ID # (assigned by CSG): 12-S-21-OK

Please provide the following information, adding space as necessary:

State: Oklahoma

Assign Program Category: Public Safety-Corrections

Program Name: The Oklahoma Collaborative Mental Health Reentry Program

Administering Agencies: The Oklahoma Department of Corrections (ODOC) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)

Contact Person: Bob Mann, RN, LSW, Administrator of Mental Health Operations

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Web site Address: None

How long has this program operated (month and year)?

Although planning activities began earlier, the program began in April, 2007.

Describe the program:

Why was the program created? What problem[s] or issue[s] was it designed to address?

The program was created to address the reintegration needs of the ever increasing
number of offenders with serious mental illness in the custody of the Oklahoma Department of Corrections. The recent nationwide phenomenon of a dramatic increase in the number of individuals with serious mental illness who come into conflict with the criminal justice system is well publicized (i.e. “The New Asylums,” Front Line – PBS, 2006). In Oklahoma, research has shown that while the general population of state prisons has increased 19% since 1998, the number of inmates on psychotropic medications has increased 289%. The closing of state long-term mental health facilities followed by the lack of well-planned and well-funded community mental health services infrastructure has created a mental health services vacuum nationally and in Oklahoma. Many times, prison is seen by judges as the safest and most compassionate mental health care they can mandate for persons with serious mental illness who have come into conflict with the law.

A study conducted by ODOC in 2010 revealed that Approximately 12,600 (50 %) out of 25,200 offenders have a history of, or are currently exhibiting some form of mental health problem. Of the 2,700 female offenders, 2,130 (79%) and of the 22,500 male offenders, 10,350 (46%) fall in that category. Approximately 6,500 (26%) of the total population, 1400 (52%) females and 5,175 (23%) males, currently exhibit symptoms of a serious mental illness, given the most conservative definition. Approximately 20% of those with serious mental illness refuse treatment, sometimes creating serious management problems.

Recent studies from other states have shown that as many as 67% of offenders with mental illness will be reincarcerated within six months after release from prison if given no adequate aftercare services. In fiscal year 2010, over 8,000 offenders discharged from ODOC to either probation/parole supervision or directly to the street without supervision. Based on the mental health levels classification system, it is estimated that approximately 1,500 of those 8,000 discharged have a mental illness that could reduce their successful reentry into the community if not given proper services. ODOC data revealed that 41% of offenders with a serious mental illness who discharged prior to 2007 returned to prison within three years after their release.

Prior to 2007, due to a lack of adequate resources, there was little or no ODOC discharge planning system for offenders with serious mental illness, certainly none that were
structured and standardized. Over the last few years ODOC has worked with ODMHSAS to improve the transition of incarcerated offenders with serious mental illness into appropriate community based mental health services in the community. Beginning 2007, the newly created “Integrated Services Discharge Managers,” who are ODMHSAS employees, were assigned to mental health units at Mabel Bassett Correctional Center, Joseph Harp Correctional Center and the Oklahoma State Penitentiary. The Discharge Managers, as part of the ODOC treatment team, coordinate the mental health services discharge planning. In addition, four Reentry Intensive Care Coordination Teams (two in Tulsa and two in OKC) are under ODMHSAS contracts to be responsible for engaging with the offender/consumer prior to discharge and then working with them in the community until they are fully participating in the appropriate community based mental health and substance abuse services.

A critical issue for individuals with serious mental illness being released from prison is the timely access to federal benefits. In Oklahoma, approval for Social Security benefits opens the door to accessing Medicaid. ODOC and ODMHSAS have partnered with The Oklahoma Department of Human Services, the Department of Rehabilitative Services (Disabilities Determination Division), The Oklahoma Health Care Authority and four local offices of the Social Security Administration to help soon to be released offender/consumers, who have a disabling serious mental illness, obtain approval for federal benefits prior to release from prison. The discharge managers start the social security and Medicaid application process 120 days prior to an offender’s scheduled discharge. The goal is for the individual to leave prison with their social security benefits in place and have the Medicaid entitlement aligned so they can have access to needed medical and mental health services.

This historic partnership occurred because executive leadership and staff at these agencies believed that access to needed federal benefits for these traditionally underserved individuals would greatly improve their chances of a successful reentry into society.

Why is the program a new and creative approach or method?

The three most unique features of the Collaborative Mental Health Reentry Program are:
• **Unique interagency collaboration:** Out stationed ODMHSAS discharge managers are actually assigned to a correctional facility with special housing for intensive mental health services. The discharge managers serve as part of the ODOC institution mental health treatment team who creates and implements the individualized treatment plan, including the reentry planning for offenders with a serious mental illness.

• **In-reach and aftercare services provided by the Reentry Intensive Care Coordination Teams (RICCTs):** The RICCT staff meets with the offender at a minimum of 90 days before a projected release date from prison and then works with the offender in the community until such time as the offender has adjusted to life following incarceration (usually up to a year post discharge). A vital component of the RICCT program is the inclusion of a Certified Peer Recovery Support Specialist on the team. These team members have life-experience with a mental illness and/or substance abuse and have been trained to offer peer support.

• **Co-occurring Treatment Specialists:** Out stationed ODMHSAS co-occurring treatment specialists provide much needed substance abuse treatment to those offenders in the reentry program. Many offenders with a serious mental illness who return to prison state that untreated addiction were major contributing factors to lack of success in the community.

Describe the specific activities and operations of the program in chronological order.

Although reentry planning begins at reception, the formal discharge planning process begins 12 months from the projected discharge date. Discharge managers meet with the offender to explain and offer services. These services are voluntary and the offender may decline. If the offender is interested in services, the discharge manager will begin gathering information about any potential housing options available within the area or state the offender wishes to live and some of their goals and interests following release. The offender is the driving force in the discharge planning process, with ODMHSAS and DOC providing support, suggestions and linkage for continued care. The level of community based mental health/substance abuse care will be determined collaboratively by the offender and the treatment team.
Three months before discharge the discharge manager begins collecting information for the offender’s social security disability application (the Medicaid application is submitted by the discharge manager 30 days prior to discharge date). At that time the discharge manager has made the referral to the RICCT staff and then coordinates, plans and supervises all RICCT outreach visits prior to release.

On the day of discharge RICCT staff meets with the offender to address basic needs and begins the coordination of transition to community based mental health/substance abuse treatment. If the offender possesses debts such as fines, fees, restitution, or court costs, RICCT staff will help with developing a payment plan. RICCT services normally end within a year of discharge, but may end earlier if the offender is fully engaged in community based services and able to live independent of RICCT services.

Is it effective?

An outcome analysis of the program that was performed by ODMHSAS showed promising results. Outcomes of offenders served during the first 24 months of the program were compared to a baseline group comprised of similar individuals.

- Inpatient hospitalizations decreased from 8.7% to 2.4%
- Outpatient service utilization increased from 55.1% to 89.1%
- The median days from release to first day of service decreased from 15 days to 3 days
- The rate of service engagement (receiving at least 4 services in 44 days from release from ODOC) increased from 11.7% to 64.8%.
- Enrollment in Medicaid within 90 days of release from ODOC increased from 12% to 53%
- Social Security benefit allowance rate increased from the Oklahoma average of 39% to 92%

ODOC measures recidivism as returning to prison within 3 years of release. Individuals in the baseline comparison group (2006) had a 42.3% recidivism rate. A recent outcome
analysis of the recidivism for program participants showed a 41% reduction in recidivism (from 43.3% to 25.2%). It is interesting to note that the overall ODOC recidivism rate is 24%, so the return to prison for program participants essentially matches the overall recidivism rate.

Did this program originate in your state? If YES, please indicate the innovator’s name, present address, telephone number, and e-mail address.

This program originated in the state of Oklahoma. Although the concept for the program design originated at upper management levels in ODOC and ODMHSAS, and the implementation was a collaborative effort that involved many individuals from different agencies in Oklahoma, the main two innovators were Bob Mann and Randy May (formerly with ODMHSAS).

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Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

We are not aware for other programs that combine all of the elements of this program.

What limitations or obstacles might other states expect to encounter when attempting to adopt this program?

Oklahoma was fortunate in having executive level support from all agencies involved. Many states may deal with silo and turf issues that cannot be resolved unless the executive staff of the agencies involved encourage and empower their staff to collaborate.
Use these as guidelines to determine the appropriate Program Category for your state’s submission and list that program category on page one of this application. Choose only one.

**Infrastructure and Economic Development**
- Business/Commerce
- Economic Development
- Transportation

**Government Operations and Technology**
- Administration
- Elections
- Information Systems
- Public Information
- Revenue
- Telecommunications

**Health & Human Services**
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- Children & Families
- Health Services
- Housing
- Human Services

**Human Resources/Education**
- Education
- Labor
- Management
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- Workforce Development

**Natural Resources**
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- Energy
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- Environmental Protection
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- Parks & Recreation
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**Public Safety/Corrections**
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