

Iowa Implements Mental Health Re-Entry Program

By Larry Brimeyer

In July 1999, the Bureau of Justice Statistics reported that more than 250,000 jail and prison inmates — 16 percent of the incarcerated population — had or were known to have had a major mental illness. While that trend continues in most jurisdictions, the implications are substantial. Jails and prisons have seemingly become replacements for public mental hospitals.

Iowa's response to this growing population has not been unlike that of many jurisdictions. A 200-bed clinical care unit has been added to the Iowa State Penitentiary in Fort Madison and another 170 beds are under construction at the Iowa Medical and Classification Center at Oakdale. A full complement of psychiatrists, psychologists and other treatment staff serve this population.

Statistics

According to the Iowa Department of Corrections, virtually all offenders (93 percent), including those who are mentally ill, return to the community and pose particularly difficult challenges when transitioning from prison back into society. Not only is there the stigma of a felony conviction, but there are also needs related to the mental illness. Among those are prescriptions for and supplies of psychotropic medications, treatment appointments at mental health clinics and substance abuse treatment centers, financial support to fill entitlement gaps and structured time activities. In addition, there are the usual issues of housing, transportation and work.

For the mentally ill offender going on parole, a pre-arranged parole plan is required, along with adequate housing, a supply of medication and finances. Those starting work release must be able to work but are typically ineligible for benefits. These transition issues prompted two of Iowa's community-based corrections programs to apply for a community mental health block grant through the Iowa Department of Human Services to develop mental health re-entry programs. The First Judicial District in Waterloo and the Sixth Judicial District in Cedar Rapids are now in the second year of an \$80,000 grant for each of these promising programs. The funding supports one parole officer in each district.

Within the project, the parole officer works with the institutional counselor to identify appropriate referrals and to develop release plans while the offender is still incarcerated. Approval for the plan is then obtained from the parole board and release dates are coordinated. Once the offender is released into the community, the project provides wraparound services and links the offender to needed services and agencies.

The mental health re-entry program provides a high level of service, intensive supervision and support for offenders who have been diagnosed with chronic mental illness. This program is designed to have maximum impact on recidivism of clients with co-occurring disorders by providing a higher level of service, support and supervision than was previously available. Clients are typically diagnosed with an Axis I clinical disorder, a category of psychiatric disturbances, such as schizophrenia and other psychotic disorders, mood disorders — depression, anxiety, panic — and bipolar disorder, as well as substance abuse. Offenders in the program often have more than one diagnosis. There are frequently substance abuse issues, typically of a self-medicating nature through the use of alcohol and illicit drugs.

This population tends to have greater needs because of their diagnoses. The individuals' involvement with the criminal justice system often results from their unmet mental health needs. Often, they are simply unable to access available community resources without support. The re-entry program helps make the connection to those services. It is designed to be sensitive and responsive to offenders' needs during the crucial time of transition from institutional supervision to supported living in the community.

Those offenders with co-occurring disorders have some of the highest recidivism rates. Without extra services and support, they fall through the cracks of social service agencies, human service providers and the department of corrections. They not only are caught in the cycle of recidivism, but they also present a potential threat to public safety.

Selection Criteria

Selection criteria for admission into the program aim to differentiate between mentally ill people who end up in the criminal justice system because of inaccessibility or a breakdown in community support systems and offenders who happen to also be mentally ill. This program is for people who have been diagnosed with a chronic mental illness. To be accepted, the offender must have an Axis I diagnosis from a doctor. Axis I diagnoses exclude mental retardation and personality disorders. Applicants must be leaving one of Iowa's correctional institutions and re-entering their community under supervision for at least six months. They must agree to the intensive supervision that is essential to the program. Further, they must agree to begin and maintain their mental health and substance abuse treatment programs, take the medications prescribed by their doctor while in the institution and in the program, and attend meetings with the Community Accountability Board about every six weeks.

Applicants are screened for admission by careful assessment in the areas of risk, need and responsibility. Those who are primarily violent, basically criminogenic, or sex offenders are generally excluded from participation. Finally, there is an expectation that clients present an attitude of desiring a real lifestyle change.

The Community Accountability Board is the cornerstone of the program. It is a model of community collaboration that works with these mentally ill clients. Under the guidance and direction of the respective Judicial District Department of Correctional Services, the Community Accountability Board functions in partnership with community-based corrections to help clients successfully complete their supervision and reintegration into the community. The board is comprised of professional and community volunteers from the following areas:

- Mental health treatment;
- Education;
- Substance abuse treatment;
- Mental health advocacy;
- Housing services;
- Medical services;
- Employment and vocational services;
- Community service;
- Law enforcement;
- Family/individual therapy; and
- Neighborhood support.

Board members make their experience, expertise and support available to clients, and come together to meet and support them and provide access to the resources clients need in order to live in their communities with support. The board's purpose is to:

- Provide information about services and resources in the community;
- Help overcome barriers to the resources and services to which clients are entitled;
- Recommend plans of action;
- Support and mentor clients in achieving their goals;

- Hold clients accountable for maintaining progress toward goals;
- Help clients successfully complete their supervision with the DOC;
- Restore and repair the harm clients have caused to individual victims and the community; and
- Complete payment of restitution and fines to victims and the community.

At the beginning of each meeting with a client, a board member will read the following introductory statement and mission to the client: "The Community Accountability Board is made up of people from our community who represent mental health treatment and advocacy, substance abuse treatment, housing, employment, community service, family therapy, education and law enforcement. Our mission is to support your return to our community as a productive citizen. We do this by letting you know the services, resources and entitlements you qualify for as a member of our community. Then we will support you in overcoming barriers you may encounter in getting these entitlements. We help you form a plan of action to succeed and support you in achieving your goals."

Results

Results thus far are promising. In the First Judicial District, 31 clients have been referred since Oct. 1, 2001. The average age is 36.4; fourteen clients are male and 17 female, of whom 12 are black, 17 are white and two are Hispanic. All but one have histories of substance abuse. Clients' Axis I diagnoses include depression (14), bipolar disorder (six), schizophrenia (six), schizoaffective disorder (five), depression and borderline personality disorder (one), dementia (one) and anxiety disorder (one). The average score on the LSI-R (Level of Services Inventory-Revised) is 31, which is considered to be in the medium-high range. The average time spent in the program is six to eight months. Of the 31 served, four have successfully completed their parole. Only one has been revoked; three have been rearrested: one with an aggravated misdemeanor, one with a serious misdemeanor and one with a simple misdemeanor.

In March, Dennis DeBerg, the program manager, reported the progress of the program to the Iowa Board of Corrections. He said, "Before becoming involved with this program, I was unaware of the unique challenges this population faces upon their release from the institution. Often, they are overwhelmed in coming from a highly structured environment (prison) to having to secure living arrangements, appointments and locating transportation to make these appointments. By having appointments with mental health, substance abuse, vocational rehabilitation, etc., made prior to leaving the prison setting, they have the feeling that there is a safety net of services and assistance in the community already in place. The first couple months are critical due to the fact that they have the tendency to easily give up and return to the security of the prison setting. Once they see the support in the community, they are more encouraged to try to 'make it' and are more likely to have a successful transition back into the community."

In the Sixth Judicial District, there have been 30 referrals

since July 1, 2001: 13 males and 17 females; four blacks, 25 whites, and one Hispanic; with an average age of 33.3. The average time in the program is six to eight months. The average LSI-R score is 33.5. Twenty-nine have a history of substance abuse. Clients' Axis I diagnoses include depression (13), anxiety disorder (four), bipolar disorder (three), schizophrenia (three), dissociative identity disorder and post-traumatic stress disorder (two), depression and borderline personality disorder (two), panic disorder and depression (one), panic disorder and obsessive-compulsive disorder (one) and depression and post-traumatic stress disorder (one). Of the 30 referrals, four successfully completed their parole. One offender's parole has been revoked and five have been rearrested: one with a felony, one with an aggravated misdemeanor, two with serious misdemeanors and one with a simple misdemeanor.

Barbara Claire is one of two program staff members associated with the project. In her remarks to the Iowa Board of Corrections in March, Claire reported that clients tend to form a connection with the Community Accountability Board and rarely miss scheduled meetings. She added that some clients have asked to continue contacts with the board after their discharge. Lila Starr, the grant monitor from the Department of Human Services, has been impressed with the results to date and has indicated a desire to extend grant funding beyond the scheduled conclusion.

Conclusion

Program staff believe that these clients require intensive supervision, support and resources. When they receive these services, they have an opportunity to break the cycle of recidivism and be reintegrated with their families, friends and their communities. These beliefs serve as the basis for this approach to programming for this unique population. Minimizing the victimization of the mentally ill in the criminal justice system will allow for development of a holistic approach to manageable reintegration in the community and enhance community safety.

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