	Total
Sex Offender Screening	167,856			167,856
Education and Assessment of Sex Offenders		12,857	147,859	160,716
CITS for Sex Offenders		14,629	168,232	182,861
64-Bed Residential Unit (18 months operation)		238,584		238,584
Follow-up Treatment & Community Transition		1,024,000	256,000	1,280,000
TOTAL	167,856	1,290,070	572,091	2,030,017

DECISION PACKAGE

TITLE:

Sex Offender Treatment

PROPOSAL:

This decision package provides resources for the management and treatment of sex offenders proportionate to the increase in prison population. The additional treatment resources requested in this package are organizationally linked to existing sex offender treatment programs to achieve broader participation of sex offenders in treatment and to maximize the impact of expenditures for the purpose of treatment.

BACKGROUND AND ANALYSIS:

Services for the treatment of sex offenders incarcerated at state correctional facilities were established in 1978. These services consist of a voluntary 31-bed residential program at the Correctional Treatment Program operated by Oregon State Hospital and 45 slots for outpatient treatment provided within correctional institutions by the Correctional Institution Treatment Service. Since 1978, the population incarcerated at state operated correctional facilities has tripled while there have been no increases in sex offender treatment slots.

In 1989, the Mental Health and Developmental Disability Services Division and Department of Corrections contracted with Dr. Eric Trupin, University of Washington to evaluate the adequacy of services for mental health treatment of offenders at Oregon correctional facilities. Dr. Trupin evaluated the sex offender treatment program at CTP and concluded that it provided one of the most sophisticated clinical interventions available nationally. Of those inmates who complete 12 months of treatment on the Correctional Treatment Program sex offender unit, only 14% have subsequently been convicted of any type of crime compared to 23% for a similar program in Washington state.

Dr. Trupin recommended:

- a profile of sex offenders' criminal history and treatment amenability be completed.
- the profile be used to develop a series of interventions with varying levels of treatment intensity.

- the Correctional Institution Treatment Services program for sex offenders be expanded to include pre-treatment screening and education and post-treatment follow-up.

The Department of Corrections and the Mental Health and Developmental Disability Services Division developed this budget request package to incorporate each of Dr. Trupin's recommendations for improved programs and to establish an increase in sex offender treatment services proportionate to the absolute increase in the inmate population.

OPTIONS CONSIDERED:

1. Maintaining the Current Structure and Level of Services

   This option would result in the rehabilitation of a smaller percentage of sex offenders as the incarcerated population increases. Also, the percentage of incarcerated sex offenders can be expected to increase during 1991-93. Sex offenders will be released to the community without having been exposed to the possibility of treatment and rehabilitation during incarceration. The community will bear a greater burden for the costs of treatment and supervision when the offender is released from prison as well as the costs of subsequent criminal activity by sexual offenders.

2. Expand Resources for the Treatment and Supervision of Sex Offenders Upon Release to the Community

   This option, as a single entity, is an inefficient use of public funds because it does not take advantage of the structure, supervision and interruption that periods of incarceration provide to focus on offender on changing patterns of criminal thinking.

3. Establish Another Residential Sex Offender Treatment Unit Modeled After The Correctional Treatment Program

   This is a more expensive option in that it simply duplicates an intensive treatment program that costs $1.2 million per biennium that serves a small population with a long length of stay (12-18 months).

RECOMMENDATION:

This decision package establishes screening and treatment resources linked with existing programs at the Correctional Treatment Program and Correctional Institution Treatment Services.

1. All inmates received for a term of imprisonment for a sex offense will be screened to determine the extent to which their offense profile indicates eligibility for rehabilitation during incarceration.

2. All eligible inmates incarcerated for sex offenses will complete a mandatory psychoeducational program designed to introduce the concepts of treatment and rehabilitation, the specific programs available, and to articulate incentives for participation in treatment.

3. All inmates amenable to treatment will participate in an assessment program designed to prepare inmates for the more intensive treatment phase.

4. A 64-bed sex offender treatment program will be established at the Snake River Correctional Institution that combines four hours per day of work or school with four hours per day of treatment in a structured setting. Length of stay on this unit will be 6-8 months combined with the assessment, education, and follow-up phases to achieve a total treatment period of 12-18 months.

5. The 31-bed sex offender treatment program at the Correctional Treatment Program will also be linked to the assessment, education and follow-up programs to achieve a total treatment period of 18-24 months for more difficult to treat sex offenders. By combining these other treatment phases to the residential phase, the length of stay on the residential unit can be decreased by 4-6 months thereby increasing the numbers of inmates to receive this more intense level of treatment.

6. Each offender completing residential treatment at either the Snake River Correctional Institution or Correctional Treatment Program will receive 6-12 months follow-up care focusing on relapse prevention and transition to the community.

ACCOMPLISHMENTS:

- Sixty-four inmates will complete 8-12 months of sex offender treatment at the Correctional Treatment Program per biennium. Combined with the assessment, education and follow-up phases, total length of the treatment period will be 18-24 months.

- One hundred ninety-two inmates per biennium will complete a less intensive 6-8 month residential phase of treatment at the Snake River Correctional

Institution. Combined with the assessment, education and follow-up phases, the total length of treatment will be 12-18 months.

- Mandatory sex offender education is the least intensive intervention but will provide additional incentive for inmates to consider treatment participation and further identify those not amenable to treatment.

- The screening and assessment phases will match inmates to the appropriate treatment program maximizing resource utilization.

FISCAL IMPACT:

1. Sex Offender Screening (Intake Center) $ 167,856

   500 admissions per month
   20% convicted sex offenders = 100 per month
   2,400 sex offenders to be screened per biennium
   $70 per screening

2. Education and Assessment $ 160,716
   (SRCI $12,857, Other $147,859)

   - 2,400 sex offenders to receive mandatory 2-week educational program

   - 25% seek treatment and complete 4-6 week assessment phase = 600

     (52 educational classes of 2 weeks with 50 inmates each or 2,600 slots per biennium)

     (26 assessment sessions of 4 weeks with 23 inmates per session or 600 slots per biennium)

3. Expand CITS capacity to treat 75% of the sex offenders appropriate for outpatient (non-residential) treatment (SRCI $14,629, other $168,232) $ 182,861

4. Treatment Program for 64-Bed Residential Unit at the Snake River Correctional Institution (SRCI) starting 1-1-92 or 18 months operation $ 238,584

   - 4-hour group therapy for 8 groups of 6 inmates each per day

- Therapeutic equipment and supplies 1.65/inmate/day

5. Follow-up Treatment and Community Transition $1,280,000

   - 160 slots at $1,000 each month x 8 months (SRCI $1,024,000, other $255,000)

     (32 complete CTP and receive 8 months aftercare)

     (128 complete Snake River Correctional Institution and receive 8 months aftercare)

	$2,109,545
SRCI	$1,369,548
Intake Center	$ 167,856
Other	$ 572,091

012:Offender

CORRECTIONS BUDGET PACKAGE

DECISION PACKAGE

TITLE:

Inpatient Psychiatric Unit

PROPOSAL:

This decision package provides the ability to convert the MED Program of the Correctional Treatment Program from the residential unit to an inpatient treatment unit at a hospital level accredited by the Joint Commission on Accreditation of Healthcare Organizations. The unit would be a coed unit with 27 beds with the ability to treat voluntary and involuntary inmates with Axis I mental illness. The unit would be able to handle acute and emergency hospitalizations, as well as intermediate and long-term.

This decision package is dependent upon funding of the residential unit package for the SMU.

BACKGROUND AND ANALYSIS:

Corrections and Mental Health have been planning jointly to establish adequate mental health services for Corrections. A key component, which has been difficult to arrange, is inpatient mental health services. By upgrading the MED Unit, Corrections would have available 27 dedicated beds for treatment of acute, intermediate, and long-term mental illness. Existing hospital capacity does not exist to manage this level of workload. If the package to convert SMU to a residential mental health treatment unit is funded, then the MED program could be freed up for this purpose with the attached enhancements.

OPTIONS CONSIDERED:

The option of contracting with state and private hospitals was considered but, in fact, is projected to be more expensive and has fewer available beds for this purpose. It would also be difficult to assure the availability of beds, even with contract funds available.

RECOMMENDATION:

This recommendation is to provide an enhancement of staff to the MED Unit so that it would qualify as an inpatient treatment program. It would be operated by Oregon State Hospital under inpatient services and be an accredited unit. All the beds would be dedicated to Corrections clients based on an interagency performance contract.

FISCAL IMPACT:

It will be necessary to add the following staffing levels to MED to accomplish this objective:

1 RN Supervisor, Range 26, Step 2, beginning 7/1/92	$ 101,785
7 Mental Health Staff Nurses, Range 21, Step 2, beginning 1/1/92	$ 569,058
1 Clinical Psychologist 1, Range 28, Step 2, beginning 12/1/92	$ 101,057
4 Correctional Therapists 1, Range 17, Step 2, beginning 10/1/91	$ 225,060
	$996,960

GWB:des
6/20/90
(BUDG2)

NEIL GOLDSCHMIDT
GOVERNOR

Department of Corrections
OFFICE OF THE DIRECTOR
2575 CENTER STREET NE, SALEM, OREGON 97310 PHONE 378-2467

FRED B. PEARCE
DIRECTOR

September 5, 1990

Richard C. Lippincott, M.D.
Administrator
Mental Health and Developmental
Disability Services Division
2575 Bittern Street NE
Salem, OR 97310

Dear Dr. Lippincott:

I am concerned about your letter of August 24, 1990 regarding the Department of Corrections budget request for the 1991-93 biennium, and I have referred the issues you raised to Denis Dowd, Assistant Director, Institutions Branch, and Catherine Knox, Health Services Administrator, for review.

It may be that the problems you note have to do with a misinterpretation of the Division's budget input, and with the Department staff's efforts to develop and submit a reasonable budget request to the Executive and Legislative budget analysts. As nearly as Mr. Dowd and Ms. Knox can tell, there was no proposal from your Division for a conversion of the M-ED Unit from a residential program to a psychiatric inpatient treatment unit. They understood that the Division had requested funding for residential level services in the amount of $1,425,251. That request is included in the Department's budget request for the 1991-93 biennium.

We will certainly be happy to review that and to make any changes reflective of a mutual understanding of our plans for the 1991-93 biennium. In addition, we would certainly consider an additional request for $996,960 to make the conversion during the 1993-95 biennium.

Mr. Dowd and Ms. Knox advise me that we did not request per diem payment for the purchase of psychiatric inpatient beds because of the currently existing but unused civil commitment process and because funds for that process and those commitments are included in the current Division funding. In view of the total Department budget request for the 1991-93 biennium, it was their decision to avoid requesting funding for currently unused and available services.

The issue of Program Researcher is the one in which Mr. Dowd and Ms. Knox decided to reduce our overall budget by combining tasks. Requested CTP enhancements include psychologists for each unit. Mr. Dowd and Ms. Knox assumed that those psychologists could collect outcome data in much the same way that Mr. Gary Fields now does for the Cornerstone program. We would, however, be willing to request that position in the 1993-95 biennium budget request.

Like you, I am committed to maintaining the Interagency Agreement and working closely with you and your staff to establish appropriate and adequate mental health services for the inmate population.

Mr. Dowd and Ms. Knox are available at your convenience to discuss mutual fiscal options, and I will work with both them and you closely to ensure that we make the best use of our available options.

Sincerely,

Fred

Fred B. Pearce
Director

FBP:ddn
LA8/119

NEIL GOLDSCHMIDT
GOVERNOR

Department of Corrections
OFFICE OF THE DIRECTOR
2575 CENTER STREET NE, SALEM, OREGON 97310 PHONE 378-2467

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FBP:ddn
LA8/119