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☞ Details: Public Hearing: Proposed Audit: Treatment of Adult Inmates with Mental Illnesses in the Wisconsin Corrections System

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2007-08

(session year)

Joint

(Assembly, Senate or Joint)

Committee on Audit...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (October 2012)

Record of Committee Proceedings

Joint Legislative Audit Committee

Proposed Audit: Treatment of Adult Inmates with Mental Illnesses in the Wisconsin Corrections System.

April 10, 2008

PUBLIC HEARING HELD

Present: (10) Senators Sullivan, Lassa, Miller, A. Lasee and Cowles; Representatives Jeskewitz, Rhoades, Kerkman, Cullen and Parisi.

Absent: (0) None.

Appearances For

- Eric Peterson, Milwaukee — For Senator Lena Taylor, Wisconsin State Senate

Appearances Against

- None.

Appearances for Information Only

- Janice Mueller, Madison — State Auditor, Legislative Audit Bureau
- Kate Wade, Madison — Legislative Audit Bureau
- Amy Smith, Madison — Deputy Secretary, Office of the Secretary, Department of Corrections
- John Bett, Madison — Administrator, Division of Adult Institutions, Department of Corrections
- Physician Kevin Kallas, Madison — Mental Health Director, Department of Corrections
- Byran Bartow, Madison — Director, Wisconsin Resource Center, Department of Health and Family Services
- John Easterday, Madison — Administrator, Division of Mental Health and Substance Abuse Services, Department of Health and Family Services

Registrations For

- Susan McMurray, Madison — American Federation of State, County and Municipal Employees
- Todd Winstrom, Madison — Disability Rights Wisconsin

Registrations Against

- None.

Registrations for Information Only

- None.

April 10, 2008

EXECUTIVE SESSION HELD

Present: (9) Senators Sullivan, Lassa, Miller and Cowles;
Representatives Jeskewitz, Rhoades, Kerkman,
Cullen and Parisi.

Absent: (1) Senator A. Lasee.

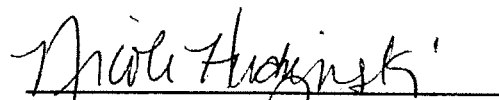
Moved by Representative Jeskewitz, seconded by Senator Miller that **Proposed Audit: Treatment of Adult Inmates with Mental Illnesses in the Wisconsin Corrections System** be approved according to the scope statement dated December 12, 2007, prepared by the Legislative Audit Bureau, with modifications by the committee.

Ayes: (9) Senators Sullivan, Lassa, Miller and Cowles;
Representatives Jeskewitz, Rhoades,
Kerkman, Cullen and Parisi.

Noes: (0) None.

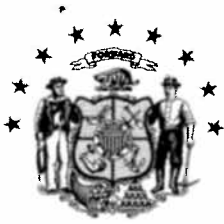
Absent: (1) Senator A. Lasee.

ADOPTION RECOMMENDED, Ayes 9, Noes 0



Nicole Hudzinski
Committee Clerk





STATE REPRESENTATIVE
JOSEPH PARISI

WISCONSIN STATE ASSEMBLY

48th DISTRICT

September 21, 2007

Senator Jim Sullivan
Representative Suzanne Jeskewitz, Co-chairpersons
Joint Legislative Audit Committee

Dear Senator Sullivan and Representative Jeskewitz:

I am requesting a comprehensive program audit of the treatment of adult inmates with mental illness in the Wisconsin Corrections system, including DHFS secure facilities.

As ranking minority member on the Assembly Committee on Corrections and the Courts, I have toured a number of Wisconsin correctional institutions, discussing this issue with Department of Corrections employees, including prison guards, psychologists and therapists, as well as inmates and advocates for people with mental illness.

Virtually everyone with whom I have discussed this matter has expressed concerns regarding the safety and well being of everyone involved, including both prison employees and inmates. I believe it is important for the Legislature to be presented with a comprehensive overview of the treatment of individuals with mental illness within our corrections system in order to ensure the safety of our citizenry, employees and inmates, and to ensure the humane treatment of people with mental illness.

The comprehensive audit could encompass an update of the mental health care portion of the Prison Health Care audit (report 01-9), and include, but not be limited to, the following:

- a review of how the Department of Corrections identifies inmates with mental illness;
- a comparison by correctional institution of resources and practices, including: the number of inmates with mental illness; staffing levels; treatment practices, including who distributes medications; and the housing of inmates with mental illness, including the number of these inmates in segregation, general prison population, and housing exclusively for inmates with mental illness;
- a comparison of treatment of inmates with mental illness versus individuals found not guilty by reason of insanity;
- a review of incidents of assault involving inmates with mental illness;

- an assessment of compliance with laws and policies related to inmate and employee safety;
- a review of whether national standards are being followed; and
- a comparison of Wisconsin's practices for the delivery of mental health services to inmates with those of other states, including the identification of best practices.

I appreciate your careful consideration of this request.

Sincerely,

A handwritten signature in cursive script that reads "Joe Parisi".

JOE PARISI
State Representative
48th Assembly District





STATE OF WISCONSIN
Legislative Audit Bureau

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Janice Mueller
 State Auditor

DATE: December 12, 2007

TO: Senator Jim Sullivan and
 Representative Suzanne Jeskewitz, Co-chairpersons
 Joint Legislative Audit Committee

FROM: Janice Mueller
 State Auditor *Janice Mueller*

SUBJECT: Proposed Audit of the Treatment of Adult Inmates with Mental Illnesses in
 the Wisconsin Corrections System—Background Information

Sen
 Sullivan
 Lassa
 Miller
 Cowles
 Lasec

Rep
 Jeskewitz
 Rhoades
 Kerkman
 Cullen
 Parisi

At your request, we have gathered some background information the Joint Legislative Audit Committee may find useful in considering an audit of the treatment of adult inmates with mental illnesses in the Wisconsin corrections system, including the facilities operated by both the Department of Corrections and the Department of Health and Family Services.

Adult inmates in the custody of the Department of Corrections are housed in 20 correctional facilities and at 16 correctional centers, all of which are overseen by the Division of Adult Institutions. The Division's Bureau of Health Services oversees and coordinates the provision of health care services delivered at the institutions and the development of programs for care delivery, pharmacy services, and medical records management. The Bureau also monitors contractual health services. The Bureau's fiscal year (FY) 2006-07 budget was \$57.0 million and included 124.46 full-time equivalent staff. Other health and psychological services staff are included in the budget for each institution.

The Wisconsin Resource Center, which is overseen by the Department of Health and Family Services in partnership with the Department of Corrections, provides specialized mental health services. The Center is a prison that houses male inmates transferred from other adult institutions and provides treatment for sexually violent persons detained or committed under Chapter 980, Wis. Stats. In FY 2006-07, expenditures at the Center totaled \$38.0 million and the average daily population included 340 inmates and 75 sexually violent persons. The FY 2007-08 budget is \$40.8 million and the population is projected to include 311 inmates and 146 sexually violent persons.

The Winnebago Mental Health Institute, which is overseen by the Department of Health and Family Services, provides care to female inmates who require more intensive treatment than can be provided at Taycheedah, the adult institution housing female prisoners. Expenditures and inmate population information were not readily available.

We noted a number of concerns with inmate mental health services in our 2001 report, *An Evaluation of Prison Health Care* (report 01-9). For example, the number of psychiatric prescriptions was growing at a faster rate than the number of inmates. We also noted that the availability of psychiatric services, including medication monitoring, varied among the institutions.

An audit of the treatment of adult inmates with mental illnesses could update the mental health care portion of report 01-9 and include the following:

- an analysis of expenditures, including staffing costs at each institution and the cost and type of psychotropic medications;
- a review of how the Department of Corrections identifies inmates with mental illnesses, including those who are sexually violent persons;
- a comparison of inmates and practices by correctional institution, including:
 - the number of inmates with mental illnesses;
 - treatment practices, including who distributes medications; and
 - the housing of inmates with mental illnesses, including the number in segregation;
- an assessment of compliance with laws and policies related to inmate and employee safety, including a review of the incidents of assaults involving inmates with mental illnesses;
- a review of departmental efforts to assess performance relative to national standards for mental health care; and
- a comparison of Wisconsin's practices for the delivery of mental health services to inmates with those of other midwestern states, including the identification of best practices.

I hope you find this information helpful. If you have any additional questions, please contact me.

JM/KW/kc

cc: Senator Julie Lassa
Senator Mark Miller
Senator Alan Lasee
Senator Robert Cowles

Representative Samantha Kerkman
Representative Kitty Rhoades
Representative David Cullen
Representative Joe Parisi

Rick Raemisch, Secretary
Department of Corrections

Kevin Hayden, Secretary
Department of Health and Family Services



Matthews, Pam

From: Handrick, Diane
Sent: [REDACTED]
To: 'Jim Jeskewitz'; Matthews, Pam
Subject: FW: public hearing on mental health

Follow Up Flag: Follow up
Flag Status: Blue

-----Original Message-----

From: peg swan [mailto:swansol@mwt.net]
Sent: Thursday, December 13, 2007 10:46 PM
To: Rep.Parisi; Rep.Jeskewitz; Sen.Sullivan
Cc: Urban2, Pamela
Subject: public hearing on mental health

Hello,

Pamela Urban, an aide in Tamara Grigsby office, informed me of your upcoming hearing on the mentally ill. I thank you for your efforts.

I am a prisoner support worker and for the last 8 years have been writing to and visiting prisoners, supporting their families and advocating for them as part of a tiny activist network in SW rural Wisconsin. I have worked with many mentally ill prisoners and also many prisoners who have deteriorated mentally in long term segregation. At present I am working with Pamela Urban on an effort to at least moved certain "stuck" prisoners to different prisons.

I would like to suggest to you a rule/law change that would improve the life for all those in segregation in Wisconsin prisons, but would especially help the mentally ill, who often end up there. So many times the mentally ill end up in the lowest reaches of the system - with the least privileges.

I have worked with many prisoners who cannot have books or can have a few from an inadequate library but cannot not have books sent in by friends and family; who are not allowed outside; who are allowed only one stamp a week because they are indigent. There is no getting these prisoners out of seg because of mental illness because seldom is a prisoner diagnosed as mentally ill. I have seen prisoners who had a diagnosis of "Manic depressive" on the street and end up getting an innocuous diagnosis of some kind of seemingly made up "disorder."

I receive some of the most pathetic pleadings from men who can hardly write who are stuck without resources in Segregation- If I could I would send them picture books or stories to read, education programs. I got special permission to send a book on cursive writing to one young man, which he requested. Then I received a call from the security director stating no more would be allowed. My efforts at getting the teacher in the prison to set the young man up with a program did not work, I do not know why. Perhaps the young man was too caustic. However, for the well educated, being stuck without adequate reading/study material is equally devastating. It is incomprehensible that the prison chooses as punishment the denial of very tools that would allow the prisoner to rehabilitate himself- access to family, to books, to mail. Everything that might help the prisoner make it through his ordeal psychically intact. I have stopped visiting and writing three prisoners because their mental deterioration was so pronounced it became entirely too upsetting to me. The cause for their deterioration is, I believe, was their isolation and the total lack of nurturing in their environment.

My proposal won't help everyone but it is a start toward a more rehabilitative system.

I propose that certain uniform rules be imposed on all segregation units.

These are small steps toward allowing the families and friends to get involved. I propose that:

- 1) all prisoners in segregation be allowed books sent in from the outside, from friends and family.
- 2) All prisoners be allowed access to GED and other educational programs and that family and friends be allowed to buy correspondence courses.
- 3) All prisoners, no matter what status they are or if they have a huge legal loan, be allowed embossed envelopes sent from the outside. (as it is now in some prisons, if an inmate has a lawsuit and is indigent, he pays for law copies and postage with a "legal loan" and if that loan gets big enough, he cannot receive money from the outside and gets only one stamp a week for the institution, has no canteen etc.)
- 4) All prisoners, no matter what status, be allowed to receive at least one call a week from the outside.
- 4) All prisoners be allowed regular outside recreation.
- 5) We ask that this be part of a general turn about in policy to a rehabilitative system.

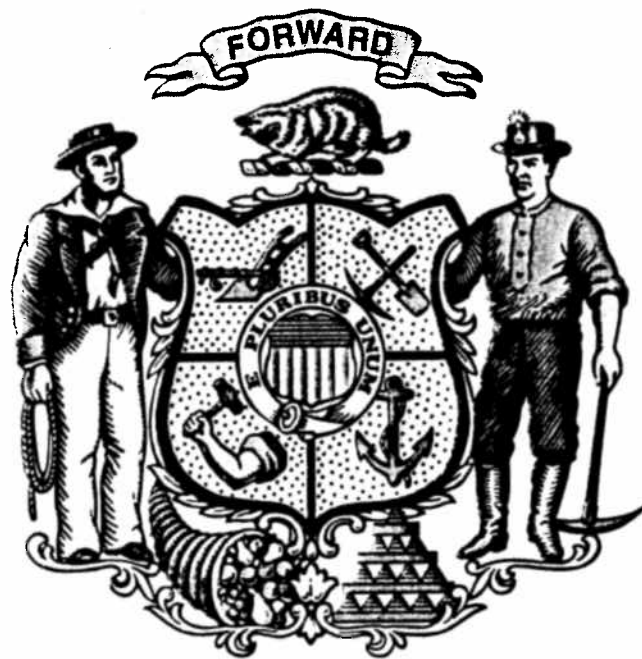
we have helped start a grassroots family and friends of prisoner's group in Milwaukee and they have circulated a petition amongst themselves requesting the above changes in the system. I will be retrieving that petition and will send you a copy.

I thank you for your consideration
Peggy Swan

member Forum for Understanding prisons
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December 19, 2007

To: Members of the Joint Committee on Audit

From: Dianne Greenley, Supervising Attorney

Re: Proposed Audit: Treatment of Adult Inmates with Mental Illness in the Wisconsin Corrections System

Disability Rights Wisconsin strongly supports the proposed audit of mental health services for adult inmates in the Wisconsin Corrections System. Information from the Wisconsin Department of Corrections indicates that 28% of adult inmates have mental health problems. For women it is approximately 49% and for men 25%. The U. S. Department of Justice found mental health care for women inmates in Wisconsin prisons to be woefully inadequate. Fortunately, the last budget increased services for this population, although we have concerns that the increase was not sufficient to truly address the needs. The need for adequate treatment for men with mental illness is, in our experience, similar to that for women. They may need a different type of treatment but there is a need for adequate medications and their monitoring, symptom management, crisis services, and ongoing treatment. However, their treatment needs have not been addressed. Thus, there is a significant lack of mental health professional time available to male inmates and the ratios of psychologists and psychiatrists to inmates with mental illness fall well below national correctional standards.

There are several negative results that occur from the lack of adequate mental health services for persons in prison. First, persons with mental illness may deteriorate from inadequate treatment and leave prison in worse condition than when they entered. When this situation is coupled with lack of follow up care in the community, a revolving door results. According to Department of Corrections information approximately 56% of inmates with mental illness will return to prison within six years but 72% of those returns will take place within the first two years after release.

Second, persons with inadequately treated mental illness are more likely to have difficulty following prison rules and receive disciplinary sanctions. In 2005 the Department of Corrections Segregation Workgroup found that inmates with mental illness were twice as likely to be in segregation than inmates without mental illness. In fact there were more inmates with mental illness in segregation than in specialized programs and facilities for inmates with mental illness. A major reason for this situation was a lack of adequate numbers of mental health staff and specialized treatment beds.

Third, suicides in Wisconsin prisons are about twice the national average. Most of them occur in segregation. As stated above persons with mental illness are more likely to spend time in segregation, a situation resulting in part due to inadequate mental health resources.

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Protection and advocacy for people with disabilities.

Fourth, failing to provide adequate mental health treatment is financially costly to the state, as well as personally and emotionally costly to the inmate and his/her family. The revolving door means that inmates return to prison who could be successfully maintained in the community if treatment were provided. Housing someone in a segregation unit is one of the most expensive housing options in the prison system. Having persons with mental illness unable to care for their children or be employed and live a productive life is destructive for the individual and those around them.

Thus, we believe that it is imperative to identify:

- programs that work well for persons with mental illness in correctional settings;
- the numbers and types of mental health professionals that are needed for these programs to be successful; and
- programs that help individuals with mental illness re-enter society and help them remain in the community instead of returning to prison.

We urge approval of a Legislative Audit to address these issues and to provide the information necessary to improve mental health services for inmates in Wisconsin's Criminal Justice System.



**Testimony of Amy Smith, Deputy Secretary
Department of Corrections
Joint Legislative Audit Committee
Treatment of Adult Inmates with Mental Illnesses in the
Wisconsin Corrections System
April 10, 2008**

Good morning, co-chairs Sullivan and Jeskewitz and members of the Joint Legislative Audit Committee. I appreciate the opportunity to be here today to discuss this potential audit. With me today are John Bett, Administrator of our Division of Adult Institutions; and Dr. Kevin Kallas, our agency's Mental Health Director.

Before I begin, I would like to take a moment to recognize Representative Parisi and thank him for his interest in our agency and its mission. Representative Parisi has traveled to many of our institutions and met with staff and inmates, and we appreciate his attention to the very challenging area of mental health care delivery in our prison system.

I also would like to take a moment to recognize the contributions of the staff at the Department of Health and Family Services, particularly Byran Bartow. DHFS has been a great partner in managing some of the most challenging adult offenders in our prison system. Its staff securely and effectively treat male inmates at the Wisconsin Resource Center, and they provide treatment to female inmates at the Winnebago Mental Health Institute. With the support of the Legislature, we will further strengthen our partnership through the opening of a new treatment facility for female inmates at the Wisconsin Resource Center.

The delivery of mental health care is a major policy issue affecting not just the Department of Corrections, but correctional health care systems across the country. It is clear that the growth in our prisons nationally in recent years has coincided with the de-institutionalization of mental health treatment across the nation, in favor of community-based treatment. While the concept of community-based treatment continues to be widely embraced, the availability of adequate resources for this treatment has not materialized. We see inmates at

our reception facilities who have significant mental health needs. The Department of Corrections holds the dubious honor of being the state's largest mental health provider in an institutional setting.

Approximately 10 percent of the inmates serving out sentences in our prisons are seriously mentally ill, with conditions such as severe depression, bipolar disorder, schizophrenia, and severe personality disorders. Another 20 percent are part of our mental health caseload for a variety of other issues. The incidence of mental illness is even more acute within our women's population. Approximately 28 percent of women who are serving time in our prisons have serious mental illnesses. Another 40 percent have other mental health issues. And once incarcerated, inmates with mental illness display a higher incidence of self-harm behavior and disruptive actions against staff or other inmates.

The challenges our system faces in the area of mental health are significant, and they are demanding more of our resources than ever before. I assure you that we remain committed to providing quality care in a cost-effective manner, and we appreciate the resources that the Legislature has allocated to us in this area. As an example, we are thankful for the additional resources in the 2007-09 biennial budget that will help us address issues that have prompted possible litigation by the U.S. Department of Justice over health care in our women's prison system.

I also would like to note that our Department has made many improvements in the delivery of mental health care in recent years, particularly since this issue was explored in the Audit Bureau's 2001 report. The following are just a few examples:

- The agency hired its first mental health director and its first psychology director. Both positions provide leadership, greater accountability and improved policy direction in the area of mental health care in our prison system.
- We initiated our first-ever mental health classification system to better track inmates with mental health issues.
- We convened a multidisciplinary workgroup to address the needs of inmates with mental health needs who are housed in segregated settings.

- We modified our psychotropic medication formulary to use high-profile medications in a more cost-effective manner.
- We strengthened our staff training in the area of suicide prevention. Last year, we launched an enhanced, comprehensive suicide prevention program throughout our adult system.
- We have begun to develop specialized units in our prisons that will better serve the needs of those who are mentally ill.
- We are in the process of opening a more expansive, state-of-the-art central pharmacy that will improve our management of medications including psychotropic medication.
- With the support of the Department of Health and Family Services, additional bed capacity has been made available at the Wisconsin Resource Center for inmates with serious mental illness.

We are committed to making further enhancements to the delivery of mental health care in our prison system. We believe that a thorough, objective review of our delivery system will lead to even more improvements. Therefore, we are fully supportive of the proposed audit. We will provide the Bureau with as much data, assistance and access to our system as possible in order to ensure a successful result.

I have reviewed the proposed scope of the review, and would like to recommend some additional areas of potential emphasis. Among them:

- An analysis of the increasing number of inmates in our correctional facilities with mental health issues over the past decade.
- An assessment of resources and position authority allocated to the Department for mental health services over the past decade.
- The extent to which the Department fulfills its mental health treatment priorities with current resources.

- A review of housing for inmates with mental illness, including the programming and treatment provided to those who are within segregated environments or special management units.
- An analysis of mental health care staff recruitment and retention practices for correctional facilities, including the ability of facilities to recruit qualified staff in sufficient numbers.
- A review of disciplinary practices for inmates with mental illnesses, including the number in segregated settings and the extent of self-harm behaviors or violent behaviors displayed toward other inmates or staff.
- A review of current practices related to psychotropic medication distribution.

We understand and appreciate that the audit will center on mental health care delivery in correctional settings, and we view this as an appropriate area of focus. However, we believe a closer look needs to be given at some point to treatment resources in the community. Our prisons provide mental health treatment that, if made accessible earlier in the community, could have kept individuals away from the criminal justice system in the first place. By receiving effective treatment earlier, individuals are in a better position to make positive choices to be productive and law-abiding, and remain in the community where they belong – before they engage in criminal behavior, before they create new victims, before they enter our criminal justice system, and before we have to make more room for them in our crowded prisons.

Thank you for the opportunity to be here today. I and members of my staff welcome any questions you might have.





State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Kevin R. Hayden, Secretary

April 10, 2008

TO: Joint Committee on Audit
FROM: Byran Bartow, Wisconsin Resource Center director
RE: Proposed audit on the treatment of mentally ill inmates

Good morning Senator Sullivan, Representative Jeskewitz and committee members. Thank you for the opportunity to testify on the proposed audit about the treatment of adult inmates with mental illness in Wisconsin. I also would like to thank Rep. Parisi for his interest in this issue and his commitment to working collaboratively to achieve better outcomes for mentally ill inmates.

As you know, the Wisconsin Resource Center (WRC) that the Department of Health and Family Services (DHFS) manages treats inmates with significant mental health needs. As a complement to Department of Corrections Deputy Secretary Smith's comments, I would like to use my testimony to educate committee members about the role WRC plays in the state's corrections system to help inform your decision making.

WRC Background

WRC is located on Lake Winnebago in Oshkosh, Wisconsin, and has been in operation since January 1983. It is authorized under Chapter 46 of the state statutes and is considered part of the corrections system. DHFS is charged with the "responsibility for administering the center as a correctional institution that provides psychological evaluations, specialized learning programs, training and supervision for inmates whose behavior presents a serious problem to themselves or others in state prisons and whose mental health needs can be met at the center."

The statutes authorize the DOC to transfer inmates who need individualized care to WRC. WRC provides programming for male inmates who are sentenced as adults. They are primarily transferred from DOC maximum and medium security institutions and occasionally from minimum security facilities. WRC is classified as a medium-security prison, but more than half of all inmates are classified as maximum custody level and admitted to WRC under a special provision.

In 1994, WRC began to receive individuals who the courts committed to DHFS as Chapter 980 Sexually Violent Persons (SVPs). The current capacity at WRC is 344 DOC inmates and 116 Chapter 980 patients. The majority of SVPs are at the Sand Ridge Secure Treatment Center in Mauston.

There also are a small number of men at WRC who are on community supervision under the DOC Division of Community Corrections as Alternatives to Revocation. They cannot be managed successfully by county jails or the Milwaukee Secure Detention Facility, so

they are placed at WRC.

Approach

WRC uses a multidisciplinary approach that links treatment and security and enhances public safety by providing individuals who have severe and persistent mental health needs with innovative and individualized assessment, treatment and management to promote healing and support personal recovery.

Since beginning operation in 1983, WRC has been developing and implementing innovative treatment methods for special needs inmates. The National Commission on Correctional Health Care has accredited WRC.

The creation of programs to manage and modify behavior has enabled WRC to place difficult-to-manage inmates on general population units. Program segregation, work programs and disciplinary committee procedures have been customized to coordinate control, discipline, and treatment functions. The goal is to help inmates with mental health needs adjust successfully in the general population in the prisons.

While sometimes necessary for safety and security, inmate placement in segregated settings for discipline and control is generally not desirable for inmates with mental health needs. Isolation can have an especially pronounced negative impact on these inmates. One of the important roles of WRC is to provide treatment and programming to mentally ill inmates in a segregated status.

Male prison inmates who are in need of involuntary commitment and medication under Chapter 51 are placed at WRC, although some inmates are eventually transferred back to DOC prisons and periodically return to WRC when they need a medication adjustment or the court must review the commitment.

Expansion to Serve Women

WRC is currently planning to add 45 beds to provide WRC services to women in the prison system. As Deputy Secretary Smith said, this expansion is part of an initiative to address issues that prompted potential litigation by the United States Department of Justice. In November 2007, the Building Commission authorized funds to contract with an architectural firm to design a separate facility for women at WRC to address this need. That process is underway and we project that the new facility will be complete by November 2010.

The collaboration between DHFS and DOC to operate WRC is a huge strength to the overall system. We are able to provide a relatively high level of treatment more cost effectively than either agency could do in the context of a traditional prison or hospital setting. After carefully considering the various alternatives, we affirmed the value of this approach in making the decision to operate the new facility for the treatment of women using the strategy in place under the auspices of WRC.

There are obvious and important synergies achieved by administering WRC in the Department of Health and Family Services along with the other treatment facilities under the Division of Mental Health and Substance Abuse Services' direction. Having the facility operate as a prison rather than a hospital is a particularly effective strategy to avoid complications when returning inmates to a correctional institution to complete their sentences. It also is important to allow WRC to use correctional methods to control dangerous and violent behavior when necessary and appropriate.

Growth of Mental Illness in Correctional Populations and Community Services

In recent decades, Wisconsin and other states have experienced an increase in the number and proportion of offenders with severe and persistent mental health needs ordered by courts to supervision in the correctional system – both community supervision and prison placements. There is evidence that this increase results in part from the pressure on resources for community mental health care. As you can imagine, this is a complicated matter that we as a state must continue to address.

As we try to understand and cope with these trends in the context of an audit and otherwise, I want to echo Deputy Secretary Smith's comments about importance of mental health care in the community. We need to take into account the need to increase services in the community to address mental health treatment needs:

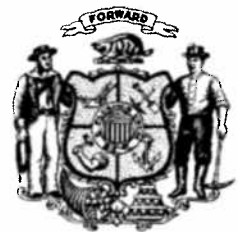
1. to divert those cases from correctional supervision entirely when appropriate and consistent with public safety;
2. to support public safety and success in the community for probation cases and potentially avoid prison placements;
3. to support public safety and success in the community for parole and extended supervision cases, and
4. to continue to provide needed mental health services to individuals after they complete correctional supervision to maintain public safety and to assist these individuals in successfully adjustment in the community.

DHFS supports this audit and its objectives. We also encourage the committee to view this audit as one phase of review and to continue to explore with the administration all aspects of the mental health delivery system to this population.

Thank you again for the opportunity to testify on the Department's behalf. I am happy to answer any questions you may have and offer the Department's assistance and cooperation if this audit moves forward.



WISCONSIN STATE LEGISLATURE



disabilityrights | WISCONSIN

April 10th 2008

To: Members of the Joint Committee on Audit

From: Dianne Greenley, Supervising Attorney
Todd Winstrom, Staff Attorney

Re: Proposed Audit: Treatment of Adult Inmates with Mental Illness in the Wisconsin Corrections System

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There are several negative results that occur from the lack of adequate mental health services for persons in prisons. First, persons with mental illness may deteriorate from inadequate treatment and leave prison in worse condition than when they entered. When this situation is coupled with lack of follow up care in the community, a revolving door results. According to Department of Corrections information approximately 56% of inmates with mental illness will return to prison within six years, but 72% of those returns will take place within the first two years after release.

Second, persons with inadequately treated mental illness are more likely to have difficulty following prison rules and receive disciplinary sanctions. In 2005 the Department of Corrections Segregation Workgroup found that inmates with mental illness were twice as likely to be in segregation than inmates without mental illness. In fact, there were more inmates with mental illness in segregation than in specialized programs and facilities for inmates with mental illness. A major reason for this situation was a lack of adequate numbers of mental health staff and specialized treatment beds.

Third, suicides in Wisconsin prisons are about twice the national average. Most of them occur in segregation. As stated above, persons with mental illness are more likely to spend time in segregation, a situation resulting in part from inadequate mental health resources.

Fourth, failing to provide adequate mental health treatment is financially costly to the state, as well as personally and emotionally costly to the inmate and his/her family. The revolving door means that inmates return to prison who could be successfully maintained in the community if

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treatment were provided. Housing someone in a segregation unit is one of the most expensive housing options in the prison system. Having persons with mental illness unable to care for their children or be employed and live a productive life is destructive for the individual, for those around them, and for the community at large.

Thus, we believe it is imperative to identify:

- Programs that work well for persons with mental illness in correctional settings;
- The numbers and types of mental health professionals that are needed for these programs to be successful; and
- Programs that help individuals with mental illness re-enter society and help them remain in the community instead of returning to prison.

We urge approval of a Legislative Audit to address these issues and to provide the information necessary to improve mental health services for inmates in Wisconsin's Criminal Justice system.



Council 24
AFSCME
Wisconsin State Employees Union

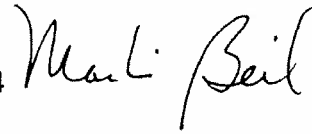
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Robert McLinn, President
Martin Beil, Executive Director

Thursday, April 10, 2008

To: Senator Jim Sullivan, Co-chair
Rep. Sue Jeskewitz, Co-chair
Joint Legislative Audit Committee

From: Marty Beil, Executive Director, AFSCME Council 24
Wisconsin State Employees Union



Re: Support of the proposed audit of the treatment of adult inmates with mental illness
in the Wisconsin Corrections System

AFSCME Council 24 appreciates the opportunity to express our support for Rep. Parisi's request for a comprehensive audit of the treatment of adult offenders with mental illness in the Wisconsin Corrections System, including those in state DHFS secure facilities.

Our union has a huge interest in the treatment of mentally ill adult offenders in DOC and DHFS facilities. We represent thousands of workers who deal with offenders 24 hours a day, 7 days a week. Our members are employed at DOC and DHFS facilities across Wisconsin, and each of these facilities is unique; presenting unique staffing, security and treatment challenges.

We support the issues identified in Rep. Parisi's September 27th letter to the co-chairs for the Legislative Audit Bureau staff to address in this audit. We respectfully ask the co-chairs to consider

- Expanding the scope of the audit to include the incidence of developmental disability as well as the dual diagnosis of DD and mental illness among offenders in DOC and DHFS institutions. This is greater problem than may be apparent.
- That the auditors pay particular attention to the treatment of mentally ill female offenders at Taycheedah Correctional Institution. Historically, there has been a disparity of resources at TCI compared to other institutions. We are pleased that the state Legislature and the DOC provided additional staff to TCI in the 2007-09

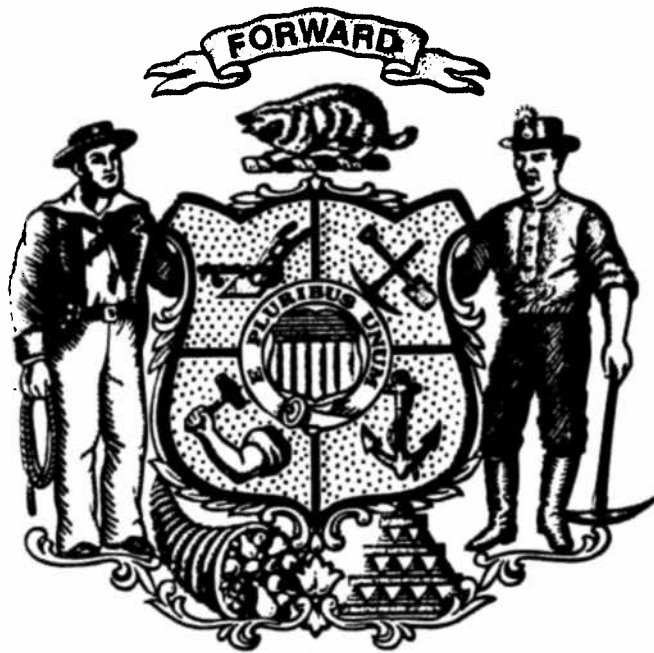


state budget. This is a good start but this is a situation that will not be fixed overnight.

- Recommending that the LAB work with DOC and DHFS rank and file staff – that is, AFSCME members - to the fullest extent possible. Our members are a tremendous resource that should not go unnoticed. Our local union leaders have many years and, in some cases, decades of experience in each of these unique institutions. They have insights that the LAB may find very useful and helpful in gathering the information they will need in carrying out the audit and developing recommendations.

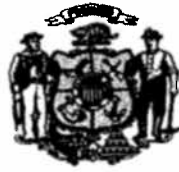
Thank you for the opportunity to comment. I wish I could have appeared in person today to share my comments with you but we are bargaining the state employee contracts.

If you have any questions please contact me at 836-0024 or call Susan McMurray at 279-9697.



Jim Doyle
Governor

Rick Raemisch
Secretary



State of Wisconsin
Department of Corrections

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May 2, 2008

Senator Jim Sullivan, Co-Chair
Representative Suzanne Jeskewitz, Co-Chair
Joint Legislative Audit Committee
Wisconsin State Legislature
Madison, WI 53707

Dear Senator Sullivan and Representative Jeskewitz:

I appreciated the opportunity to speak at the April 10 meeting of the Joint Legislative Audit Committee regarding the audit proposal on Treatment of Adult Inmates with Mental Illness in the Wisconsin Corrections System.

In response to discussion at the meeting, I am sending you information on mental health services provided at juvenile correctional institutions in the Division of Juvenile Corrections. The attached pages provide a summary of the mental health screening methods, interventions, and treatment services provided to youth at our juvenile correctional institutions.

If you have additional questions after reviewing the attached information, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Smith".

Amy Smith
Deputy Secretary

Attachments

cc: Rick Raemisch
Charles Tubbs
Silyia Jackson
Bob Margolies
Bob Nikolay
Wes Ray
Shelley Hagan

Division of Juvenile Corrections Mental Health Services Summary

Screening for Mental Health Needs

Upon arrival, a nurse in the Health Services Unit (HSU) screens each youth for past mental health problems including whether they are presently suicidal or have attempted to harm themselves in the past. Problems or concerns on the part of staff can initiate clinical services intervention. A screening for mental health problems also takes place soon after being placed in the Reception Cottage, where all youth new to the institution are interviewed by a social worker, and are administered a suicide assessment inventory and the MAYSI II. If any of these reviews cause concerns, clinical services is contacted. Clinical services has a psychologist assigned to the Reception Cottage, as well as a psychology intern. Clinical services will do a follow up assessment on any youth about whom the social worker is concerned. At Southern Oaks Girls School (SOGS), all youth on Reception are administered two additional mental health tests (the Brief Symptom Inventory, and the Millon Adolescent Clinical Inventory) and are reviewed by the Psychologist Supervisors, to determine their need for referral to the institution's in-house mental health unit, Stepping Up.

Evaluation of mental health problems is an ongoing process at each of the three juvenile correctional institutions. Staff is encouraged to refer youth for assessment whenever there is evidence to suggest emotional problems. In addition, psychologists regularly attend weekly multi-disciplinary Team Meetings held in each cottage. This allows the psychologist assigned to that team to become aware of specific youth problems which might be amenable to treatment. These youth are evaluated by the psychologist to assess their need for treatment. Because of the higher prevalence of mental health issues among the female youth at SOGS, all these youth are assigned to an individual psychologist for ongoing assessment and treatment as needed.

Determination of Mental Health Needs

Defining what constitutes psychological or mental disturbance is more complicated than one might initially imagine. This is because there are a myriad of definitions of what constitutes mental illness, psychological disturbance and emotional disturbance. These definitions, additionally, cross professional categorizations from medicine to psychology to education. Additional legal definitions are not all the same, change with time and vary based on case law. Consequently, to determine the number of youth we consider to have significant mental health needs, needs beyond those due to their delinquency, we reviewed the number of youth receiving psychotherapy from a psychological services clinician on a twice a month or more basis, and secondly the number of youth on psychotropic medication. Summaries of this information for the three juvenile institutions are provided below.

Lincoln Hills School (LHS)

One hundred and four (104) youth are seen by Clinical Services twice a month or more at LHS. This means 44% of the population meets this criterion.

Eighty-two (82) youth (36%) are being prescribed psychotropic medication by the psychiatrist at LHS. It is important to note that many of those youth were admitted to LHS already taking medication prescribed in their county prior to their arrival. If the chief psychologist determines that a youth should be considered for transfer to one of the 13 designated Mendota Juvenile Treatment Center (MJTC) beds for LHS youth, the MJTC and LHS liaisons consult to determine if transfer of that youth is appropriate.

Ethan Allen School (EAS)

One hundred and fifty-two (152) youth are seen by Clinical Services twice a month or more at EAS. This means 56.5% of the population meets this criterion.

Seventy (70) youth (26%) at EAS have been prescribed psychotropic medication. As it is at LHS many of these youth arrived with active prescriptions for psychotropic medication, and others had received it in the past, but were not on it upon arrival. If the chief psychologist determines that a youth should be considered for transfer to one of the 16 designated Mendota Juvenile Treatment Center beds for EAS youth, the MJTC and EAS liaisons consult to determine if transfer of that youth is appropriate.

Southern Oaks Girls School (SOGS)

Because of the higher prevalence of mental health issues among female youth, sixty (60) youth are seen by clinical services twice a month or more.

Forty-seven (47) youth (78%) at SOGS have been prescribed psychotropic medication and, like the boys at EAS & LHS, many of these youth arrived with active prescriptions for psychotropic medication, and others had received it in the past, but were not on that medication upon arrival.

Fourteen (14) youth (28%) at Southern Oaks are assigned to the institution's in-house mental health unit, Stepping Up, due to the severity of their mental health symptoms. In extreme cases, youth are transferred to a state mental health facility, if their mental health symptoms cannot be effectively managed within the institution. Currently, one youth (1.7%) is placed in a state mental health facility at the Winnebago Mental Health Institute.

51.01(5)(a)

(a) "Developmental disability" means a disability attributable to brain injury, cerebral palsy, epilepsy, autism, Prader-Willi syndrome, mental retardation, or another neurological condition closely related to mental retardation or requiring treatment similar to that required for mental retardation, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. "Developmental disability" does not include degenerative brain disorder, as defined in s. 55.01 (1v).

55.01(1v)

(1v) "Degenerative brain disorder" means the loss or dysfunction of an individual's brain cells to the extent that he or she [an individual] is substantially impaired in his or her ability to provide adequately for his or her own care or custody.