

**Director Randle Testimony before the U.S. Senate Committee on the Judiciary
Subcommittee on Human Rights and the Law
Sept. 15, 2009
10:00 a.m.
Room 226 - Dirksen Senate Office Building.**

Introduction:

Mr. Chairman and members of the Subcommittee,

Thank you for the opportunity to speak to the important issues surrounding offenders with diagnosed mental illnesses. My name is Michael Randle and I am the Director of the Illinois Department of Corrections. Prior to my appointment in Illinois, I served as the assistant director of the Ohio Department of Rehabilitation and Correction. In conjunction with the Department of Mental Health, I had oversight responsibility for the Community Linkage Program, which was charged with providing continuity of mental health care to mentally ill persons entering and leaving the prison system.

The issue of mental illness in our prisons and jails is both complex and pervasive. In fact, a recent study conducted by the Bureau of Justice statistics reported that up to 16 percent of the jail and prison population is afflicted with mental illness, which is approximately four (4) times higher for men and eight (8) times higher for women than in the population at large. This disproportionate representation is primarily resultant from policies that have shifted the emphasis from community-based treatment of the at-risk population and priorities that have diverted resources away from treatment providers.

In recognition of these problems, Congress enacted the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) in 2004. This Act created the Justice and Mental Health Collaboration Program (JMHCPC) to help states and counties design and implement collaborative efforts between the criminal justice community and mental health treatment providers. While the Act authorized \$50 million to be granted toward these efforts, only \$21.5 million has been appropriated between fiscal years 2006-2009. Due in part to this lack of funding, coupled with record deficits, states and counties have found themselves in dire circumstances with respect to treatment and management of the mentally ill.

The Ohio Experience: Community Linkage Program

In 1995, the State of Ohio created the Community Linkage Program, which was designed to facilitate mental health care for persons entering or leaving the prison system by assisting in policy development, providing information sharing, monitoring outcomes, and providing problem-solving assistance. The program was borne from two concurrent events:

In 1994 the National Coalition for the Mentally Ill in the Criminal Justice System sponsored a policy meeting of teams of interdisciplinary experts from multiple states to

examine ways and make recommendations to better manage offenders in the criminal justice system with mental health issues, and; the *Dunn vs. Voinivich* lawsuit, which resulted in a consent decree that mandated changes in the delivery of services to offenders with mental illness.

In essence, the program was created as a result of recognized and demonstrated need, and of legal necessity. At its core, the program is designed to bridge the gap between state and local criminal justice and mental health services; it provides a consistent, sustained “link” between these entities from the moment the offender enters the criminal justice system to the time that the offender re-enters the community. The program emphasizes and is designed around the following goals:

- Provide continuity of mental health care for offenders entering and leaving prison
- Reduce recidivism
- Reduce decompensation rates of offenders to avoid hospitalization
- Enhance information sharing across the applicable service delivery systems
- Facilitate problem-solving between corrections and mental health systems to enhance access to community mental health services
- Enhance public safety via intensive re-entry mental health services

Since the inception of this program, the State of Ohio has become a model for other states in formulation of policy regarding treatment of mentally ill offenders. In 2005, PBS produced an award-winning feature entitled “*Frontline: The New Asylum*,” which focused on questions surrounding “why” the mentally ill were in the prison system versus psychiatric hospitals, as well as recommended solutions to the problem. The PBS feature received The Robert F. Kennedy Journalism Award Grand Prize. Within the feature, Dr. Fred Cohen (who led a court-appointed panel of experts overseeing the consent decree, and issued the final progress report), noted that “the mental health system set up by the Ohio Department of Rehabilitation and Correction is unsurpassed by any other prison system in the country.” Additionally, several other states have worked with Ohio to learn and adopt its principles and practices to better manage these offenders.

Status of Services in Illinois:

Like other states, Illinois prisons and jails are facing crisis levels of mentally ill offenders. Recent figures indicate that between 20-25 percent of the inmate population in Illinois are carried on the mental health caseload, with 12 percent requiring psychotropic medication. This large caseload, along with fiscal challenges and inadequate community resources, has created difficulties with managing offenders while incarcerated, as well as difficulty in providing re-entry services.

The Illinois Department of Corrections has historically issued a 14-day supply of psychotropic drugs to such offenders upon release. Unfortunately, it usually takes months for such offenders to acquire access to the mental health services that they need; this gap from access to services can and does lead to decompensation and often

recidivism. In light of this, the department has begun to initiate a linkage program that will provide continuity of care for these offenders throughout incarceration and re-entry.

Upon notification that a mentally ill inmate is within 180 days of his or her projected release date, mental health professionals review the inmate's diagnosis, list of medications, need for follow-up services, community treatment provider information, and any additional information necessary for continuity of care during the re-entry process.

However, before a mentally ill inmate is released back into the community, it is imperative to prepare the inmate as well as possible to navigate the challenges that the inmate will face upon re-entry and strategies to facilitate community service linkage. To that end, the Office of Mental Health is preparing to implement a multi-week re-entry program to help prepare mentally ill inmates, who are being released or discharged from the Illinois Department of Corrections.

This program will consist of four phases (Orientation, Education, Referrals, and Readiness Evaluation), during which mentally ill inmates (and their families and caregivers, where applicable) will:

- process their feelings and concerns about being released;
- be provided with information specific to their mental health diagnoses and medications;
- be educated as to their right to privacy and the provider's responsibility to ensure that their mental health information is protected;
- discuss the importance of getting consents signed prior to release, review their psychotropic medication needs and discuss all issues relative to such, including the need and way to set up appointments with a mental health professional and psychiatrist in the community;
- and be provided with community resources.

These inmates will also be educated as to:

- how to access mental health treatment,
- how to cope with system barriers,
- how to access housing, job, social, and care assistance services;
- and how to build and strengthen family and community alliances.

Should a post-incarceration placement in a community mental health setting be necessary, assistance will be provided. Each inmate will have a discharge plan individually tailored to meet the inmate's mental health re-entry needs.

In addition to the pre-release planning of a mentally ill offender, the Illinois Department of Corrections is currently working with the Illinois Department of Human Services' Division of Mental Health on a continuity of care program for mentally ill offenders. This program is in its initial planning stages and is currently referred to as the "Continuity of Care Path (CoCPath) Program." CoCPath is intended to provide intensive

case management outreach support services to inmates with serious mental illness, such as bipolar disorders, schizophrenia, psychosis and major depression.

To qualify for the services, an inmate must be homeless or at risk for homelessness. Upon the Illinois Department of Corrections' referral, an Illinois Department of Human Services provider will follow the inmate for mental health, housing, social security benefits, and crisis intervention services to help the inmate gain resources and supports in the community following the inmate's release from the Illinois Department of Corrections.

With regard to offenders that qualify for Medicaid, the department has worked with interest groups and the state legislature in advocating Senate Bill 231. This bill would facilitate continuity of Medicaid eligibility for offenders during and after their incarceration. With its passage, it will help ensure that such offenders have access to the medical and mental health and pharmacological services that they need.

Conclusion:

As director, I recognize that the challenges of providing proper care for mentally ill offenders while protecting them from themselves and the community will be ongoing. At both the national and state levels, we have made significant progress in recognizing and dealing with this issue. However, more needs to be done.

It is my charge to ensure that the Illinois Department of Corrections is doing everything that it can to address this issue. I intend to tap the expertise of my mental health staff, to work with other agencies to provide seamless treatment for offenders, and to provide linkage with community providers. Using the resources that are at our disposal, the agency will continue to provide the best care for these offenders that it possibly can provide.

Having said that, I also recognize that our agency is but one cog in the wheel of offender treatment. Our state will need additional resources in order to provide the full complement of services for mentally ill offenders.

Resources will be needed to:

- train law enforcement officers, who are often the first contact, as to how to deal with mentally ill offenders,
- to assist the courts and counties with diversion programs such as Mental Health Courts, state planning and implementation grants,
- and monies that assist in the provision of linkage programs for offenders.

With the passage of the Mentally Ill Offender Treatment and Crime Reduction Act, we have a vehicle to help provide these services. I respectfully ask that you fuel this vehicle, and fully fund the program.

Thank you very much for allowing me to come before the committee.