
Mental Health Treatment in the Wisconsin Department of Corrections

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Mental Health Director

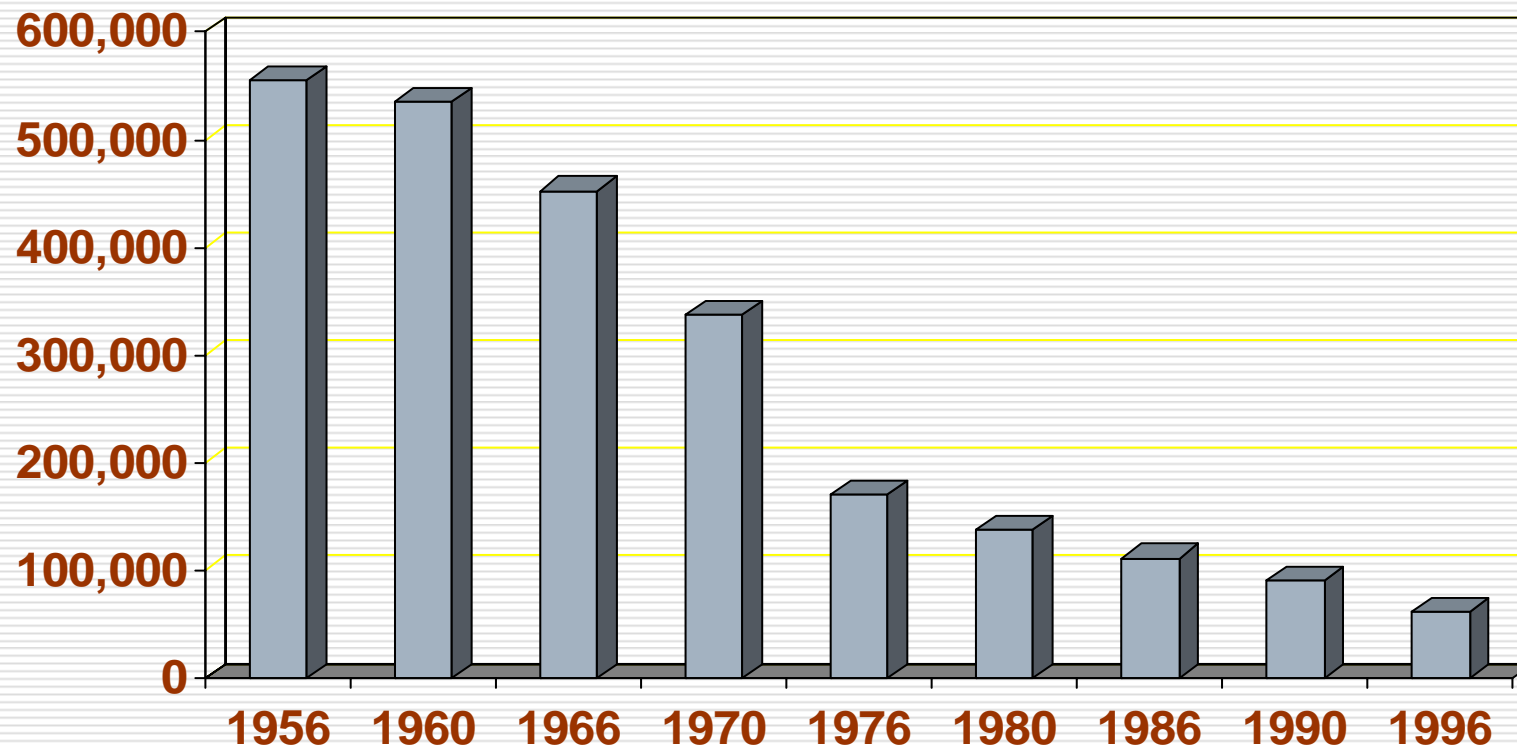
“Jails and Prisons – America’s New Mental Hospitals”

- “Quietly but steadily, jails and prisons are replacing public mental hospitals as the primary purveyors of public psychiatric services for individuals with serious mental illnesses in the United States”.

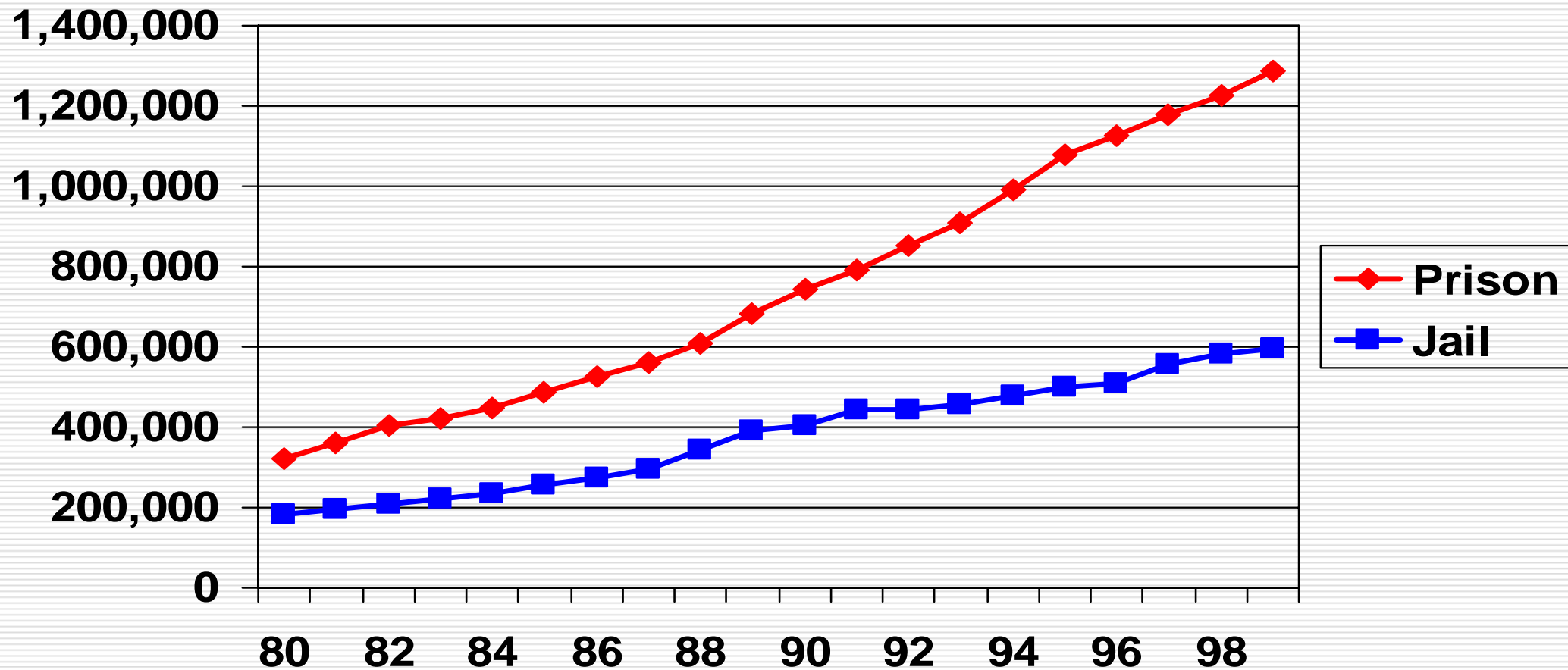
E. Fuller Torrey

Am J Public Health, 1995

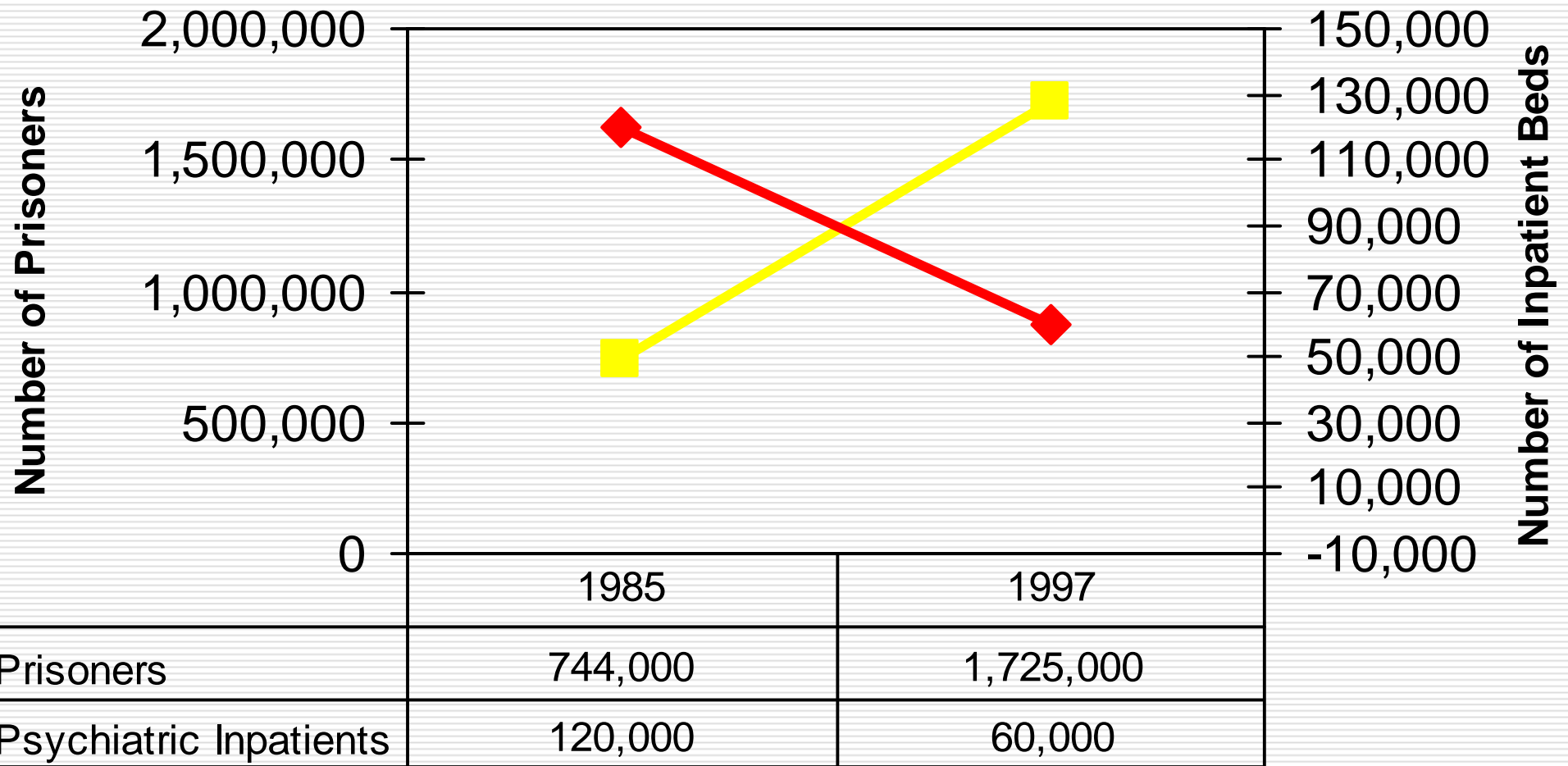
Census of state and county psychiatric inpatients in the US 1956 - 1996



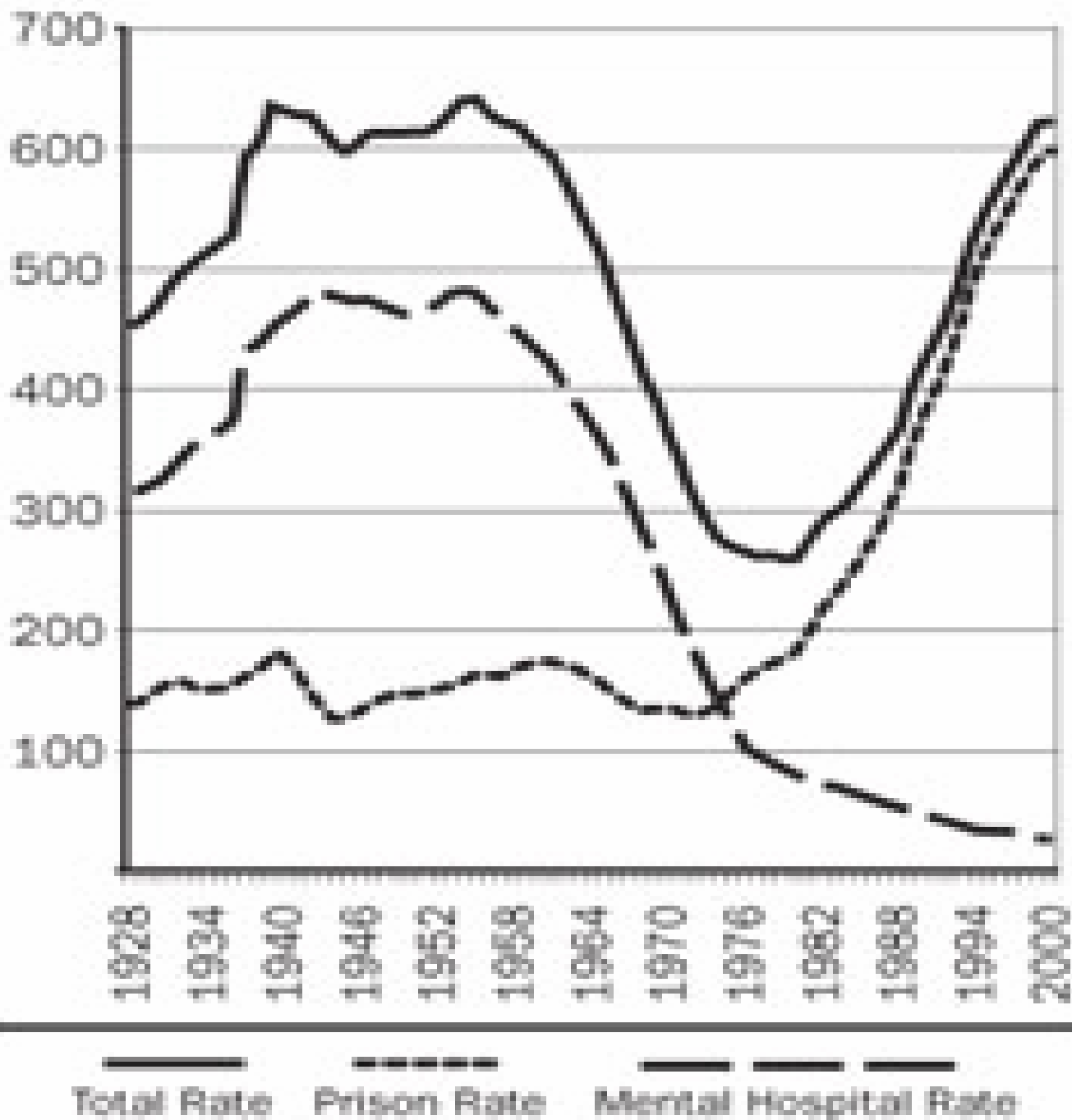
Persons in US Prisons and Jails 1980-1999



Numbers of US state and federal prisoners and psychiatric inpatients: 1985-97



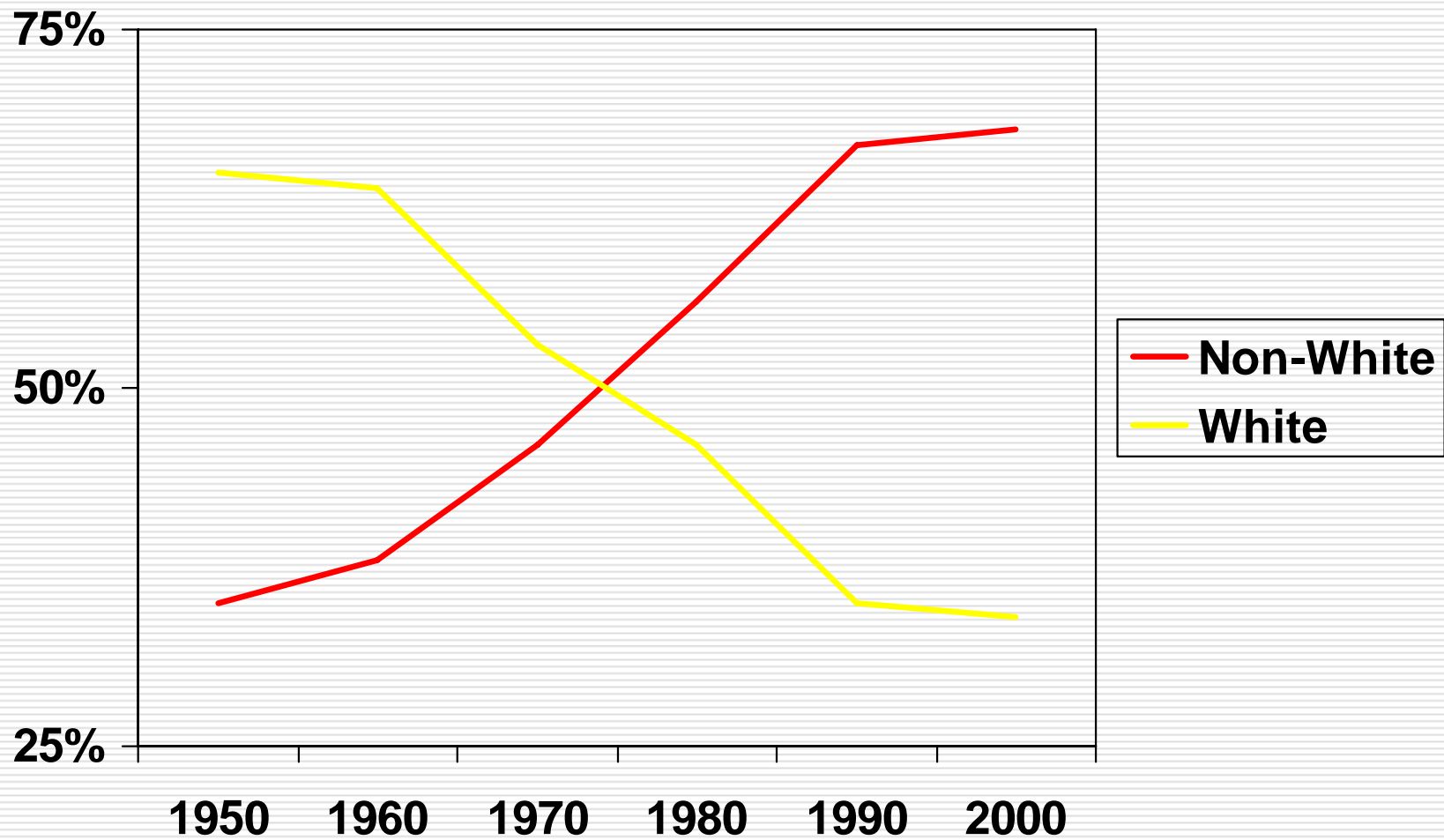
Institutionalization in the United States (per 100,000 adults).



Source: New York Times Editorial, Bernard Harcourt

1/15/07

State and Federal Prisoners Percent of White vs. Minorities over time (1950 – 2010)



Inmate Population (2006)

- ❑ Approximately 23,000 inmates
- ❑ 6200 inmates (28%) are on the MH caseload
- ❑ Of these, 2200 inmates (9.5%) have a serious mental illness
- ❑ 4200 inmates (18%) are on psychotropic medication`

Prevalent Conditions at Intake

- ❑ Serious mental illness, including Axis I conditions (10%)
- ❑ Antisocial personality (70%)
- ❑ Substance abuse (70%)
- ❑ Females – history of trauma, domestic violence or abuse (80-90%?)

Stress that Prison Can Add

- ❑ Loss of Freedom and movement
- ❑ Loss of contact with family and friends
- ❑ Loss of job or status in community
- ❑ Conflicts with other inmates
- ❑ Bad news from the outside (Dear John letter, family illness or death, divorce proceedings)
- ❑ Multiple transitions / transfers

Stabilizing Factors in Prison

- ❑ Structured environment puts a hold on criminal activity and substance abuse
- ❑ Although resources are tight, there is some availability of programs, mental health treatment, education, and job training

Mental Health Contacts in Prison

- Mental health screen (from psychology staff) within 2 days of arrival
- Follow-up as needed
 - Psychology follow-up usually limited to crisis intervention and brief therapy
 - Long-term and/or group mental health therapy is limited
 - Psychiatry follow-up for psychotropic medication
 - Participation in programs if assigned a “need”

Programs

- Inmates are assigned “program needs” shortly after intake
- However, participation is usually limited to the last few years of incarceration
- 5 program types
 - Substance Abuse
 - Cognitive Interventions
 - Sex Offender Treatment
 - Domestic Violence
 - Anger Management
- Not all program needs are met by the time of release

Staffing - Adult Facilities

- Approx 110 mental health staff
- 30 part-time psychiatrists (12.5 FTEs)

- Average caseloads
 - Psychology staff: 56 inmates
 - Psychiatry: 330 inmates

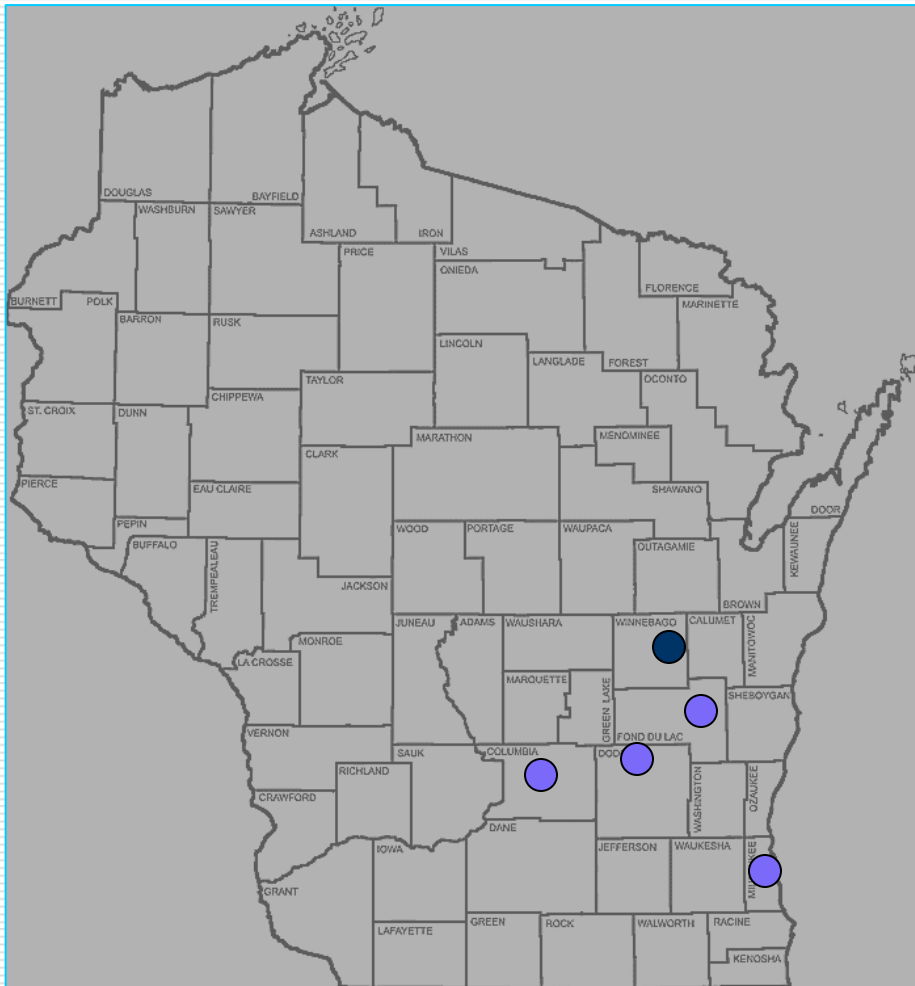
What Do Mental Health Staff have to Offer in a Prison?

- Effective MH Care in Prison leads to
 - Fewer behavioral and emotional crises
 - Fewer suicide attempts
 - Fewer clinical observation (suicide watch) placements
 - Fewer restraint placements
 - Greater safety and security

Levels of Care



Higher Levels of Care



- Special Management Units
- Wisconsin Resource center

Suicide Prevention

- ❑ Rate of suicides in Wisconsin is higher than the national average for prisons
- ❑ Suicide prevention has become a high priority within the department
- ❑ Starting in 2006, every staff member who has contact with inmates receives 2 hours of annual refresher training
- ❑ Policies and procedures changed in 2006-2007

Segregation

- ❑ 1700 beds statewide
- ❑ Approx 225 inmates with serious mental illness
- ❑ These inmates also tend to have significant character pathology
- ❑ Lengths of stay 30 days to 1 year or more
- ❑ MH treatment is a challenge

Segregation Programming

- ❑ Evolving best practice: at least 10 hours per week of out of cell therapeutic activities for those in segregation with serious mental illness
- ❑ Such programming is very staff intensive for clinical and security staff
- ❑ Taycheedah (women's prison) is on the way to meeting this goal

Psychotropic Formulary

- ❑ Second Generation Antipsychotics - Risperdal and Geodon are preferred
- ❑ SSRIs - Prozac and Celexa are preferred
- ❑ Other antidepressants – mostly open
- ❑ Mood stabilizers (e.g. valproic acid) are commonly used
- ❑ Restrictions on the use of benzodiazepines and stimulants
- ❑ Efforts to reduce polypharmacy

Re-entry Issues

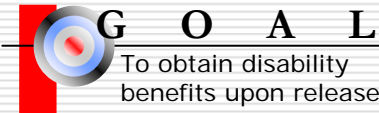
Statistics

- ❑ 8741 inmates released in 2006
- ❑ Nearly half go to Milwaukee County
- ❑ 2066 (24%) were on the MH caseload at the time of release
- ❑ Of these, 756 (9%) had serious mental illness
- ❑ Percentages of released mentally ill are slightly less than population averages

Discharge Plans

- ❑ Every inmate should get a 2-week in-hand supply of psychotropic medication and a 30-day prescription
- ❑ Goal is to have community follow-up appointments at the time of release for inmates with SMI
- ❑ Initiative underway to get disability benefits for inmates prior to release

Draft Process/Timeline: Processing SSI/MA Benefit Applications for Prison Inmates



Identification of potential disability candidates via referral.

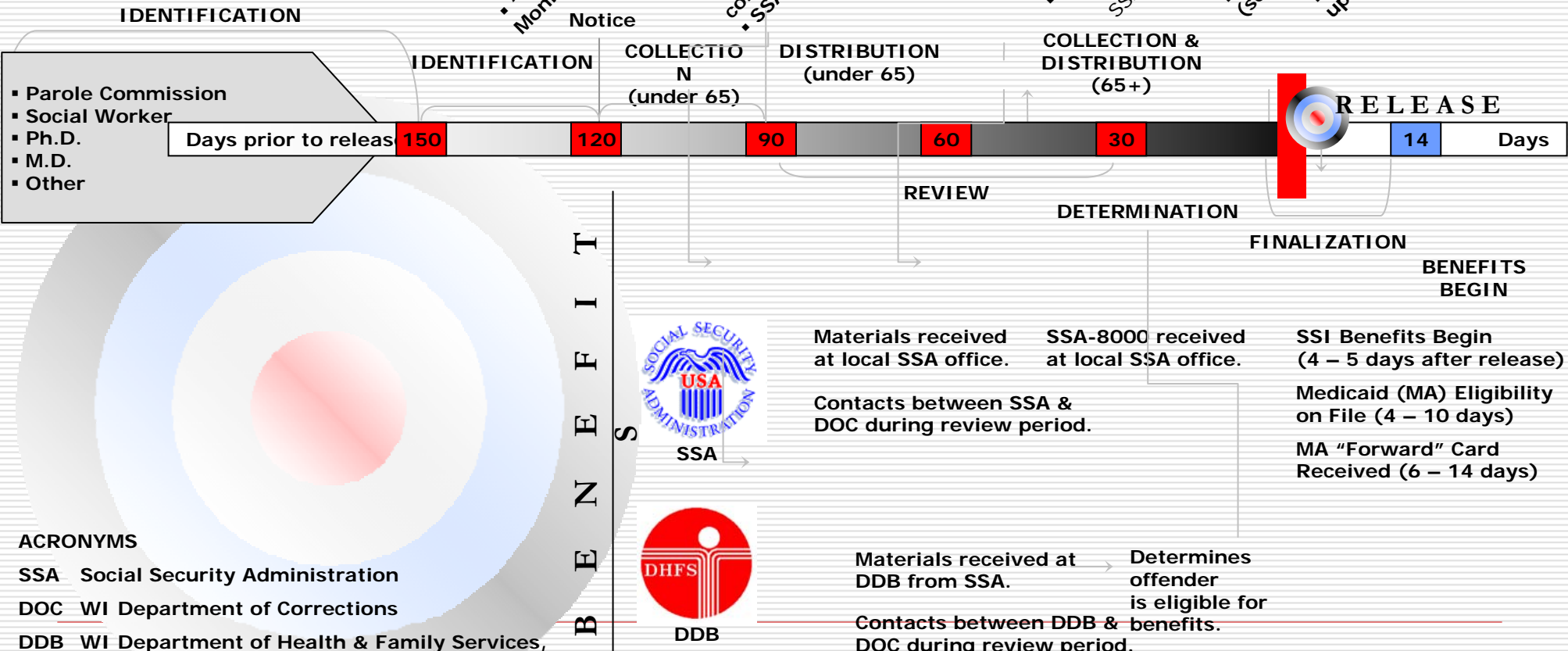
Notification of potential disability candidates:
• Age 65+ upon release
• "Open" Clinical Monitoring

Collection of:
• Green Packet
• Notice Form DOC-community
• Medical Records (including SSA-8000 Form)

DOC Contact DDB if Benefits Determination Decision Not Received

SSA-8000 Form prepared.

Form DOC-15 prepared (sent to SSA).
Phone call to SSA upon release.



ACRONYMS

SSA Social Security Administration

DOC WI Department of Corrections

DDB WI Department of Health & Family Services, Division of Health Care Financing, Disability Determination Bureau

DOC Supervision

- ❑ Every offender on supervision has a probation/parole agent
- ❑ This agent is responsible for supervising the activities of an offender
- ❑ Compliance with medical or mental health appointments is often relevant to conditions of supervision
- ❑ 323 unit in Milwaukee specializes in inmates with serious mental illness

Revocation

- ❑ Probation / parole agent may initiate proceedings for revocation if an offender does not comply with the conditions of supervision
- ❑ The offender may reside in a county jail or a probation / parole hold facility (MSDF, STF) while awaiting a revocation hearing

Agent – Provider Interface

- ❑ Need to have offender's written permission to share protected health information between provider and agent
- ❑ Good communication is important
- ❑ Get the name of agent at the first visit
- ❑ Agents or providers may take the initiative to have releases signed

Sources of Information

- http://www.wi-doc.com/index_community.htm is a listing of community corrections offices. You can call to find whether an individual is on supervision and who the agent is.
- <http://offender.doc.state.wi.us/public/> is the DOC sex offender registry

Sources of Information

- ❑ <http://vinelink.com> gives the location of currently incarcerated (or recently released) offenders
- ❑ <http://wcca.wicourts.gov/index.xsl> allows the public to search for Wisconsin court cases by individual

Psychology of Re-entry

Project START

- ❑ CDC funded
- ❑ Multi-center study in 5 states with 106 recently released offenders age 18-29
- ❑ Looked at HIV, STD, and Hepatitis risk behavior and factors that lead to recidivism

Project START Findings

- Prior to release, most men
 - Looked forward to reconnecting with friends and family
 - Anticipated the joy of being free to make their own decisions
 - Expressed hope and optimism about their ability to reintegrate into the community

Project START Findings

- Reality mirrored prerelease hopes and expectations for only a few men

- Most men experienced frustration as they tried to
 - Develop daily structure and routine
 - Recreate identities
 - Re-establish social relationships

Project START Findings

- The majority reported difficulty
 - Obtaining stable housing and employment
 - Re-establishing relationships with family, friends, steady sexual partners, and children

- Men's ability to resolve or cope with frustration and disappointment was a key predictor of longer-term outcomes

Project START Findings

□ Re-entry behavior fell into three patterns:

- 1) Moving Towards Successful Reintegration
- 2) Resuming previous behavior
- 3) Isolation

1) Moving Towards Successful Reintegration

Men in this group talked about

- Being a “changed person” as a result of their prison experience
- Being more relaxed
- Not letting little things bother them
- Better controlling their anger

Moving Towards Successful Reintegration

These men were characterized by a

- Strong determination to avoid reincarceration

“I’m not going back. I will do whatever. I have to do to take care of business”

- Philosophy of

“doing what I’m told and not letting anything bother me.”

Moving Towards Successful Reintegration

- Positive social support from families, friends, or partners who
 - Helped men structure their lives, listened to their frustrations, offered encouragement, and supported men's risk avoidance efforts
 - Provided financial assistance, housing, transportation, and help finding and keeping a job

2) Resuming Previous Behavior

- Reintegration among this group was characterized by
 - Feeling overwhelmed by the many post-release obligations
 - Pessimism about their ability to reintegrate into the community
 - Resuming behavior that preceded their initial incarceration

Resuming Previous Behavior

- ❑ Overwhelmed by demands of meeting their obligations, men in this group drifted back into a lifestyle of sleeping late, spending afternoons and evenings “chilling with the boys,” cruising, drinking alcohol, smoking marijuana, going to clubs, and picking up women
- ❑ Old friends, prior habits, and “easy” money were simple, available, and without the demands or constraints imposed by other people or circumstances in their lives

Resuming Previous Behavior

- Relationships with steady partners and family became increasingly strained or estranged
 - Most reported “side” relationships with women with whom they had a relationship before incarceration, “one-night stands” or steady “sex only” partners

- Some men had relationships with multiple women who provided temporary living accommodations, financial assistance, and sex

3) Isolation

- Some men coped with reintegration by isolating themselves from friends and family and withdrawing from the many demands of life after release
 - "I'm doing what I need to do. I'm staying out of trouble. I'm not breaking the rules. I'm not breaking the laws. So leave me alone. Let me take care of myself. Let me be responsible and do what I need to do."

Isolation

- Some men moved to new neighborhoods to avoid negative influences from their past

- Other men took caution to conceal their whereabouts from former gang associates:
 - “Everybody that I use to hang with don't rightly know where I stay at now.”

Isolation

- ❑ Men's general distrust of people, lack of social skills, and the stigma of being an ex-felon impeded them from developing new, healthy relationships
- ❑ Men in this group often remained loners who spent their days working or staying home alone
- ❑ Men who were unemployed often spent their days at home watching television and playing video games

Isolation

- Men in this group expressed considerable concern that they would drift back into a lifestyle of risk if they were to attempt to reintegrate into the community:
 - Being pressured or enticed by women or old friends into using drugs and having casual sex
 - Meeting old enemies with scores to settle
 - Engaging in behavior that put them at risk for reincarceration

Themes Relevant to Success

- ❑ **Social Consistency:** the extent to which a person's social relationships remained relatively stable over the study period
- ❑ **Social extensiveness:** the breadth of a participant's social relationships
- ❑ **Social support:** relative degree of positive social support for reentry and risk avoidance
- ❑ **Structural stability:** degree to which men had stable housing, employment, or other program connections

The End
