



# Legislative Testimony

OREGON DEPARTMENT OF CORRECTIONS

April 14, 2015

The Honorable Brian Boquist, Chair  
Senate Committee on Veterans and Emergency Preparedness

## **RE: Senate Bill 780**

Chair Boquist and members of the Committee, I am Heidi Steward, Assistant Director of the Offender Management and Rehabilitation Division for the Oregon Department of Corrections (DOC). I am here to provide information related to SB 780 and answer any questions.

### **What the Bill Does:**

SB 780 directs DOC to establish a pilot program to provide mental health treatment to inmates engaged in an intensive addictions alternative incarceration program (AIP). The target group for this pilot program would be servicemembers who have been diagnosed with post-traumatic stress disorder (PTSD), and are also eligible for AIP.

### **Background Information:**

DOC treatment programs are required to be licensed by the Addictions and Mental Health (AMH) Division of the Oregon Health Authority. Currently, our programs meet the required AMH licensing and staffing standards for intensive Alcohol and Drug treatment. However, to enhance a program as required by SB 780, the department would need to convert to a dual diagnosis program and hire a Qualified Mental Health Professional (QMHP) as part of the contracted service. There are also statutory requirements associated with an inmate's ability to participate in an AIP. Recent data has reflected that the number of releasing inmates meeting the qualifications for AIP, who were also veterans diagnosed with PTSD only amounts to one or two inmates per year. Additionally, these numbers do not include verification that the inmate was a service member.

Lastly, DOC does have concerns with providing PTSD treatment, as the department does not typically engage inmates in any process that would bring traumatic memories to the forefront. The loud prison environment, lack of environmental and self-control, and criminality of people housed in a prison setting would not be conducive to this type of work or healing; inmates can become too vulnerable and may be victimized or extorted by other inmates. This particular type of work is best left for continuing care upon release. Behavioral Health Services (BHS) strives to help inmates learn about their mental illnesses, develop skills to manage their symptoms in a correctional environment, practice compassionate self-care, and become good advocates for their mental health care needs upon release.

Thank you for your time and consideration. I am happy to answer any questions you may have.

*Submitted by:*

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