

**INMATE MENTAL HEALTH
TRAINING STUDY**
1994 Report to the
Commissioners of the Departments of
Corrections and Human Services

**Minnesota Department of Corrections
300 Bigelow Building
450 North Syndicate Street
St. Paul, Minnesota 55104
612/642-0200
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**This information will be made available
in alternative format upon request.**

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LEGISLATIVE DIRECTIVE

The 1994 Minnesota legislature directed the commissioners of corrections and human services to convene a group to evaluate current training programs and practices relating to appropriate identification, care, and treatment of inmates who are mentally ill for correctional staff who have direct contact with inmates (1994 Minnesota Laws. Ch. 636, art. 6, sec. 30). The study group was to determine whether current practices are appropriate and sufficient to help correctional staff identify and understand mental illness and treatment issues. Specifically, the study group was to:

(1) make a specific recommendation whether correctional staff who have direct contact with inmates should be required to attend continuing education on mental health issues; and

(2) develop a plan for addressing inmate mental health issues, including early intervention.

GROUP FORMED

The Inmate Mental Health Training Study Group was formed by Minnesota Commissioner of Corrections Frank Wood in accordance with legislative provisions. Members included:

Ombudsmans:

Patricia Seleen, Ombudsman for Corrections

Roberta Ophreim, Ombudsman for Mental Health and Mental Retardation

Mental Health Experts:

Dan Myre, Department of Human Services

Lorraine Felland, Department of Human Services

Dr. James Kaul, Department of Corrections

Mental Health Advocates:

John Whalen, Executive Director Alliance for the Mentally Ill

Millie Martineau, Community Outreach Representative Alliance for the Mentally Ill

William Vickla, Inmate Advocate

DOC Staff:

Lt. Thomas Hell, Correctional Officer, MCF-Oak Park Heights

Lcie Stevenson, Correctional Officer, Department of Corrections

Dana Baumgartner, Health Care Administrator, Department of Corrections

Dr. Ken Carlson, Health Services Director, MCF-Oak Park Heights

Susan Allan, Employee Development Director, Department of Corrections

BACKGROUND

The Study Group was able to evaluate the staff training task. The Department of Corrections (DOC) has a well-defined staff training organization at a departmental level and in the institutions. All Minnesota DOC facilities are accredited by the American Correctional Association. Several of the standards required for accreditation relate to training. One standard requires all correctional staff who have direct contact with inmates to complete 40 hours of training per year. Another standard requires training on mental health issues. This study group recognizes and supports these standards.

The Study Group had more difficulty with the task of identifying inmate mental health issues. The DOC has policies and procedures for identifying and treating mentally ill inmates. However, it is clear that the rapidly increasing inmate population makes it difficult for the DOC mental health staff to implement these procedures. Consequently the Study Group's major recommendation on this topic is to create an organizational structure to address issues related to inmate mental health.

STUDY GROUP FINDINGS AND RECOMMENDATIONS

- I. A DOC Mental Health Advisory Committee should be established. The purpose of this committee is to monitor and make recommendations regarding the DOC's needs and practices relative to the identification and care of mentally ill inmates. This committee can be a subcommittee of the DOC's Health Care Advisory Committee, an existing body that reports to the commissioner of corrections. The chair of the Mental Health Advisory Committee should be a member of the Health Care Advisory Committee. The committee should include at least one:

- DOC mental health expert.

- Department of Human Services mental health expert.

- Non-state employee mental health expert.

- Advocate from a community mental health organization such as the Alliance for the Mentally Ill of Minnesota.

- Representative from the office of the Ombudsman for Corrections or the office the Ombudsman for Mental Health and Mental Retardation.

- II. The Mental Health Advisory Committee should appoint a subcommittee to review and make recommendations regarding training on mental illness provided to DOC staff.

In particular, this subcommittee should:

- a. Develop a curriculum, including resource materials, for training staff on mental illness.**

Suggested topics for annual classes are:

- 1) Early signs of mental illness.
 - 2) Types of mental illness.
 - 3) Types of psychiatric medications.
 - 4) Side effects of psychiatric medications.
 - 5) How to approach and manage mentally ill inmates.
- b. Annually review the training provided on mental illness, both for the pre-service academy and in-service training.**
 - c. Determine the need for specialized training for:**
 - 1) Case managers on the county mental health services.
 - 2) Psychologists and clinical social workers on recent advances in treatment for mental illness.
 - 3) Due process staff on disciplinary aspects of mentally ill inmates.
 - 4) Nurses on assessing and treating the mentally ill inmate.

This subcommittee should include at least one:

- Person from the DOC employee development unit.**
- DOC mental health expert.**
- Non-DOC mental health expert.**
- Mental health advocate.**

III. DOC mental health staff should adopt uniform definitions of mental illness. This is necessary to monitor the incidence of mental illness in the prison population which will determine the resources necessary to provide adequate services.

IV. The DOC should follow the staffing standards of the American Association of Correctional Psychologists. These standards state there should be one full-time psychologist for every 200-250 prisoners and one full-time psychologist for every 100-125 inmates in specialized units (e.g., drug treatment). At the present time, this standard would mean the hiring of an additional 7.5 psychologists (see table 1).

TABLE 1
Psychology Staff in DOC Facilities

FACILITY	POPULATION	CURRENT PSYCHOLOGY STAFF	ADDITIONAL TO MEET STANDARD
Shakopee	180	10 hours/week	20 hr/wk = .5
Stillwater	1400	3	3
ST. Cloud	800	3	1
Faribault	600	1.5	1
Lino Lakes	600	1.5	1
Willow River/ Moose Lake	250	1	0
Oak Park Heights	380	0	1
			7.5

- V. The DOC should locate or develop similar standards for psychiatric services. At the present time, Stillwater has a population of 1400 inmates, 10 hours per week of psychiatric services, and 233 inmates on psychiatric medications.

- VI. The DOC's mental health unit has reached its maximum operating capacity. The Mental Health Advisory Committee should develop a plan of action to appropriately treat mentally ill inmates. Suggestions for this plan of action include:
 - a. Programs for inmates with mental illness. These programs should recognize that after the illness is brought under control, psychosocial supports dealing with the mental illness are important. The involvement of families should also be considered. Inmates with mental illness should have programs with the quality and sophistication of programs dealing with chemical dependency and sex offenses.

 - b. Separate living units for persons with mental illness. These living units or "special needs units" should be for inmates whose mental illness is under control but who remain vulnerable because of their mental illness. Inmates could live in this unit and participate in general education or work. The St. Cloud work adjustment unit is basically this type of program.

- VII. To enable the DOC to implement these recommendations, it is essential that the Minnesota Legislature provide the necessary funding.

APPENDICES

Meetings: 9/15/94, 9/28/94, 10/14/94, 10/28/94, 11/10/94, 11/17/94, 11/22/94, and 12/9/94.

Presenters: 10/14/94 Dr. James Kaul on the Academy Training.
10/28/94 Stan Schroeder, Guy Lesch, Monica Brower, Joseph Lee, and Dr. Paskewitz on identification and treatment of the mentally ill at MCF-Stillwater.
11/10/94 Dr. Rick Kingston on psychiatric medication policies and procedures.
11/10/94 Ralph Cornelius on psychological services at MCF-Lino Lakes.
11/17/94 Beth Carlson & Mickey Kopfmann on services for mentally ill inmates at MCF-Shakopee.

Site Visits: 10/28/94 MCF-Stillwater
11/10/94 MCF-Lino Lakes
11/17/94 MCF-Shakopee

MINNESOTA DEPARTMENT OF CORRECTIONS - OAK PARK HEIGHTS

MINUTES: 9/15/94 Meeting of the
Inmate Mental Health Training Study Group

Present: William Wyss, Dan Myre, Lt. Tom Hell, Lcie Stevenson, Roberta Ophreim, Patt Seleen, Susan Allan, John Whalen, Millie Martineau, William Vickla, and Dr. Ken Carlson.

John Whalen, Executive Director of the Alliance for the Mentally Ill, gave the background of the legislation calling for this study group. He explained that AMI is concerned about the early identification and treatment of mentally ill inmates. They consider that proper training is one way AMI can address these concerns.

There was clarification on the differences between juvenile and adult offenders as well as county jails and state facilities. It was decided to invite a representative of the juvenile division to join our group to address their staff training needs. Also discussed was how well the correctional staff knows each inmate so they would be able to tell when his behavior changed, whether correctional staff would be informed of an inmate's mental illness, and whether staff would be aware of medication side effects.

The second assignment for this study group - "develop a plan for addressing inmate mental health issues, including early intervention" - was clarified by Mr. Whalen. He said that AMI has a number of goals for improving the welfare of mentally ill offenders, but AMI's goal in this particular legislation is to improve staff training. There was acknowledgement that this study group's focus should be on the continuing in-service training of staff rather than the pre-service training because new staff are already over-whelmed with the amount of material they receive. Suggested subjects to be included in this in-service training are:

- a. Further understanding of mental illness, including behavioral signs of mental illness.
- b. Psychotropic medications and their side effects.
- c. Skills for correctional staff to use when interacting with mentally ill inmates.

KC:mc

pc: DOC Commissioner Frank Wood
DHS Commissioner Maria Gomez

MINUTES: 9/28/94 Meeting of the
Inmate Mental Health Training Study Group

PRESENT: Millie Martineau, John Whalen, Patt Seleen, Roberta Ophreim,
William Wyss, Dan Myre, Susan Allen, Tom Hell, and Dr. Carlson.

As a follow-up to the last meeting's assignments, Dr. Carlson reported that he had invited Richard Quick, the DOC Juvenile Release Executive Officer to join this study group. Mr. Quick declined the invitation because of scheduling conflicts. He added that the new Juvenile Offender legislation addressed the training of staff on identifying and managing mentally ill juvenile offenders. He said he would send this study group information about staff training and these juvenile offenders.

As requested, Dr. Carlson also reported the number of "seriously and persistently mentally ill" inmates at each facility. This averaged about 1% of the inmates. Several members thought this was too low according to national statistics. There was considerable discussion on why the Minnesota figures are so low. Possible explanations offered were:

1. The DOC psychologists are not properly trained to identify serious and persistent mental illness.
2. The MN criminal justice system diverts so many individuals that we are statistically unusual on many areas. Possibly mentally ill offenders are part of this diverted population.
3. On a national basis, most mentally ill offenders are in jails, fewer are in county work houses, and even fewer are in the state prison system. When any reference to "incarcerated" individuals is made, these different categories need to be considered.

No agreement was reached on these possibilities.

We then reviewed and discussed the video, "The Correctional Officer: Supervision of Special Inmates" which is used in the Academy training of new staff. Several concerns were expressed about the video. It was agreed that we need Dr. Kaul to give the study group a more complete description of this training module. (He has assured me that he will be present at the 10/14/94 meeting.)

Finally, several members expressed concerns about their lack of knowledge about the various DOC facilities. There was some discussion on how information could be provided.

KC:mc

pc: DOC Commissioner Frank Wood
DHS Commissioner Maria Gomez

MINUTES: 10/14/94 Meeting of the
Inmate Mental Health Training Study Group

PRESENT: William Vickla, Millie Martineau, John Whalen, William Wyss, Lcie Stevenson, Susan Allen, James Kaul, Ken Carlson, Dan Myre, Dana Baumgartner, and Roberta Ophreim.

Dr. Kaul described the training he provides in the pre-service academy to all new correctional employees. His goal is to establish a foundation of understanding about identifying and managing mentally ill inmates. Initially he tried a very clinical approach but found that staff were overwhelmed. He now uses a pragmatic approach with videos, actual incident reports, and handouts.

Other topics discussed were the role of inmate families and the role of case managers. Typically correctional staff and the families of inmates do not communicate much with each other. There are exceptions, of course, but generally correction staff only contact families when an inmate indicates the family residence as a preference.

Case managers also play a different role in corrections than in the Department of Human Services. In corrections they meet with an inmate on admission, during annual reviews, and on release. Otherwise they only meet with the inmate when there is a special need.

During the meeting it was decided that we had an adequate basic understanding of the training provided to correctional staff on the mentally ill inmate (our first assignment) and we are ready to address the second assignment - Inmate Mental Health Issues, including early intervention. Because several committee members lack in understanding of corrections, it was decided that the next three meetings would be held in correctional facilities - MCF-Shakopee, MCF-Stillwater, and MCF-Lino Lakes. Our purpose is to provide a better basis for understanding what actually happens in a correctional facility.

KC:mc

pc: Senator Don Betzold
DOC Commissioner Frank Wood
DHS Commissioner Maria Gomez

INMATE MENTAL HEALTH TRAINING STUDY GROUP

MEETING MINUTES: 10/28/94

PRESENT: Millie Martineau, John Whalen, James Kaul, Roberta Ophreim,
Dan Myre, and Ken Carlson.

This meeting was held at the Minnesota Correctional Facility - Stillwater to help the committee learn about the realities of identifying and managing mentally ill inmates in a large receiving and long-term custody facility. The meeting was hosted by Dr. Daniel Paskewitz, Psychological Services Director. Presenters were:

Stan Schroeder, Case Manager Supervisor, who said:

1. The Pre-Sentence Investigations vary in quality and availability.
2. Sometimes court transcripts are available.
3. The new inmates are in the Receiving and Orientation area for 30 days. They are seen by a nurse within 12 hours of admission and a psychologist by the fourth day.
4. A case manager sees them initially by the 10th day, does an in-depth interview by the twentieth day and presents their case to the Program Review Team on the thirtieth day. After that the case manager sees the inmate at least annually and then four months prior to release. On release they are turned over to a probation officer.
5. There are about 40 admissions a week to MCF-STW. Each case manager sees two or three new cases per week.
6. There are 15 case managers inside the institution and two in minimum security.

Guy Lesch, psychologist, provided admission interview forms, described the process for the psychological evaluations of all new inmates, described the different referral routes for an inmate to see the psychiatrist, then discussed the treatment options when an inmate is identified as acutely mentally ill.

Monica Brauer, Clinical Social Worker, talked about her role in providing assessments and counseling.

Joe Lee, psychologist, provided some basic statistics on MCF-STW. He said that 25% of the inmates are seen by the psychiatrist at some point during their incarceration, 16% are on some type of psychotropic medications at some time during their incarceration, of the 16%, 6% are on medication for a sleep complaint and 10% for depression, and the actual number of inmates are on antipsychotic or depression medication is 22 inmates or 1.5% of the population.

Dr. Paskewitz then provided a tour of the receiving and orientation, segregation, dining room, and a general living cell hall.

KC:mc

pc: Senator Don Betzold
DOC Commissioner Frank Wood
DHS Commissioner Maria Gomez

INMATE MENTAL HEALTH TRAINING STUDY GROUP
MEETING MINUTES: 11/10/94

PRESENT: Millie Martineau, John Whalen, James Kaul, Roberta Ophreim,
Dan Myre, Richard Kingston, Patt Seleen, Lorraine Felland,
Dana Baumgartner, and Ken Carlson.

Dr. Kingston, clinical pharmacist from the University of Minnesota, gave a presentation on the MCF-Stillwater pharmacy services, prescription patterns and drug distribution procedures. He presented data on a single day's psychotropic medication distribution. There was considerable discussion on the interpretation of this data. Dr. Kingston emphasized that this data was only a rough index of the number of mentally ill inmates because sometimes psychotropic medications are used for other than mental illness (e.g., sleep problems, severe hiccups) and some mentally ill individuals refuse to take medications. It was agreed that the only way to really know the incidence of mental illness in the inmate population would be through a chart review. It was Dr. Kingston's impression that the percentage of inmates receiving psychotropic medications has remained stable during the 18 years that he has been involved with pharmacy services at MCF-Stillwater.

There was a brief discussion on the level of psychiatric care the Department of Corrections should be providing. Roberta Ophreim suggested that cost effectiveness is a better measure than social concern and that 60% of medical visits are related to psychological issues. Patt Seleen said we also needed to consider constitutional requirements.

Ralph Cornelius, MCF-Lino Lakes psychologist, gave a presentation and tour of Lino Lakes. He recounted the changes in that facility and population increase from 300 to 600, going to 1000. Mr. Cornelius said he sees all new admits within their first week, usually on day 2. He said he also has a case load of about 12 individuals that need regular psychological monitoring and therapy.

Correction to minutes of 10/28/94 meeting: The minutes should read that Joe Lee reported the number of inmates on antipsychotic medications is 22, not antipsychotic and depression medication.

KC:mc

pc: Senator Don Betzold
DOC Commissioner Frank Wood
DHS Commissioner Maria Gomez

INMATE MENTAL HEALTH TRAINING STUDY GROUP
MEETING MINUTES: 11/17/94

PRESENT: James Kaul, Roberta Ophreim, Dan Myre, Patt Seleen, Lorraine Felland, and Ken Carlson.

Beth Carlson, Director of the Meed Unit at MCF-Shakopee, provided a tour of the facility with special emphasis on their new inpatient psychiatric unit. She explained that the unit had opened in August, 1994, that they were accepting self-referrals and staff referrals, and that the average stay was three to five days. She estimated the number of seriously and persistently mentally ill inmates at MCF-Shakopee as three individuals.

Mickey Kopfmann, described the intake evaluation and program planning process. She mentioned the difficulty they have had finding a discharge placement for a mentally ill inmate. This prompted a discussion on these cases. Any individual who is diagnosed as seriously and persistently mentally ill is entitled to a county mental health case manager. These case managers can provide assistance to obtaining Social Security benefits as well as housing.

This led to a discussion about training DOC staff on mental illness. Training subjects considered were: making annual in-service training on mental illness mandatory, training staff on the early signs of mental illness, and specialized training for DOC case managers on county mental health services.

Finally, there was discussion about meeting our December 15, 1994 deadline. All members are asked to bring an outline of recommendations to our next meeting.

KC:mc

pc: Senator Don Betzold
DOC Commissioner Frank Wood
DHS Commissioner Maria Gomez

INMATE MENTAL HEALTH TRAINING STUDY GROUP
MEETING MINUTES: 11/22/94

PRESENT: Roberta Ophreim, Dan Myre, Dana Baumgartner, Lorraine
Felland, John Whalen, Millie Martineau, and Ken Carlson.

This meeting focused on our report to the legislature. Draft proposals on our two identified tasks were discussed. There appears to be a consensus on both topics and it appears as if the study group will be able to meet its December 15, 1994 deadline.

KC:mc

pc: Senator Don Betzold
DOC Commissioner Frank Wood
DHS Commissioner Maria Gomez