



Legislative Fiscal Bureau

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May 26, 2009

Joint Committee on Finance

Paper #288

Female Mental Health Initiative at Taycheedah Correctional Institution (Corrections -- Adult Institutions)

[LFB 2009-11 Budget Summary: Page 219, #8]

CURRENT LAW

The Taycheedah Correctional Institution is a maximum- and medium-security prison for female inmates. The average daily population at the prison in 2007-08 was 791 inmates. The Department expended \$5,160,600 GPR for medical and mental health care with 90.25 positions at Taycheedah. Medical and mental health services are provided to the general inmate population, the segregation unit, and a 64-bed mental health unit, called the Monarch Unit.

GOVERNOR

Provide \$1,420,400 GPR and 25.75 GPR positions in 2009-10 and \$1,927,200 and 40.80 GPR positions in 2010-11 to support enhanced mental health services for female inmates at the Taycheedah Correctional Institution. The positions would include: (a) 1.5 recreation therapists, 1.5 clinical social workers, and 1.0 occupational therapist for the institution's mental health special management and segregation units; (b) 3.0 clinical social workers, 3.5 psychological associates, and 1.0 office operations associate for the institution's general population; (c) 29.3 correctional officers to support the enhanced mental health services for the mental health unit, segregation unit, the health services unit, the institution gatehouse, and to reduce utilization of overtime costs.

DISCUSSION POINTS

Background

1. Taycheedah Correctional Institution is a maximum- and medium-security female

prison near Fond du Lac. The average daily population at the prison in 2007-08 was 761 inmates. Medical and mental health services are provided to the general inmate population, the segregation unit, and a 64-bed mental health unit for inmates with serious mental illness, called the Monarch Unit. The Department maintains standards of care for mentally ill inmates, depending on if they are in the general population, the segregation unit, or the Monarch Unit.

2. The below table identifies the expenditure amounts for medical and mental health services at Taycheedah for 2007-08.

**Taycheedah Health Care Expenditures
2007-08**

Salary and Fringe Benefits	\$2,487,600
Limited-Term Employees	1,017,200
Variable Non-Food Health*	1,539,700
Miscellaneous*	<u>116,100</u>
 Total	 \$5,160,600

*Variable non-food health costs include medical, optical, dental and laboratory services, pharmaceuticals, any contracted nursing services, hospital contract costs, and costs for claims processing and case management. Miscellaneous costs include other supplies and services, and travel costs.

3. The 2007-09 biennial budget bill provided \$1.4 million GPR and 33.25 GPR positions associated with inmate health care services at Taycheedah. The additional funding was used to improve access to psychology assessments, segregation reviews, increased therapy for inmates with serious mental illness, and increased psychiatric services.

U.S. Department of Justice and Corrections Settlement

4. In 2005, the U.S. Department of Justice (USDOJ) Civil Rights Division conducted on-site investigations of Taycheedah, and in May of 2006, submitted a letter on its findings to the Governor. The letter concluded that "certain conditions at Taycheedah violate inmates' constitutional rights by failing to provide for inmates' serious mental health needs." Throughout the letter, insufficient staffing is cited:

- "Taycheedah fails to provide sufficient mental health care staff to meet the inmates' serious mental health needs."
- "Psychiatrist staffing at Taycheedah is grossly inadequate."
- "A physician, preferably a psychiatrist, is needed to evaluate whether psychotropic medications should be initiated and to evaluate the continued administration for proper dosage and effectiveness."
- "Taycheedah lacks sufficient nursing staff to meet inmates' serious mental health needs for long-term maintenance on psychotropic medications."

- "Staffing for psychologists at Taycheedah is insufficient to provide timely and systematic screening and evaluation of mental illness among inmates."
- "Insufficient staffing in Taycheedah's Assessment and Evaluation Unit impedes the facility from having an adequate systematic intake assessment and triage process."
- "As a result of the limited number of psychologists, psychologists are limited to performing initial diagnostic assessments and managing crises."

5. In its 2009-11 budget request for funding and staff for mental health services at Taycheedah, the Department addressed the USDOJ Civil Rights Division investigation and findings, which found that Taycheedah failed to adequately meet the needs of its seriously mentally ill inmates:

"The Department has expressed a commitment to improve the medical and mental health care provided at TCI and has worked with USDOJ to resolve their concerns regarding provision of mental and medical healthcare at TCI. In September 2008, the Department finalized a Memorandum of Agreement (MOA) with USDOJ concerning the mental health and medical care at TCI. The MOA clearly articulates standards of care for provision of care at TCI, and as part of the MOA, the Department has developed a "TCI Action Plan" to address improvements needed at TCI due to these agreed to standards of care. The MOA allows the Department a four year timeframe, starting September of 2008, to meet agreed upon standards of care. If these agreed upon standards of care are not achieved within the four year timeframe, the MOA may be amended to allow for an extension, or US DOJ may commence litigation."

6. The MOA between USDOJ and the Department includes terms and requirements in the following categories: (a) substantive measures for mental health services; (b) consultation; (c) compliance and quality assurance; (d) reporting requirements and right of access; and (e) implementation and termination. In addition, the MOA incorporates a list of standards and a "TCI Action Plan" with which the Department is to comply. The TCI Action Plan identifies actions for Corrections to take by specified dates. For the 2009-11 biennium, the TCI Action Plan identifies the following actions with benchmarks:

TCI Action Plan 2009-11

<u>Action</u>	<u>Benchmark/Notes</u>
Add any staff that are approved as permanent resources in the 2009-11 budget including treatment and security staff. Evaluate additional resource needs.	Additional resources will help assure the provision of adequate care.
Continue to develop programming and individual treatment in Monarch, Segregation, and General Population.	Programming and treatment will maximize available space, treatment staff and security staff.
Begin operation of 45-bed off-site acute care facility.	Scheduled to open in early 2011.
Begin construction projects on TCI grounds approved in the 2009-11 budget.	Additional building space will help assure the provision of adequate care.
Psychology Pre-doctoral Internship expands from 6 to 10 interns.	Pre-doctoral interns provide additional staff resources to meet treatment and programming needs and assist in filling vacancies for permanent staff positions upon completion of internship.

7. Further, the MOA provides that a consultant, who has experience and education or training in correctional mental health care, will provide USDOJ and the Department detailed reports describing the steps taken by the state to implement the MOA and evaluate the extent to which the state has complied with the provisions.

8. The consultant, Jeffrey L. Metzner, M.D., submitted his first report in November, 2008. In his report, the consultant reviewed the Department's compliance with the MOA provisions and, while noting issues related to policies and procedures, generally found that the Department was beginning compliance on many of the provisions. Attachment 1 summarizes the consultant's compliance assessment of the MOA provisions. The consultant conducted his second site visit at the end of April, 2009, and issued his second report on May 16, 2009. In the second report, the consultant indicated issues still exist related to policies and procedures, however "significant progress was made relevant to the training of correctional officers." The next site visit is proposed for November, 2009.

Legislative Audit Bureau Evaluation of Inmate Mental Health Care

9. In addition to the USDOJ findings, the Legislative Audit Bureau published an audit in March, 2009, on inmate mental health care for the Departments of Corrections and Health Services. The audit found that the Department "has taken a number of actions in response to recent litigation, the federal Department of Justice investigation, and several independent evaluations. As a result, improvements to inmate mental health services have been made, including capital expenditures and increased staffing." Attachment 2 provides a summary of the audit's recommendations related to inmate mental health care departmentwide. Related to Taycheedah

Correctional Institution specifically, the audit identified the following:

- As of June 2008, 77% of inmates at Taycheedah were mentally ill (528 out of 683 inmates). This percentage includes inmates classified both as having mental health needs but not seriously mentally ill, and inmates classified as seriously mentally ill (Attachment 2 includes the definitions of these terms).
- Overall, female inmates had a significantly higher incidence of identified mental illness, 64.3%, compared to male inmates, 28.8%. The incidence of mental illness was highest among white and American Indian inmates, and younger inmates were less-frequently diagnosed with mental illnesses than older inmates. According to the audit, although "reliable and comparable data are not readily available on a national basis, research suggests that gender and racial/ethnic differences among DOC inmates are consistent with national trends. DOC officials attribute these differences, in part, to gender and cultural differences in inmates' willingness to seek mental health care."
- The American Association for Correctional Psychology recommends 1.0 FTE psychologist services staff position for every 150 to 160 inmates. The audit found only four institutions met this standard as of June 2008, including Taycheedah. The staffing ratios at Taycheedah - 57 inmates per psychologist and 44 mentally ill inmates per psychologist, which reflect recent staffing increases that resulted from the USDOJ settlement.
- For psychiatry staffing, the systemwide ratio of 345 inmates per psychiatrist are more than two times the American Psychiatric Association's recommendation, although Taycheedah has a significantly lower psychiatry staffing ratio than the institutions male inmates.
- The audit noted that the USDOJ settlement agreement provides that inmates must be evaluated by a psychiatrist within ten days of arrival at Taycheedah.
- Health care staff deliver medications to inmates housed in the segregation unit and the Monarch Unit, while correctional officers deliver medications to inmates housed in general population units.
- "Mentally ill inmates can have a disproportionate effect on the safety and discipline of a correctional facility, including by harming themselves, assaulting institution staff, or committing violations that result in segregation placements." Over the past three years, there were 1,121 self-harm incidences involving mentally ill inmates that resulted in observation placements. Of those, 269 incidences were at Taycheedah. The most common self-harm actions were biting, cutting, or stabbing.
- Over the past five years, there was one suicide at Taycheedah, out of a total of 29 suicides in institutions. Wisconsin has higher suicide rates than in other states. The Department began implementing a suicide prevention policy in 2005, such as intake and transfer screening, weekly multi-disciplinary committee meetings reviewing the care of mentally ill inmates, "continuous line-of-sight monitoring" of inmates placed in observation with "imminent suicide behavior," frequent psychologist examinations for those inmates, and data collection and investigation measures related to inmate suicides.

- Housing of mentally ill inmates in segregation has been an area of concern in recent years, and data from 2005 through 2008 shows that mentally ill inmates were overrepresented in segregation. At Taycheedah, 76.2% of all inmates in segregation in January 2008 were mentally ill.
- The audit mentions the funding and staffing provided in AB 75 for female inmate mental health at Taycheedah and the Wisconsin Resource Center: "If the Legislature appropriates additional funding for inmate mental health services in the future, costs in other areas may be reduced. For example, the Wisconsin Department of Justice (DOJ) estimates that its staffing costs to defend the State in inmate health care litigation total approximately \$1.1 million annually, a portion of which relates specifically to inmate mental health. In addition, settlements or judgments resulting from litigation have totaled \$4.8 million in payments by the State over the past five years."

Civil Class Action Lawsuit

10. In May, 2006, the American Civil Liberties Union (ACLU) filed a federal class action lawsuit against Corrections on behalf of female inmates at Taycheedah, alleging that "the medical, mental health and dental care provided to prisoners at TCI is grossly deficient, causing them great physical suffering and mental anguish, and constituting cruel and unusual punishment in violation of the Eighth and Fourteenth Amendments to the United States Constitution."

11. In January, 2009, the ACLU sought preliminary injunctive relief that Corrections be ordered to prepare and implement a plan, ensuring that all controlled medications at Taycheedah are distributed by trained medical personnel with credentials equal to or greater than those of licensed practical nurses (LPNs). The injunction also requested that Corrections prepare and implement a plan to "timely, accurately, and reliably process medication orders and dispense and administer prescribed medications" utilizing a computerized prescriber order entry (CPOE) system.

12. On April 24, 2009, the court granted the request for injunctive relief. In regards to the issue of distributing controlled medications by trained medical personal, the order requires Corrections to submit to the court and the plaintiffs a preliminary plan for implementation within seven days of the order, and a final plan for implementation within 37 days of the order. Further, Corrections must be in full compliance of the order no later than 60 days of the order. At that time, Corrections must attest to the court and the plaintiffs their compliance, identifying the names and proof of licensing for all employees administering controlled medications at Taycheedah.

13. In regards to the issue of processing and administering prescribed medications, the order requires the Department to implement the CPOE system according to, and no later than, the timetable set forth in their pleadings [According to Corrections, the brief indicated that the CPOE system could be implemented in the female system for processing prescription refills on November 1, 2009, and for processing new prescription orders on February 1, 2010]. Corrections must propose a plan within 60 days regarding interim steps necessary to ensure timely and accurate medication processing until the CPOE system is implemented and shown to be effective.

14. Related to implementing the CPOE system, the Department estimates \$17,000 GPR would be needed for software purchases, installation, and maintenance. Related to delivery distributing medications by trained personnel, the Department has identified the need for 10.5 new nurse clinician positions, at a cost of \$1,157,300 GPR in 2009-10 (includes some one-time costs)

and \$1,110,300 GPR in 2010-11. While staffing costs for nurse clinicians are higher than licensed practical nurses, the Department has been unable to fully fill and retain LPNs at Taycheedah and other institutions in contrast to nurse clinician positions. The Department indicates this is due to the ability to: (a) hire nurse clinicians at a starting salary above the minimum pay grade, depending on prior experience, where LPNs may only be hired at the minimum pay grade; and (b) provide sign-on bonuses to nurse clinicians which may not be awarded to new LPNs.

15. To ensure that the Department can implement the actions ordered by the court, especially considering the specified timelines, the Committee may wish to provide funding. As a result, the bill would be modified by \$1,174,300 GPR and 10.5 GPR nurse clinician positions in 2009-10 and \$1,110,300 GPR and 10.5 GPR nurse clinician positions in 2010-11. [Alternative 3] If no funding or staffing is provided, the Department indicates that it would need to "cover these services with unfunded temporary staff potentially creating funding shortfall similar to the cost estimates" provided above.

Assembly Bill 75

16. Assembly Bill 75 would provide \$1,420,400 GPR and 25.75 GPR positions in 2009-10 and \$1,927,200 and 40.80 GPR positions in 2010-11 to support enhanced mental health services for female inmates at the Taycheedah Correctional Institution.

17. A separate provision in the bill would provide funding and staff for a 45-bed female unit at the Department of Health Services' Wisconsin Resource Center (WRC) to open in February, 2011. The unit will provide inpatient mental health services which are currently available to male inmates at WRC.

18. Also, the Building Commission's capital budget recommends \$7,564,900 in general fund supported borrowing to construct programming space for Taycheedah's Monarch Unit and segregation unit to accommodate out-of-cell therapeutic activity, group therapy, and unstructured recreational activity. Additional office space will also be created to accommodate additional mental health staff. The capital budget cites the USDOJ settlement and the female unit at WRC: "The Female Treatment Unit at WRC will provide acute mental health services to female inmates that have declined to a level necessitating transfer from the general population, with the goal of eventually being transferred back to TCI. The Monarch Unit will provide residential level care for inmates with Serious Mental Illness requiring more intensive mental health care than is provided to inmates in general population settings, but not requiring an acute level of care."

19. Related to treatment funding and staff at Taycheedah, the new positions in the bill were determined based on reviewing the standards of care specified in the USDOJ settlement, compared to what is currently being provided. For example, the Department currently provides five hours per week of structured therapeutic activity to each inmate at Taycheedah's Monarch Unit, but pursuant to the USDOJ settlement, nine hours per week of structured therapeutic activity to each inmate should be provided. As a result, the Department estimated the number of additional positions needed to cover four more hours per week.

20. Related to security staffing, new positions are based on: (a) current out-of-cell escorts of inmates that have increased as a result of increased levels of programming; (b) future

increased out-of-cell contacts and therapeutic activities as required by the USDOJ settlement; (c) expansion of Taycheedah's gatehouse; (d) reducing the use of overtime for security in the visitation area and health services unit; and (e) an updated post-shift analysis of correctional officer and sergeant staffing patterns which takes into account additional vacation days.

21. The funding and staffing in the bill for Taycheedah would support the provisions put forth in the USDOJ settlement and ensure that the Department can identify progress in implementing the settlement to the Joint Legislative Audit Committee in the January 2010 report recommended by the Legislative Audit Bureau.

22. The funding provided for staffing did not include turnover calculations. Turnover is a budget calculation that reduces agency based permanent salaries in any appropriation with more than 50 full-time equivalent permanent positions, assuming that at any point in time during the upcoming biennium a certain percentage of positions will be vacant and that refilled positions will generally be filled at a lower salary level. Further, a modification associated with the staffing correctional officer posts may be made by adjusting position counts by 0.5 instead of 0.55. If the Committee wishes to apply turnover and adjust the correctional officer posts, the bill could be modified by -\$23,400 GPR and -0.25 GPR position in 2009-10 and -\$36,300 GPR and -0.30 GPR position in 2010-11. [Alternative 2]

ALTERNATIVES

1. Approve the Governor's recommendation to provide \$1,420,400 GPR and 25.75 GPR positions in 2009-10 and \$1,927,200 and 40.80 GPR positions in 2010-11 to support enhanced mental health services for female inmates at the Taycheedah Correctional Institution.

2. Modify the Governor's recommendation by -\$23,400 GPR and -0.25 GPR position in 2009-10 and -\$36,300 GPR and -0.30 GPR position in 2010-11, associated with removing turnover and adjustments associated with the staffing of correctional officer posts.

ALT 2	Change to Bill	
	Funding	Positions
GPR	-\$59,700	- 0.30

3. In addition to Alternative 1 or 2, provide \$1,174,300 GPR and 10.5 GPR nurse clinician positions in 2009-10 and \$1,110,300 GPR and 10.5 GPR nurse clinician positions in 2010-11 to allow the Department to implement the April 24, 2009 court order related to the distribution of controlled medications by trained medical personal, and the processing and administration of prescribed medications to inmates at Taycheedah.

ALT 3	Change to Bill	
	Funding	Positions
GPR	\$2,284,600	10.50

Prepared by: Chris Carmichael
Attachments

ATTACHMENT 1

Summary of Compliance Assessment of Memorandum of Agreement between USDOC and Corrections Substantive Measures for Mental Health Services

<u>Provision</u>	<u>Description</u>	<u>Compliance Assessment</u>	<u>Notes/Recommendations</u>
Serious Mental Health Needs	The state agrees to provide services to address the serious mental health needs of all inmates.	Beginning compliance	
Psychiatric Staffing	The state shall retain sufficient psychiatrists to enable Taycheedah to address the mental health needs of all inmates with a serious mental illness.	Beginning compliance	Quality improvement (QI) studies on psychiatric services should be performed to address issues of timely assessments, documentation, quality of services, etc. which will assist in determining whether psychiatrist allocations are adequate; five-day per week on-site coverage should be provided and better on-site coverage is needed in the special management unit and observation cells.
Administration of Mental Health Medications	The state shall develop and implement policies, procedures, and practices to ensure that psychotropic medications are prescribed, distributed, and monitored properly and safely.	Beginning compliance, but very problematic	QI studies should be initiated related to medication management issues; pharmacy issues should be remedied; controlled medication policy should be revised to incorporate recommendations relevant to medication non-compliance and provision of discharge/parole psychotropic medications when clinically indicated.
Serious Mental Illness Training	The state shall conduct initial and periodic training for all security staff on how to recognize symptoms of serious mental illness and respond appropriately.	Beginning compliance	Consultant will assess issues relevant to departmental training in future reports.
Mental Health Screening	The state shall develop and implement policies, procedures, and practices to ensure that all inmates receive adequate initial mental health screening by appropriately trained staff, including nursing staff, within 24-hours after intake.	Beginning compliance	Reasonable practices appear to be in place, but policies and procedures need to be developed; process for obtaining releases of information relevant to inmate's past mental health information should be improved; medication audits should be performed; data should be obtained related to percentage of screenings completed that result in referrals to mental health services; a QI study should be performed related to timeliness of mental health staff responses to emergency referrals.

<u>Provision</u>	<u>Description</u>	<u>Compliance Assessment</u>	<u>Notes/Recommendations</u>
Mental Health Assessment and Referral	The state shall develop and implement policies, procedures, and practices to ensure mental health assessments by qualified mental health professionals for those inmates whose mental health histories or whose responses to initial screening questions indicate a need for such an assessment. The state shall ensure treatment for inmates with a serious mental illness, including for specialty care and regularly scheduled visits with qualified mental health professionals.	Beginning compliance	Policies and procedures need to be developed related to mental health screening practice, which appears to be going well; recommends obtaining funding for the 2009-11 capital budget request for segregation and treatment annexes at Taycheedah; QI studies should assess effectiveness of referral process.
Mental Health Treatment Plans	The state shall ensure that a qualified mental health professional prepares and updates individual mental health treatment plans for each inmate who requires mental health services. The state shall also ensure that the plan is implemented. Implementation of and any changes to the plan shall be documented in the inmate's medical/mental health record.	Beginning compliance	A policy currently does not exist relevant to the frequency of treatment plan reviews for inmates. Staff indicated that a treatment plan form would be developed for caseload inmates in the general population that will replace the current practice of documenting the treatment plan via progress notes; a QI study should eventually be performed on the quality of treatment planning documentation.
Crisis Services	The state shall ensure an array of crisis services to manage the psychiatric emergencies that occur among Taycheedah inmates. Inmates in segregation or observation status shall have access to the array of crisis services which are available to other inmates. Inmates shall have access to in-patient psychiatric care when clinically appropriate.	Non-compliance	Lack of regular involvement of a psychiatrist and/or licensed mental health clinician with inmates admitted to the crisis management units is concerning from a patient care perspective. DOC proposed procedural language, which is acceptable to address this issue. Inmates housed in crisis intervention observation cells for mental health purposes should not be treated as segregation inmates unless they already have that classification. In-cell assessments/interventions or out-of-cell contacts should occur unless clinically contraindicated. DOC has indicated it will work with the consultant to develop an acceptable solution. Data should be collected related to multiple admissions to crisis management cells.
Treatment for Inmates with a Serious Mental Illness	The state shall ensure therapy, counseling, and other mental health programs for all inmates with a serious mental illness. The state shall ensure that inmates who are treated with psychotropic medications.	Beginning compliance	A database needs to be established to track out-of-cell structured therapeutic activities, group therapies, and other specified clinical contacts; issues related to custody staff treatment of inmates and working with psychology services unit staff need to be addressed.

<u>Provision</u>	<u>Description</u>	<u>Compliance Assessment</u>	<u>Notes/Recommendations</u>
Review of Disciplinary Charges for Inmates with a Serious Mental Illness	The state shall ensure that disciplinary charges against inmates with a serious mental illness are reviewed by a qualified mental health professional (a) to determine the extent to which the charge is related to a serious mental illness; (b) to ensure that inmates who commit infractions resulting from a serious mental illness are not punished for behavior caused by the serious mental illness; and (c) to ensure that an inmate's serious mental illness is used as a mitigating factor, as appropriate, when punishment is imposed on inmates with a serious mental illness.	Beginning compliance	A policy and procedure needs to be developed to address issues related to disciplinary charges for inmates with a serious mental illness. Staff training of mental health staff and the hearing officers will be required following development of recommended policy.
Procedures for Inmates with a Serious Mental Illness in Segregation or Observation Status	The state shall implement policies, procedures, and practices to ensure that inmates with a serious mental illness in segregation receive treatment.	Beginning compliance	Policies and procedures should be developed and implemented related to segregated inmate treatment and therapy; databases need to be developed to facilitate audits for quality improvement and management purposes; issues related to custody staff treatment of inmates and working with psychology services unit staff need to be addressed.
Medical and Mental Health Record System	The state shall develop and implement a record-keeping system in which all clinically-appropriate documents for the treatment of an inmate with a serious mental illness are readily available to each clinician. The record keeping system shall document assessments and treatment. Medical and mental health care staff shall have access to documents that are relevant to the care and treatment of inmates.	No finding	Consultant did not have adequate time during site visit to review enough records to comment on record-keeping issues; there should be strong consideration of transferring psychiatrist's notes electronically to the psychology services unit records in order to facilitate better communication on clinical issues.
Mediation and Laboratory Orders	The state shall develop and implement policies, procedures, and practices to ensure timely responses to orders for mental health medications and laboratory tests. Such policies, procedures, and practices shall be periodically evaluated to ensure that delays in the receipt of medications and laboratory tests are prevented. In addition, files of inmates shall contain current and accurate information regarding medication changes.	Beginning compliance	QI studies should include compliance with pertinent laboratory testing relevant to use of various mood-stabilizing medications and atypical anti-psychotic medications.

ATTACHMENT 2

Legislative Audit Bureau Evaluation of Inmate Mental Health Care, March 2009 Overview

Mental Health Classifications/Descriptions

1. In 2004, the Department of Corrections implemented a mental health classification system. Inmates are classified based on the severity of their illnesses when they enter department custody. Classifications include:

- MH-0 identifies inmates who do not have any mental health needs;
- MH-1 identifies inmates who have some mental health needs but are not seriously mentally ill. MH-1 inmates includes individuals whose mental health needs are short-term or do not meet the criteria for a formal diagnosis, as well as those with mental illnesses that are less severe than those categorized as serious mental illnesses;
- MH-2 identifies inmates who are seriously mentally ill. Serious mental illness is defined as any of the following:
 - A current diagnosis of, or in remission from: schizophrenia, delusional disorder, schizophreniform disorder, schizoaffective disorder, psychosis not-otherwise-specified, major depressive disorders, or bipolar disorder I and II;
 - Current or recent symptoms of the following conditions: brief psychotic disorder or substance induced psychotic disorder;
 - Head injury or other neurologic impairments that result in behavioral or emotional dyscontrol;
 - A primary personality disorder that is severe, accompanied by significant functional impairment, and subject to periodic decompensation (psychosis, depression, or suicidality); or
 - Chronic and persistent mood or anxiety disorders or other conditions that lead to significant functional disability.

2. Common diagnoses for MH-1 include anxiety disorders, adjustment disorder, impulse control disorder, mood disorders, and borderline personality disorder. Common diagnoses for MH-2 include psychotic disorders, major depression, bipolar disorder, moderate or severe dementia, severe borderline personality disorder, severe dysthymia, and severe anxiety disorders.

3. All inmates prescribed psychotropic medications are to be classified as either MH-1 or MH-2.

4. In June 2008, the Department revised its classification system to divide the MH-2 code into two categories. MH-2a identifies inmates with disorder that include schizophrenia, bipolar disorder, and major depressive disorder, as well as inmates who have any diagnosed mental illness that significantly impairs their ability to function. MH-2b identifies inmates with personality disorder that are severe and accompanied by significant functional impairment. The data reviewed by the Legislative Audit Bureau was based on the original classification.

Summary of Recommendations

1. Recommend Corrections report to the Joint Legislative Audit Committee by January 4, 2010, regarding:

- Options for screening tools to assess intellectual functioning and potential costs;
- Tests to further evaluate inmates who are identified as potentially developmentally disabled and potential costs; and
- Potential costs of implementing those tools.

2. Recommend Corrections ensures that all correctional officers have received updated medication-delivery training.

3. Recommend Corrections and the Department of Health Services report to the Joint Legislative Audit Committee by January 4, 2010, on their progress in developing written policies that:

- Outline steps in the transfer application process;
- Specify the criteria that will be used to assess inmates for transfer to the WRC;
- Require documentation of inmate transfer applications and decisions; and
- Ensure the timely identification and transfer of inmates as they complete their treatment at the WRC.

4. Recommend Corrections improve its collection and management of data related to inmate self-harm, assaults on staff, and segregation placements by:

- Developing data entry instructions that will reduce inconsistent data in the observation placement database;
- Developing a centralized database for recording assaults;
- Including inmate housing locations in its new data system; and
- Developing methods for automated matching and analysis of inmate mental health classifications in conjunction with information on assaults, observation placements, and segregation.

5. Recommend Corrections report to the Joint Legislative Audit Committee by January 4, 2010, on its plans for providing correctional officers with more specific information on inmates' mental health needs and enhancing officer training in managing mentally ill inmates.

6. Recommend Corrections report to the Joint Legislative Audit Committee by January 4, 2010, on:

- The allocation of Community Reintegration Services Initiative funds for the 2009-11 biennium; and
- Progress in implementing the pre-release curriculum for all inmates.

7. Recommend Corrections report to the Joint Legislative Audit Committee by January 4, 2010, on its efforts to improve inmate benefits assistance, including:

- An internal assessment of the use of tracking forms for Social Security benefits applications and provisions to ensure more consistent use of the forms;
- Efforts to improve documentation of inmate disabilities for use in applications for Social Security disability benefits; and
- Steps to identify and assist inmates who may benefit from submitting Medical Assistance applications before release.

8. Recommend Corrections report to the Joint Legislative Audit Committee by January 4, 2010, on:

- An analysis of efforts to improve access to specialized release planning staff;
- Results of its implementation of the treatment form in the Milwaukee area;
- Efforts to ensure that offenders with mental illnesses are supervised by the probation and parole agents best equipped to meet their needs;
 - The feasibility of aligning policies for assigning offenders with mental illnesses to specialized agents with the mental health coding system used in correctional facilities;
- The feasibility of incorporating elements of the Conditional Release Program model into its supervision of released inmates; and
- The findings reported by the consultant regarding DOC's progress in implementing the settlement agreement with the federal Department of Justice.