



Legislative Fiscal Bureau

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2017

Joint Committee on Finance

Paper #233

Mental Health Staffing at Oshkosh, Waupun, Green Bay and Columbia Correctional Institutions (Corrections -- Adult Corrections)

[LFB 2017-19 Budget Summary: Page 140, #8 and #9]

GOVERNOR

Oshkosh Correctional Institution

Provide \$1,022,200 GPR in 2017-18 and \$1,214,300 GPR in 2018-19 and 16.85 GPR positions annually to convert an existing 86-bed housing unit into: (a) a secured 75-bed residential treatment unit for inmates with serious mental illness; and (b) a 11-bed diversion unit for inmates with serious mental illness. Staffing would include: 5.25 correctional officers, 1.0 correctional sergeant, 5.6 psychological associates, 2.0 therapists, 1.0 psychologist, 1.0 nurse clinician, and 1.0 social worker.

Waupun, Green Bay, and Columbia Correctional Institutions

Provide \$268,200 GPR in 2017-18 and \$324,400 GPR in 2018-19 and 4.80 GPR positions annually to provide treatment to mentally ill inmates placed in restrictive housing units at Waupun, Green Bay and Columbia Correctional Institutions. Staffing for the restricted housing units would include 2.6 psychological associates at Waupun Correctional Institution, 1.60 psychological associate at Green Bay Correctional Institution, and 0.6 psychological associate at Columbia Correctional Institution.

DISCUSSION POINTS

1. The bill would provide funding and staffing to convert a housing unit at Oshkosh Correctional Institution into a new residential treatment unit and diversion unit for inmates with serious mental illness. In addition, the bill would provide funding and staffing to provide treatment to mentally ill inmates placed in the restrictive housing units at Waupun, Green Bay and Columbia

Correctional Institutions.

2. The US Department of Justice (USDOJ) published a report in January, 2016, entitled "Report and Recommendations Concerning the Use of Restrictive Housing," which included the following guiding principles and policy recommendations for the use of restrictive housing specifically related to inmates with serious mental illness:

- Generally, inmates with serious mental illness (SMI) should not be placed in restrictive housing.
- An inmate with SMI should not be placed in restrictive housing, unless:
 - The inmate presents such an immediate and serious danger that there is no reasonable alternative; or
 - A qualified mental health practitioner determines: (a) that such placement is not contraindicated; (b) that the inmate is not a suicide risk; (c) that the inmate does not have active psychotic symptoms; and (d) in disciplinary circumstances, that lack of responsibility for the misconduct due to mental illness or mitigating factors related to the mental illness do not contraindicate disciplinary segregation.
- Inmates with SMI who are diverted from restrictive housing should be placed in a clinically appropriate alternative form of housing, such as a secure mental health unit or other residential psychology treatment program.
- If an inmate with SMI is placed in restrictive housing:
 - Mental health staff should conduct a mental health consultation at the time of the inmate's placement in restrictive housing;
 - The inmate should receive intensive, clinically appropriate mental health treatment for the entirety of the inmate's placement in restrictive housing;
 - The inmate should receive enhanced opportunities for in-cell and out-of-cell therapeutic activities and additional unstructured out-of-cell time, to the extent such activities can be conducted while ensuring the safety of the inmate, staff, other inmates, and the public;
 - At least once per week a multidisciplinary committee of correctional officials should review the inmate's placement in restrictive housing;
 - At least once per week, a qualified mental health practitioner, assigned to supervise mental health treatment in the restrictive housing unit, should conduct face-to-face clinical contact with the inmate, to monitor the inmate's mental health status and identify signs of deterioration; and
 - After 30 days in restrictive housing, the inmate should be removed from restrictive housing, unless the warden of the facility certifies that transferring the inmate to alternative housing is clearly inappropriate. In making this determination, the warden should consult with mental health staff, who should conduct a psychological evaluation of the inmate beforehand.

- Inmates in restrictive housing should be screened for signs of SMI. Correctional systems should implement policies, procedures, and practices to ensure that:

- Prior to an inmate's placement in restrictive housing (or when that is infeasible, as soon as possible and no later than within 24 hours of placement), staff can promptly determine whether the inmate has been previously designated as seriously mentally ill or at risk of developing SMI;

- Multiple times per day, correctional officers, trained in identifying signs of mental health decompensation, conduct rounds of the restrictive housing unit;

- At least once per day, medical staff conduct medical rounds of the restrictive housing unit;

- After 30 days in restrictive housing, and every 30 days thereafter, all inmates in restrictive housing receive a face-to-face psychological review by mental health staff; and

- If at any point an inmate shows signs of psychological deterioration while in restrictive housing, the inmate should be immediately evaluated by mental health staff. At the conclusion of this review, mental health staff should recommend whether the inmate requires immediate transfer to a medical facility or other treatment center, as well as whether the inmate should receive enhanced mental health services and/or should be referred to a clinically appropriate alternative form of housing.

3. Based on the USDOJ guiding principles, Corrections requested funding for a residential treatment unit and diversion unit for inmates with SMI at Oshkosh Correctional Institution, as well as funding to provide enhanced treatment opportunities, including out-of-cell therapeutic activities and unstructured time, to mentally ill inmates placed in the restrictive housing units at Waupun, Green Bay and Columbia Correctional Institutions. This request would address the USDOJ's policy recommendations related to: (a) diverting inmates with SMI from restrictive housing to clinically appropriate alternative housing, such as a secure mental health unit or other residential psychology treatment program; and (b) if an inmate with SMI is placed in restrictive housing, providing enhanced out-of-cell therapeutic activities and additional unstructured out-of-cell time.

4. According to Corrections, inmates with a mental illness or intellectual disability can often end up in restrictive housing, where an inmate is placed in a locked cell for 22 hours or more per day for violating prison rules. Inmates with SMI in restrictive housing are more likely to threaten to commit or commit self-harm than other inmates, resulting in off-site emergency room visits and clinical observation placements. With a new residential treatment unit and treatment opportunities for inmates with SMI, the Department states it could better address inmates' treatment needs while reducing incidents of conduct reports, emergency room visits, and clinical placements.

5. The treatment model Corrections would utilize is known as the "10/10 model," currently utilized for female inmates at the Taycheedah Correctional Institution's special management unit and restrictive housing unit. The 10/10 model includes: (a) 10 hours per week of out-of-cell, structured and therapeutic programming, which may include counseling, education classes, social skills or cognitive-based programming; and (b) 10 hours per week of out-of-cell

unstructured time, which are activities not led by correctional staff, such as recreation, dayroom time, or meals. The 10/10 model would be utilized in the new residential treatment and diversion units at Oshkosh, as well as in the restrictive housing units at Waupun, Green Bay, and Columbia.

6. The attachment includes a description of the mental health classification codes utilized by the Department for determining treatment. As shown in the attachment, inmates classified as MH-2A or MH-2B are considered to have SMI, while inmates classified as ID are considered intellectually disabled with an IQ of approximately 70 or below with concurrent impairments in present adaptive functioning and age of onset before 18 years. Treatment at the Waupun, Green Bay, and Columbia restrictive housing units would be for all levels of SMI and those intellectually disabled, while the new units at Oshkosh would be prioritized for inmates with a MH-2A or ID classification, "due to the possibility that MH-2B inmates could manipulate or victimize MH-2A inmates."

7. Of the total male inmate population in February, 2017, 6.8% of inmates had a MH-2A or MH-2B classification. The distribution of inmates with SMI varies, with the Wisconsin Resource Center having the most (approximately 74%) and Prairie du Chien Correctional Institution and Wisconsin Secure Program Facility having the least (0%). For the institutions receiving additional funding in the bill (Oshkosh, Waupun, Green Bay, and Columbia), the percentage of inmates with SMI varied between 12-14%.

8. Specific to Corrections' male restrictive housing units, there were a total of 112 inmates with SMI in restrictive housing (89 with a MH-2A classification and 23 with a MH-2B classification). Of the 112 inmates with SMI, the Waupun restrictive housing unit had 26, the Green Bay restrictive housing unit had 20, and the Columbia restrictive housing unit had 14, 54% of the total. Corrections indicates that funding in the bill for Waupun, Green Bay, and Columbia assumes the opening of the new units at Oshkosh to help minimize the use of restrictive housing of SMI inmates in the other facilities. As such, the Committee may wish to approve the provisions. [Alternative 1]

9. While the bill would provide additional funding for treating inmates with SMI in the Department's facilities, it could be argued that resources should support more than two of the numerous recommendations listed in the USDOJ's guiding principles and policy recommendations for inmates with SMI. The extent to which additional resources are necessary to achieve the USDOJ recommendations is unknown. In order to have more information on the Department's policies and progress related to the placement and treatment of inmates with SMI in restrictive housing, the Committee may wish to direct Corrections to submit a report to the Committee by July 1, 2018, identifying: (a) the average number of inmates with SMI in each of the institutions; (b) the average number of inmates with SMI placed in each of the institutions' restrictive housing units; (c) the Department's status or alternative policies related to each of the USDOJ's recommendations related to the use of restrictive housing for inmates with SMI; and (d) an estimate of any additional resources that are necessary. [Alternative 2]

ALTERNATIVES

1. Approve the Governor's recommendation to provide: (a) Oshkosh Correctional Institution, \$1,022,200 GPR in 2017-18 and \$1,214,300 GPR in 2018-19 and 16.85 GPR positions annually to convert an existing housing unit at the Oshkosh Correctional Institution into a secured residential treatment unit and diversion unit for inmates with SMI serious mental illness; and (b) Waupun, Green Bay, and Columbia Correctional Institutions, \$268,200 GPR in 2017-18 and \$324,400 GPR in 2018-19 and 4.80 GPR positions annually for treatment to mentally ill inmates in restrictive housing units at Waupun, Green Bay and Columbia Correctional Institutions.

ALT 1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$2,829,100	21.65	\$0	0.00

2. Direct Corrections to submit a report to the Committee by July 1, 2018, identifying: (a) the average number of inmates with SMI in each of the institutions; (b) the average number of inmates with SMI placed in each of the institutions' restrictive housing units; (c) the Department's status or alternative policies related to each of the USDOJ's recommendations related to the use of restrictive housing for inmates with SMI; and (d) an estimate of any additional resources that are necessary.

3. Delete the provisions.

ALT 3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$0	0.00	-\$2,829,100	- 21.65

Prepared by: Chris Carmichael
Attachment

ATTACHMENT

Department of Corrections Mental Health Classification Codes

MH-0	No current mental health need. An inmate does not need a scheduled follow-up visit with psychological services and is not seeing the psychiatrist for any reason.
MH-1	Inmates who are receiving mental health services but are not considered seriously mentally ill. [This code is not used for inmates who are receiving program services only, such as substance abuse or sex offender treatment and do not have other mental health needs.]
MH-2A	<p>Inmates with serious mental illness based on Axis I conditions</p> <p>I. Inmates with a current diagnosis of, or are in remission from, the following conditions:</p> <ul style="list-style-type: none"> a. Schizophrenia b. Delusional disorder c. Schizophreniform disorder d. Schizoaffective disorder e. Psychosis Not-Otherwise-Specified f. Major depressive disorders g. Bipolar disorder 1 and 2 <p>II. Inmates with current or recent symptoms of the following conditions:</p> <ul style="list-style-type: none"> a. Brief psychotic disorder b. Substance-induced psychotic disorder <p>III. Inmates with head injury or other neurologic impairments that result in behavioral or emotional dyscontrol</p> <p>IV. Inmates with chronic and persistent mood or anxiety disorders or other conditions that lead to significant functional disability.</p>
MH-2B	<p>Inmates with serious mental illness based on Axis II conditions</p> <p>A. Inmates with a primary personality disorder that is severe, accompanied by significant functional impairment, and subject to periodic decompensation (i.e. psychosis, depression, or suicidality).</p>
ID	Intellectually disabled: an IQ of approximately 70 or below with concurrent impairments in present adaptive functioning and age of onset before 18 years.