Psychiatric Alerts in Multnomah County Jails 1995-1999

Reducing Crime Benchmark Analysis
Multnomah County, Oregon

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Psychiatric Alerts in Multnomah County Jails

During calendar year 1999 3,484 individuals who were booked at some time during the year received a psychiatric alert. One third (33% - 1162 individuals) had one or more listed psychiatric diagnoses. These 3,484 individuals had a total of 5,110 bookings during 1999, with an average length of stay of 30.1 days. The psychiatric alert bookings represent 7.4% of all bookings for 1999.

Psychiatric alert assignment is based on a combination of self-report and diagnostic interviewing. Each individual is interviewed by a nurse as part of the jail intake process; information is self reported and may be used to place one or more medical alerts on a client record. DSM diagnostic codes are entered based on a diagnosis made by a community provider or evaluation by a Corrections Health provider. The nature of those diagnoses is shown in Table 4.

Table 4: Psychiatric Diagnoses of Inmates Booked in Multnomah County Jail with a Psychiatric Alert During CY1999

Diagnostic Group	Number of Individuals (unduplicated)	Percent of Individuals with a Psychiatric Alert
Major Mental Illness	502	14.4%
Personality Disorders	77	2.2%
Substance Abuse	486	13.9%
Miscellaneous Diagnoses	97	2.8%
No Diagnosis	2322	66.6%
TOTAL	**3484**	**100%**

The 1,162 inmates who were diagnosed each received an average of two diagnoses. To produce the diagnostic categories used above, diagnoses toward the top of the table were given precedence. For example, if an inmate received a diagnosis that could be considered major mental illness (schizophrenia, bipolar disorder, or major depression) and an alcohol and drug diagnosis, they were counted in the major mental illness group. The 486 inmates shown above with substance abuse diagnoses did not have any co-occurring major mental illness or personality disorder diagnoses.

Collateral information:

- A comprehensive medication audit completed during June 1999 showed that there were 164 individuals, in custody, receiving prescribed psychotropic medications, including 56 prescriptions for antipsychotic medication. This represented 7.8% of persons in custody.

- Audits of 181 medical records, at intake, during April 1999 and August 1999 indicated that approximately 8.8% of persons being booked into jail reported taking prescribed psychotropic medications.
- Pharmacy costs in the jail have increased to the point that pharmacy staff estimate that slightly over 45% of the pharmacy budget is spent on psychotropic medications, particularly on atypical antipsychotics and SSRI's.

On a national basis, estimated rates of mental illness among incarcerated populations vary, depending on the methodology of the study, the institution, and the definition of mental illness. The definition of mental illness generally includes schizophrenia, bipolar disorder, and major depression, but may vary between individual studies. Estimates range from 8% to 16% among studies with more rigorous scientific methods, including random sampling and a standardized assessment or psychological testing.[1] A brief summary of these prevalence studies is shown in Table 5.

Table 5: Psychiatric Prevalence in Corrections--A Sampling of Studies

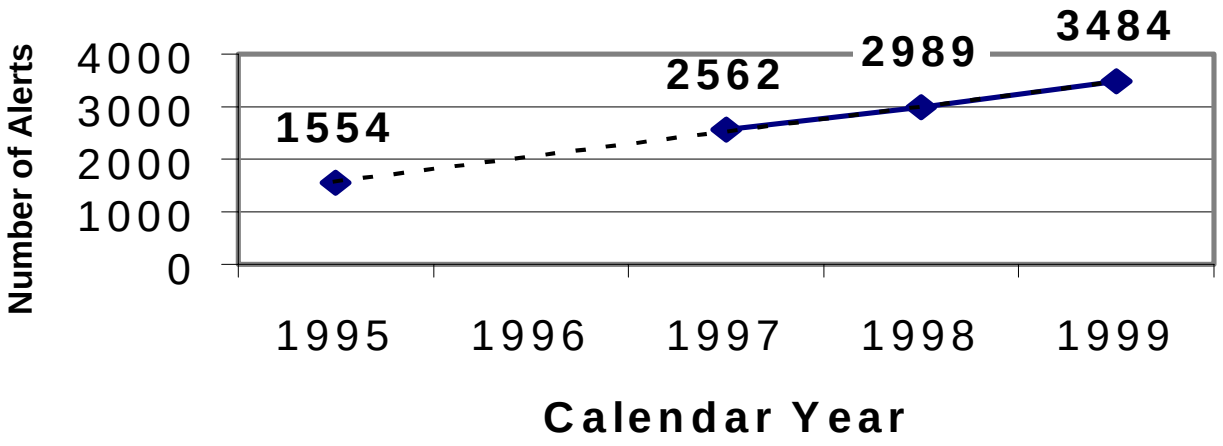
Study	**Sample**	**Percent Mentally Ill**
Guy, Platt, Zwerling & Bullock (1985)	Philadelphia jail pre-trial admissions	16%
Teplin (1990)	Cook County jail admissions (males)	10%
Steadman, Fabisiak, Dvoskin & Holohean (1987)	New York State prisoners	8%

Prevalence of mental illness among jail populations is estimated at 16.3% based on offender self reports that were published in "Mental Health and Treatment of Inmates and Probationers" – *Bureau of Justice Statistics – Special Report – July 1999*. Multnomah County Corrections Health reports a rate of 7.4% of total bookings for psychiatric alerts (both diagnosed and undiagnosed). This figure is conservative, based on numerous national studies reporting prevalence of mental illness in jails.

There is widespread belief that breakdown in the mental health system and/or closure of Dammasch State Hospital has led to a spillover of patients with major mental illness into the county jails and other programs. This belief has been supported by a large increase in the number of psychiatric alerts in County jails since 1995 shown in the following graph.

[1] Ditton, Paula. "Mental Health and Treatment of Inmates and Probationers" US Dept. of Justice. Office of Justice Programs. Bureau of Justice Statistics. July 1999.

Graph 2: Psychiatric Alerts in Multnomah County Jails 1995 - 1999



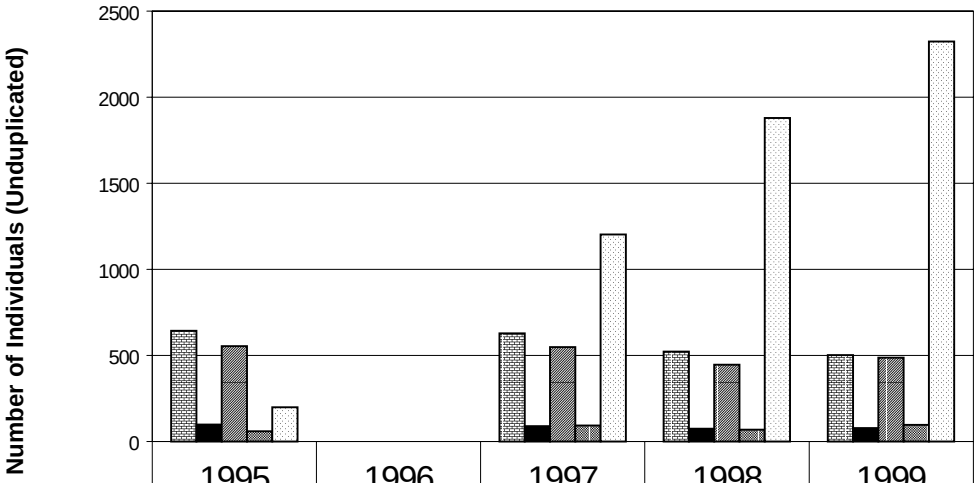
There are several caveats to this data. First, the Sheriff's data system, upon which this analysis is based, changed in June 1997. The method of downloading that data for analysis also had to change. The new methodology of downloading could not reproduce the 1995 download that was used for a previously published analysis *(Profile of Psychiatric Alerts Booked in Multnomah County Justice during 1995,* Carlson, Midkiff, McGovern, Windell, November 1, 1996). There are also indications that psychiatric alerts of bookings that pre-date the system change were not accurately carried over into the new data system, hence 1996 data is unavailable.

Despite these uncertainties, there is no doubt that there has been a substantial increase in psychiatric alerts and that this represents a substantial increase in the psychiatric workload in the jails. Recruiting and retaining qualified mental health staff has been a problem, though not to the degree that is reported from some community mental health agencies. The portion of the budget dedicated to mental health services remained static from 1995 to October 1999, when additional funding was approved to develop an expanded range of mental health services at the Inverness Jail.

In Multnomah County jails, a psychiatric alert is assigned on the basis of prior mental health treatment history, suicidal ideation / attempts, mental problems reported by self or others, disruptive or bizarre behavior, or in conjunction with an evaluation by mental health staff. This definition of a psychiatric alert does generally correlate with survey items used to measure mental illness as described in the 1999 BJS Special Report on Mental Health and Treatment of Inmates and Probationers. However, a psychiatric alert is not a psychiatric diagnosis. The

following graph shows that there is no increase in the number of psychiatric alerts that actually receive a diagnosis. The largest increase is in an undiagnosed group.

Graph 3: Psychiatric Alerts in Multnomah County Jails by Diagnostic Group



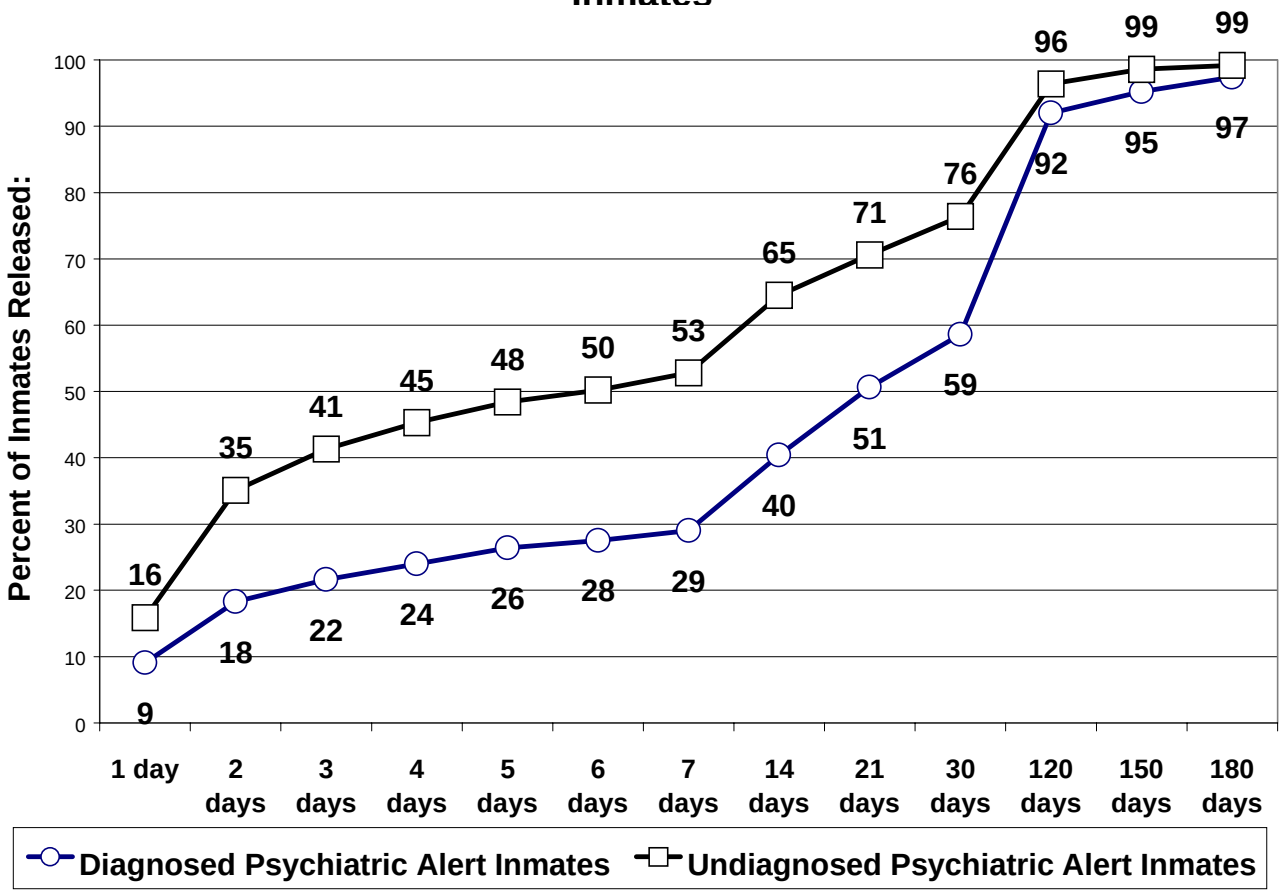
	1995	1996	1997	1998	1999
Major Mental Illness	643		628	522	502
Personality Disorders	99		89	74	77
Alcohol & Drug Disorders	555		549	445	486
Miscellaneous Diagnoses	59		93	69	97
Unknown or Pending	198		1203	1879	2322
TOTAL	**1554**		**2562**	**2989**	**3484**

Because of the large number of “Unknown or Pending” diagnoses it is not possible at this time to prove or disprove the assertion that growth of psychiatric alerts in the Multnomah County jail system is due to an increase in the number of prisoners with major mental illness. Theories of an influx of persons with major mental illness into the jails need to be examined more closely. Collaborative data (client community mental health system contacts) and further analysis, including extensive chart reviews of the "Unknown or Pending” group is necessary. This is likely to begin in the near future and will be the focus of a doctoral dissertation. The data we have so far does not answer the question of why there is an upswing in the number of psychiatric alerts.

Absence of a diagnosis does not mean that no diagnosis was possible. Prescribing providers or qualified mental health professionals (QMHPs) on Corrections Health staff are able to evaluate only about 1/3 of inmates with a psychiatric alert to the point of a recorded diagnosis. Length of jail stay is a significant factor in the process. Graph 4 shows that 53% of undiagnosed psychiatric alerts are

released within 7 days; 65% are released within 14 days. This is not adequate time to make a psychiatric diagnosis with inmates whose conditions may be unstable due to substance abuse. It has been well established that substance abuse is the norm among arrestees both nationally and in Multnomah County. ADAM data (Arrestee Drug Abuse Monitoring), a national program funded by the National Institute of Justice, shows that 72.3% of adults arrested in Multnomah County in 1998 tested positive for drugs.

Graph 4: Days Until Relase of Multnomah County Jail Inmates



The only other analysis available as of the time of this report compares the charges of psychiatric alert patients who receive a diagnosis versus those who don't. As the following table shows, there are few large differences between groups.

Table 6: Comparison of Charges of Diagnosed and Undiagnosed Psychiatric Alert Inmates in Multnomah County Jails--CY1999

Charge Category	Percent of Charges for Diagnosed Inmates	Percent of Charges for Undiagnosed Inmates
Drug charges	20.7%	22.0%
Theft*	10.4%	11.4%
Holds from other jurisdictions	9.9%	11.9%
Post-prison supervision violations	8.1%	3.5%
Assault*	5.0%	7.6%
Driving related violations	4.4%	8.7%
Forgery*	3.1%	3.2%
Sex abuse & sodomy	2.2%	0.9%
Burglary	1.9%	1.3%
Rape	1.4%	.1%
Escape/AWOL/Fugitive	1.2%	1.6%
Vehicle theft	0.9%	1.0%
Kidnapping	0.2%	0.4%
Subtotal	**69.4%**	**73.6%**
All other charges	30.6%	26.4%

* Includes all levels, e.g. Theft 1, Theft 2, Theft 3, including conspiracy to commit and attempts to commit.

At this time we are only able to conclude that:

1. There has been a large increase in the number of psychiatric alerts in Multnomah County jails since 1995; this represents a large increase in psychiatric workload;
2. The reasons for this increase are unknown;
3. The increase is among inmates who receive a psychiatric alert but no psychiatric diagnosis;
4. Corrections Health has limitations in their ability to diagnosis all psychiatric alerts; only about 1/3 can be seen by a prescribing provider (MD or nurse practitioner) or Qualified Mental Health Professional;
5. About 2/3 of the undiagnosed psychiatric alerts are released from jail before an accurate and defensible diagnosis could be made.
6. There are concerns among some Workgroup members of the effect of labeling inmates with a psychiatric diagnosis.