A Review of Jail Policies and Programming Relating to the Treatment of Inmates with a Mental Illness

Approved: Dr. Nancy R. Gartner
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Jason Brown

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Abstract

A Review of Jail Policies and Programming Relating to the Treatment of Inmates with a Mental Illness

Jason Brown

Under the Supervision of Dr. Nancy Gartner

The number of inmates with a mental illness has grown in correctional facilities in the United States over the past 30 years. Primary roles of jails today are to house the mentally ill, which jails and prisons are not designed to do. Jails and prisons provide treatment for the mentally ill when one commits a crime, due to the community failing to provide treatment (Bloom, 2010). Being an inmate in a correctional facility would be hard for anyone, especially the mentally ill. Inmates attempt to maintain their pride, nervousness, and composure while incarcerated (Abramsky & Fellner, 2003). The facilities are typically tense, overcrowded, has a potential for violence, and inmates are cut off from families and communities.

Inmates are limited when some facilities do not have a budget to provide education, certain treatments, and other productive activities for inmates. Inmates with a mental illness would have a harder time to cope in the facility. From the inability to think and to control their emotional responses. Mentally ill inmates are easier to be victimized or exploited by other inmates. As well as not able to follow jail rules or the hard lifestyle behind bars (Abramsky & Fellner, 2003).

This research will contribute the awareness of the effect of mentally ill inmates has on correctional officers, other inmates, and the need of programs inside of jails to assist the mentally ill offender’s transition from being in jail to being out into the community.
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SECTION I: INTRODUCTION

Statement of the Problem

The state envisioned on deinstitutionalization would result in the mentally ill being independent and having the community that they live in provide necessary treatment (Aufderheide, 2014). However, the United States and state governments did not give enough funding for community programs to make this a strong program. During deinstitutionalization, the budgets for mental facilities shrunk, but there was no additional money given to the community-based mental health treatments and programs. Due to underfund community-based treatments, hundreds of thousands mentally ill inmates are placed in the communities lack proper treatment (Aufderheide, 2014).

The purpose of this study was to evaluate the programming available for criminally involved individuals with a mental illness in Rock County, Wisconsin and provided recommendations for improvement based on evidence-based practices found in the literature. This study examined the Rock County Jail’s processes for screening and assessment, the availability of mental health and substance abuse treatment, and correctional policies regarding the custody, control, and supervision of mentally ill inmates. Further, an examination of the evidence-based practices found in the literature was conducted and those findings were compared to the Rock County Jail’s programming for mentally ill inmates. The results of this comparison allowed for the formulation of recommendations for improvement to the Rock County Sheriff’s Office treatment of mentally ill inmates.
Methods of Approach

Information regarding the Rock County and nationwide inmate mental health programming was gathered from a number of secondary sources including academic journal articles, government websites, and a Rock County Jail Mental Health survey completed by employees of the Rock County Sheriff’s Office (RCSO). The survey was completed by 46 of 72 correctional officers and 6 of 7 supervisors from the RCSO (Appendix A). And two interviews were conducted by two Qualified Mental Health Counselor from RCSO. A thorough review of the literature was completed on mental health programming for inmates throughout the United States.

The data collected will be used to formulate recommendations for the development of effective treatment programs for offenders with mental illness. A survey of inmates in State and Federal Correctional Facilities, and the survey of inmates in local jails. The Bureau Justice Statistics’ (BJS) inmate surveys provides specific information on inmates, especially who has a mental illness. The BJS also complies information on the inmate’s drug and alcohol abusers (James & Glaze, 2006).

Significance and Purpose of Study

This research will contribute the awareness of the effect of mentally ill inmates has on correctional officers, other inmates, and the need of programs inside of jails to assist the mentally ill offender’s transition from being in jail to being out into the community. This research looked at the mentally ill population at the Rock County Sheriff’s Office (RCSO), Janesville, Wisconsin. The increase of the mentally ill inmates had caused a “ripple effect” in the
correctional facility. From increases such as the facility’s budget, inmate violence, and use of force on inmates. The RCSO is required to provide mental health care and has a jail intake and mental health screening to identify the inmates that is in need. Upon intake, jail staff will perform an initial mental health check by asking screening questions. If an inmate is identified as having a mental illness a follow up interview would be conducted by a qualified mental health profession from the RCSO.

Rock County Sheriff’s Office and the Rock County Circuit Court has developed treatment programs and special treatment courts to handle the increase of the mentally ill offenders. The RCSO has two programs to assist with the mentally ill inmates. The alcohol and other drug addictions (AODA) and Thinking for a Change (T4C), which is a cognitive behavioral therapy (CBT) treatment. The Rock County Circuit Court provides special courts called Drug court and Mental Health Court. These special treatments and courts have been in the criminal justice system for some time and has shown to reduce recidivism in adults.

Increase of violence in jails is due to the increase population of the mentally ill. Officers are not properly trained to handle the special population and the mentally ill inmates usually end up in isolation. This research had found and recommended that the officers at RCSO should be better trained on how to communicate and handle a mentally ill inmate. By being properly trained would reduce the isolation population, reduce inmate violence, and reduce injuries to the inmates and the officers.
SECTION II: LITERATURE REVIEW

In 1843, Dorothea Dix, an activist, helped the State of Massachusetts legislature to take action and create a better environment for the mentally ill that were being housed in jails with criminals. Dix had taught in nearby Boston area prison and noticed the terrible conditions and the management of prisoners were so bad that she became the voice for mental health improvements. Dix visited other correctional institutions and kept records of the conditions that she came across. The State of Massachusetts put money aside and built the first state mental hospital. Dix continued her efforts and Rhode Island and New York followed Massachusetts’ lead (Parry, 2006).

Throughout the United States, mentally ill clients were held and treated in mental hospitals for over 100 years. In the early 1960’s, states embarked on an initiative to reduce and close the publicly operated mental health hospitals, a process that became known as deinstitutionalization. The deinstitutionalization movement worked to empty state mental hospitals in the 1970’s to extend cost-savings to state governments. Civil rights supporters were behind the choice to deinstitutionalize the mentally ill to rescue the individuals from the institution, as well as the government and fiscal activists. The movement was a well-meaning plan to treat mentally ill individuals with newly introduced psychiatric prescription medications. It was also meant to remove them from overcrowded state mental health hospitals for better treatment within the community. This movement shifted the costs of confinement and overpopulated the correctional facilities in the United States. The movement continued to fail the mentally ill clients is set to help (Mann, 2016).

By closing down the mental hospitals, the states believed mentally ill individuals will receive treatment that is provided locally in the community (Aufderheide, 2014). The community
mental program would consist of in and outpatient care, a walk-in service for immediate care, and along with consultation and training for the community that wants to learn about mental health. Local city and counties have control and responsibility of mentally ill and was promised funding from the federal administration (Mann, 2016). But the federal administration did not arrange for adequate continuing funding for community mental health programs. At the same time, state government’s funding decreased for mental health facilities and did not provide extra funding for community mental health programs (Bloom, 2010). As a result, hundreds of thousands of mentally ill individuals were released into communities that lacked resources necessary for their treatment (Aufderheide, 2014).

The number of inmates with a mental illness has grown in correctional facilities in the United States over the past 40 years. Jails are for individuals who were arrested for a crime they committed and waiting for trial. Jails are now housing the mentally ill who are not receiving mental health treatment in the community (Abramsky & Fellner, 2003). The individual’s not receiving proper mental health care are alternately, and repeatedly, routed between the mental health and criminal justice system (Aufderheide, 2014). According to Minton and Zeng (2016), 56% of state inmates and 45% of federal inmates are diagnosed with a mental illness or have a history of mental health problems.

Compared to all mental health hospitals in the United States, there are more individuals that have a serious mental illness in the Los Angeles County Jail, Chicago’s Cook County Jail and Rikers Island in New York City (Torrey et al., 2014). Generally, every county in the United States that has both a county detention facility (jail) and a county psychiatric facility. However, it is likely that the detention facility houses more individuals with a serious mental illness than the county psychiatric facility. A 2004–2005 U.S. study, conducted by Torrey, Kennard, and
Eslinger (2010), stated that there were individuals who have a serious mental illness are three times more likely housed in correctional facilities than mental health facilities.

Doing time in a correctional facility is hard for everyone. Jails are usually stressed, overpopulated, and troubled with the possibility of violence. Inmates have a hard time balancing their emotions and dignity in jails. From being separated from their families, lacking opportunities for schooling, job, and other productive events. On the other hand, jails are more difficult for inmates with mental illnesses (Torrey et al., 2010). Some mentally ill inmates become inactive and withdrawn during incarceration. Others may become agitated and violent or engage in non-suicidal self-injurious behaviors. As well as being disruptive and not obeying orders from jail staff (Aufderheide, 2014). Mentally ill weakens inmate’s judgment, emotional reactions, and ability to manage. The mentally ill inmates are more likely to be mistreated by other inmates and are unlikely to be able to follow rules of the facility (Torrey et al., 2010).

The United States has not had a clear mental health course of action since the administration of President Kennedy. Some helpful mental health policy measures started in 2002 when President George W. Bush established and charged the New Freedom Commission on Mental Health with reviewing the current mental health service system and making suggestions for its improvement. The commission made a strong effort to comprehensively describe the country’s mental health service system including its existing problems. The commission developed goals for improvement and recognized the work of promising programs for various parts of the country. But few federal policy changes were suggested, and little challenge was made that would bind the nation (Parry, 2006).
In Rock County Wisconsin, ever since the closure of the county inpatient psychiatric facility in 2002, other facilities have seen an increase of patients that have a mental illness. The county closed this facility due to the rise in health care costs which the county could not afford. The patients were moved to other facilities like Mendota Mental Health Institute in Madison, Winnebago Mental Health Institute in Oshkosh, and the Rock County Jail (Ames 2008). Correctional officers are rarely taught how to recognize the signs of mental illness and to understand how they can affect behavior. Officers are also rarely trained in or required to use verbal de-escalation methods and mental health staff may be available for correctional officers before force is used. Lack of training or policy clarity often results in correctional officers using force to gain inmate compliance even when their behavior is related to mental illness or sometimes their illness may interfere to comply with orders (Fellner et al., 2015)

According to Collins (2007), with the costs of providing care to inmates, jails must also be aware of potentially costly lawsuits if facilities do not offer adequate care to inmates. Inmates can bring lawsuits concerning inadequate medical care grounded in state law, federal civil rights actions (42 U.S.C. 1983), and/or Eight Amendment violations. In state tort cases, inmates can sue jail medical providers for negligence and malpractice, but most lawsuits are brought under Section 1983. The U.S. Supreme Court developed the deliberate indifference test to determine whether medical providers in correctional facilities have violated inmate’s Eighth Amendment rights to be free from cruel and unusual punishment (Torrey, Zdanowicz, & Kennard, 2014).

The deliberate indifference test has been extended into the psychiatric and psychological care of an inmate. Hautala’s (2015) study found the following:
An inmate with a mental illness is entitled to treatment if: (a) the inmate’s symptoms show evidence of a serious disease or injury, (b) the disease or injury is curable or can be alleviated with treatment, and (c) the delay or denial or care has the potential for substantial harm to the inmate. Mental health needs are considered serious if they cause “significant disruption” in an inmate’s life and prevent the inmate from functioning without disturbing behaviors. (p. 107)

A correctional facility’s intake screening is the first time the staff identifies the inmate that may have a mental illness. From the screening, the inmate may receive treatment for any mental health issues they may have (Hautala, 2015). To avoid liability from Section 1983 claims, mental health providers in facilities need to identify at-risk inmates from suicide and provide a plan to observe and handle any potential threats of suicide. Correctional facilities are obligated to provide mental health and medical screening to all to identify inmates that need additional care (Hautala, 2015).

The care and treatment of mentally ill persons in America have always been closely tied to financing available through federal, state, and local governments. Many of the challenges facing county jails are related to addressing the physical and mental health concerns of the jail population. A study by Ortiz (2015), established that the mental health needs of inmates are the most shared concern for county jails. Majority of the county jails are identifying ways to lower the inmate population with mental illness in jails (Ortiz, 2015).

A study by Ortiz (2015), founded the rise in cost for the county jails are related to inmate health care costs such as medication and hospital stays. On average Inmate health care expenditures are budgeted between 10% to up to 30% of their total budget. Numerous counties covering costs through funds acquired outside of the jail budget. County jails have a
constitutional responsibility to provide inmates with adequate health care (Estelle v. Gamble, 1976). Ortiz (2015), showed that majority of inmates do not have insurance. Any medical health or medical costs that an inmate needs are payed by the county jail itself. Having inmates’ insurance pay for their mental health and medical expenses would help alleviate the county costs but the county cannot bill inmates’ insurance.

One exception is when an inmate is admitted to a medical facility for more than 24-hours (Ortiz, 2015). According to a 2015 NACO study, 68% of inmates have private or government insurance coverage. Medicaid registration completed while an individual is in custody may also increase health outcomes for inmates who are due to be released from serving their time and would have access to mental health and medical care as needed in the community (Ortiz, 2015).

According to Fellner, Parker, Barriga, and Saunders (2015), the higher rates of inmates with behavioral health disorders in the correctional institutions have related costs that administrators need to consider. In addition to predictable expenses, these individuals often draw on resources to more intensely treatment, medication, manage, and get them ready for reentry. Since mentally ill inmates stay in correctional facilities custody longer, return sooner once release, and have costs more to house an inmate that has mental illness, there is a significant increase of the corrections bottom line. There is no certain method for defining these costs. County jails use different descriptions to classify expenses, which makes it harder to compare data to compare.

The cost of mentally inmates far exceeds the cost of other inmates, especially increased staffing needs. In Rock County Jail, the daily inmate cost is $78, but the cost rises to $125 per day for inmates with mental illness. Compared to Broward County, Florida, an incarcerated
mentally ill inmate costs up to $130 per day. But $80 per day for a regular inmate. Medications of an inmate with mental illness may be a reason for the increase of costs (Torrey et al., 2014).

According to the Rock County Sheriff’s Office (RCSO) (2017) Annual Report, during the 2017 year, 184 inmates went on suicide watch. Of these 184, the correctional officers conducted 30,277 suicide watch checks. Rock County Crisis Team conducted 345 interviews of the 184 on watch. The RCSO also assists with mental health transports. In 2017, they transported 161 inmates to Mercy Hospital Behavioral Health Services in Rock County, Wisconsin, the Mendota Mental Health Institute in Madison, WI, the University of Wisconsin’s Psychiatry Institute and Clinic in Madison, WI, or Winnebago County Mental Health Institution in Winnebago County, WI. Staff overtime payments for these transports exceeded $30,000 in 2017 (RCSO, 2017).

According to the Durose, Cooper, and Snyder (2014), an estimated of 7 million people are released from local jails nationwide yearly. Reentry refers to the shift of inmates from jails back into the community. Main concern for policymakers is that a large group of inmates are likely to reoffend. Many significant implications for public safety and policy is to break the cycle of reoffending and reincarceration.

Some current reentry approaches employ comprehensive plans on gauging offenders and adapting reentry plans to individual offenders to allow them to become productive and law-abiding citizen. Increasingly, reentry starts at the sentencing stage and continues post-release, with a specific emphasis on the continuity of care from jail to the community. It often includes a variety of groups that organize efforts to make sure that offenders receive necessary services and correct supervision. One type of reentry is through specialized courts that would provide
offender accountability through the use of sanctions, supervision, and incentives (Durose et al., 2014).

According to the Durose, Cooper, and Snyder (2014), they found high rates of recidivism among released inmates. In their study between the years of 2005 to 2010, they recorded in the first year 56% of 404,638 inmates were rearrested. The rearrested increase within three years of release to 67.8%. And 76.6% of the same inmates were rearrested within five years of release. Property criminals were the greatest to be rearrested, with 82%. Followed by drug criminals with 77% and violent criminals with 71%.

In a 175-year span, mental health has been a problem in the society. Should they be housed with other criminals? Dorothea Dix did not think so and became the voice for improvements for the mentally ill and the conditions in correctional facilities. The outcome of Dix’s movement was to put money aside and to house the mentally ill individuals into mental hospitals. Over a hundred years later and the funds were decreasing, another movement was started and it was to deinstitutionalize the mentally ill and to have them live within the community with resources provided by the community and funded by federal tax dollars.

Some communities couldn’t manage the flow of mentally ill and some were self-medicating themselves by abusing alcohol, drugs and getting them in trouble with the criminal justice system and eventually ending up in jails. Local jails are now task to handle, treat, and provide resources for the mentally ill. Which has increased the jail population and increased the jail budgets. Mentally ill inmates are released back into jail but are more likely to return due to limited resources available in the community. Jails need to address each inmate and provide adequate care and can be identified by doing a proper intake and screening process.
SECTION III: MENTAL ILLNESS AND SECURITY IN JAILS

According to Osher, D’Amora, Plotkin, Jarrett, and Eggleston (2012), through the use of evidence-based screenings and assessment tools, new inmates entering a correctional facility must be screened to identify ones that has a substance use, a mental health issue, or both. This will assist an individual in getting necessary care needed while being housed at the facility for their behavioral health. For some this will be the first time their disorder will be detected.

In a 2009, Wisconsin County Jail Survey, all counties who responded stated that part of the booking process includes the inmate being screened for any medical and mental health issues. The survey also revealed that half the counties used a separate screening for mental health. All the counties in the survey provided some type of mental health services to inmates either from another agency within the county (70%) and/or by a private contractor (66%) (Golden, 2010).

The Wisconsin Department of Corrections inspects and guides county jails to establish policy and procedures in standards for inmate health screening, care, and emergency detention (WI DOC 350). Emergency detention is where detention is used to provide an emergency treatment appropriate to the individual’s needs. Some of the criteria for an individual to have mental health treatment are that they are dependent on alcohol, drugs, or both, developmentally disabled, and/or unable or unwilling with voluntary treatment. Also included is any individual who displays physical harm to himself or others by recent threats or suicide attempts or shows violent behaviors towards others (WI §51.15).

The Rock County Sheriff’s Office has developed a policy in regard to mental health screening and evaluation. The purpose of the policy is to ensure that all inmates requiring mental health services have access to on-site care. The mental health services are available for all
inmates who require them. Those inmates who require mental care beyond the availability of the jail, or known as emergency detention, would be transferred to an appropriate facility as soon as the need for such treatment is determined by a mental health professional (Rock County Sheriff’s Office (RCSO), 2015).

Upon intake, jail staff will perform an initial mental health check by asking screening questions. Screening questions are designed to quickly answer a “yes-no” questions. The post-admission mental health evaluation consists of questions and screening techniques that have been approved by the contracted jail health care provider. If an inmate does not need immediate attention, then they would get reevaluated by the medical staff within twenty-four hours. Those who stated, “Yes,” to any question during the screening process would be referred to a mental health professional for further assessment or a comprehensive evaluation. The mental health staff uses the assessment process to confirm the presence of disorders, identify problems, and recommend the appropriate type level of services. In the 2009 Wisconsin county jail survey, a majority of jails stated that a secondary screening or interview is conducted to determine the accuracy of referral for any possible mental health services. Proper assessment requires careful attention and adequate time to determine if medical conditions or substance use could account for abnormal mood, behavior, or thinking (Golden, 2010).

If an inmate presents an acutely suicidal upon arrival at the jail, the arresting agency is required to transport the inmate for evaluation to Rock County Crisis Center, prior to the inmate’s acceptance into the jail. If the inmate is accepted into the jail, they will be immediately be placed on suicide watch with 15-minute security checks. The medical staff shall attempt to obtain past and current medical and mental health history of the inmate to assist in the treatment of the inmate while they are incarcerated. The jail medical staff will acquire this information by
looking at the past incarceration records both from Rock County and other jail or prison facilities, and hospital or medical records for the inmate. In the Rock County Jail Mental Health Survey (2014), 72% of correctional officers are confident in their ability to recognize the signs and symptoms of mental illness (Appendix A).

According to Wisconsin Department of Corrections (2014), officers and staff are allowed by law and policy to use force to defend themselves or others, to stop crimes and escapes, preserve safety and security, and impose lawful orders. The Rock County jail has a policy to guide staff when dealing with inmates with possible mental health issues. In the Rock County Jail Mental Health Survey (2014), 38% of correctional officers agreed that the RCSO policy clearly states how to respond to mental health crisis (Appendix A). The correctional officers must be able to pay close attention to any inmate’s behavior that would indicate a need for emergency health care due to mental illness, developmental disability, and/or drug dependency (RCSO, 2015). Staff must also be actively watching for behavior that may result in a substantial probability of physical harm or injury as defined in Wisconsin State Statue 51.15.

When a correctional officer has a reason to believe that an inmate is or may be in need of emergency detention, the officer should take immediate action that may be required to stabilize the situation including calling for medical attention, when an inmate attempts to self-harm or others. If needed; also, to contact the jail supervisor and the Rock County Crisis Intervention Worker to assess the inmate’s mental health issues to determine if an emergency detention is warranted (RCSO, 2015).

Mentally ill inmates are often major management problems due to their impaired thinking. Mitchell’s (2009) article stated the following:
Tore up a damn padded cell that’s indestructible, and he ate the cover of the damn padded cell. We took his clothes and gave him a paper suit to wear, and he ate that. When they fed him food in a styrofoam container, he ate the food and the Styrofoam container. We had his stomach pumped six times, and he’s been operated on twice. (p. 6A)

In 2012, there were 744,524 inmates in county and city jails. If 20% of them had a serious mental illness, that would make a total of approximately 149,000 jail inmates with a serious mental illness (Torrey et al., 2014). Inmates with a serious mental illness including psychotic or depressive symptoms, are at greater risk of being violent and are more likely to violate jail rules (Hautala, 2012). Inmates with mental disabilities disobey and are sanctioned for disciplinary infractions at greater rates than other inmates. Individuals with mental illness act in a way that staff at correctional facilities often finds irritating, scary, and/or confrontational. For example, an individual may not follow simple commands from staff (Fellner et al., 2015). In the Rock County Jail Mental Health Survey (2014), it was founded that 61% agrees that inmates with mental illness pose a higher threat to their safety and the safety of other inmates who do not have mental illness (Appendix A).

In response to these problematic behaviors, the inmate may be referred to the mental health staff, put in isolated confinement, placed in mechanical restraints (e.g., padded chair, restraint board), or placed in a padded cell (Fellner et al., 2015). Twenty-two percent of jail inmates with current symptoms of serious mental distress had spent time in isolation confinement units in the past 12 months. Use of isolated confinement housing was linked to inmate mental health problems. Being isolated would create new mental health problems and if an inmate has a preexisting mental illness, it can make it worse. When anyone, mentally ill or
not, does not have enough social contact, it affects them mentally and physically. Loneliness creates stress and it takes a toll on health (Beck, 2015).

The correctional staff may attempt to control an inmate by placing them in their cell until they have cooled down. When an inmate is having a mental breakdown, use of force is refrained from unless warranted to keep inmate and others safe. Isolation units are for the most difficult inmates. Most of those inmates are diagnosed with a mental illness. One living in an isolation cell usually lives alone in cell for 23-hours and 1-hour out of the cell. This type of treatment can cause an inmate to misbehave and lead to violence. Use of force is more common with inmates in isolation than in other areas at a correctional facility (Fellner et al., 2015).

Some correctional facilities are designed for officers to interact with inmates throughout their shifts. When interacting with inmates, correctional officers should be professional when dealing with inmates - especially when inmates are behaving badly and violating jail rules. Nationwide, among state inmates that have mental illness, 58% had violated a jail rule, while 43% who does not have an illness violated jail rules (James & Glaze, 2006). Officers’ reactions to inmate behaviors are subject to carefully written policies, good training, and good supervisory and accountability systems (Fellner et al., 2015).

Policies must address and “clearly limit the use of force to situations in which serious danger is imminent or a significant disruption” (Fellner et al., 2015, p. 14). Without proper policies, training, or accountability systems, officers may quickly use unnecessary force, using too much, or use it as discipline. This is due to the agency administrators fail to make thorough and complete use of force policies, provide effective training, and/or fail to supervise staff on the correct application on use of force (Fellner et al., 2015). In the Rock County Jail Mental Health
Survey (2014), 43% of correctional officers agree that responding to inmate experiencing mental health concerns makes their job more stressful (Appendix A).

During jail academy training in the state of Wisconsin, new correctional officers are taught that proper use of force is justified to use at the minimum amount of force. Correctional officers are also taught ways to avoid the use of force. Some of the efforts to avoid force are presence and dialog. Presence is a non-physical force option, and basically, involves the mere presence of one or more officers as a way of gaining or regaining control. Dialog means using verbal skills to gain or re-gain control. Verbal control ranges from conversation at low force levels to orders and commands to orders and commands at high levels. Also, once the inmate complied with orders, officers may deescalate the use of force used when the inmate is controlled and or secured by handcuffs or in a cell. Force should never be used as a discipline or retaliation from their past behavior (Fellner et al., 2015).

The RCSO’s (2015) policy on use of force is set up to assist officers in making appropriate use of force decisions. Through appropriate decision-making, the chances of injury to staff and inmates in situations in which use of physical force is necessary and justified are minimized. Officers are legally authorized to use physical force against inmates to accomplish a certain following objectives: to gain control of a resistive or combative inmate, to defend yourself or others from physical or sexual assault, to prevent inmates from escaping, destruction of property, and from self-harm or others, and to move an inmate from one location to another against their will. The RCSO’s policy, 4.160 states that, “physical force may be applied when a non-physical force option has proven ineffective or would appear, in the mind of a reasonable officer, to be ineffective in a given situation in order to accomplish the objective of control.”
When situation is not resolved, includes multiple inmates, or there is a risk of injury to an inmate or the officer, then the Rock County Correctional Emergency Response Team (CERT) is called out. The CERT team is a group of correctional officers trained in non-lethal tactics and is used to deal with non-compliant inmates. This group is used to deal with incidents like fights, riots, and cell extractions (RCSO, 2015). Correctional officers selected as team members shall have successfully completed the jail academy and have a minimum of one-year in the jail. All members must meet or exceed standards in all categories of their yearly evaluation and pass the physical agility qualification test before being appointed to the team. Once appointed, the team member attends training every other month. All members shall be familiar and trained yearly on specialized weapons like the use of Taser and the pepper ball gun.

There are six members on the team, and they all serve a separate purpose. The first two are pad officers and they hold up a pad to secure the inmate against the wall once the team rushes in. The third officer carries pepper spray and has the handcuffs, which are used to secure the inmates’ hands. The fourth officer is the team leader and is the one that shouts commands to the inmate. The fifth officer is the weapons and carries the Taser and the pepper ball gun. The sixth officer is the camera officer and is the one that videotapes the incident for future practices, report writing, or other legal issues. The team is successful in reducing violence between officers and the mentally ill inmates in the moment and can be a deterrent to future disciplinary problems.

When an inmate in a cell does not agree to leave the cell voluntarily, staff may decide to forcibly extract the inmate. CERT team are suited up in Kevlar vest, knee pads, helmets, and gas masks. Before the team enters an area with the problem they form up in a line and march down the hall while stomping their left foot causing a thunderous sound just to intimidate the suspect. When the team gets to the cell door, the team stops and the two pad officers’ line up side by side,
and the team leader commands, “show of force, now.” The pad officers slam their pads up against the cell door causing a thunderous sound. Then the pad officers separate enough so the team leader can talk to the inmate in the cell. When talking to the inmate fails, the team leader calls up the officer that has the pepper spray. The officer disperses pepper spray into the cell through the food pass on the cell door or under the door. This action is used before the extraction in an effort to inflict discomfort to convince the inmate to give up before the team enters. When this fails, the team lines up, the team leader opens the cell door and the team rushes in to secure the inmate to be handcuffed.

According to RCSO policy (2015),

proper follow-through to all situations involving use of force must be followed. Such follow through shall include: stabilization of the inmate(s), monitoring of inmate(s) for injuries, and appropriate medical assessment and care, search of inmate(s) for weapons or other contraband, if necessary, escort to a different location within the jail and removal of restraints, and all incidents shall be properly documented and if warranted criminal charges against an inmate(s) may be requested on the basis of an incident involving use of force in the jail.

Completing a jail intake and screening process on all inmates when entering a correctional facility would identify individual’s medical needs, mental health needs, and substance abuse. Having such information would not only help the inmates but the staff as well. Policies and procedures help us guide the staff member on how to perform the screening process, what to look for and how to react to an individual’s needs. If needed, a referral to the mental health staff could be requested. The mental health staff would assist the mentally ill inmate in getting into one or more of the treatment programs available.
SECTION IV: TREATMENT PROGRAMS

According to Fellner, Parker, Barriga, and Saunders (2015), inmates who have a mental illness are not getting the necessary treatment at the correctional facilities and show increasing signs of their illness. Proper treatment may assist mentally ill inmates to handle stressful situations form being locked up to getting released back into the community. Due to budget restraints and lack of government funding, correctional facilities do not have resources to start or continue specialized treatment or have qualified mental health professionals. This lack of funding has led to the ineffectiveness of treatment, or complete failure to treat, incarcerated individuals with a mental illness.

Some inmates that are mentally ill are self-diagnosed or not diagnosed correctly. This means that at a correctional facility an individual would not have accurate care or not have their individual needs met. Care at a correctional facility is limited to medications but should include certain interventions and/or rehabilitation treatments (Fellner et al., 2015). According to Osher, D’Amora, Plotkin, Jarrett, and Eggleston (2012), inmates have a broad range of mental illness from slight to serious impairments. Most inmates have a history of trauma that one would qualify for them having post-traumatic stress disorder that may need certain treatment. Some inmates do not want treatment while being incarcerated and some cannot afford treatment in the community. Furthermore, some mental health professionals are hesitant to work with inmates with a violent background, even though an inmate would be receiving treatment that would benefit them.

Inmates with mental illnesses are often diagnosed with substance use disorders as well. “Individuals with substance use disorders are more likely to have a mental illness than those without a substance use disorder, and individuals with mental illness are more likely to have a substance use disorder than those without a mental illness” (Osher et al., 2012). Inmates with co-
occurring disorders can receive services for mental health or substance use. But treatment in the community is depending on if it is available or one can pay the cost (Osher et al., 2012).

According to the U.S. Department of Health and Human Service [USDHHS] (2012), in the United States, nearly half (45.1%) of the 20.3 million adults with a substance use disorder also reported a co-occurring mental illness. Of these 9.2 million Americans with co-occurring disorders, only 44.4% received treatment for either the mental illness or the substance use disorder alone, while an even smaller minority 7.7% received treatment for both.

Similarly, a survey conducted by Fisher, McCleary, Dimock, and Rohovit (2014), not only found over half with mental disorder experienced some sort of substance abuse during their lifetime, but they are also three times more likely to have major depression.

Treatment for both disorders is challenging for social workers and counselors. The treatment may be provided through different interventions options of sequential, parallel, or integrated treatment. Sequential treatment looks at one disorder at a time. Parallel treatment handles both disorders at the same time, but social workers or counselors work independently. Which is important because these providers often have different goals or outcomes. Finally, integrated treatment looks at both disorders at the same time, location, and by a team of treatment personnel (Drake, O’Neal, & Wallach, 2008)

According to Clark (2010), one form of psychotherapy, cognitive behavioral therapy (CBT), stands out in the criminal justice system because it reduces recidivism in adults. CBT is based on the premise that most people are aware of their own thoughts and actions, as well as changing their behaviors for good. A person’s thinking is often the result of changes, and behavior is changed by those thoughts. CBT focuses on a host of problems associated with
criminal behavior. For instance, in most CBT curriculums, inmates are challenged in social skills, problem solving, critical thinking, ethical reasoning, self-control, impulse control, and self-efficacy. CBT is most effective with substance-abuse, mentally ill, and violent offenders. CBT is effective in correctional facility and in the community.

The Rock County Jail provides a CBT class called Thinking for Change (T4C). T4C is put on by the local chapter of Lutheran Social Services of Wisconsin. T4C builds on one’s communications skills and addresses thinking patterns that would get them in trouble. The program covers three sections: (a) cognitive self-change, (b) social skills, (c) and problem-solving skills (Bush, Glick, & Taymans, 1997). Teaching these three specific areas would give inmates a better understanding on how to handle certain thoughts, outlooks, attitudes, and views. Learning social skills would change the inmates understanding and awareness that their actions have on others. Finally, problem solving skills provide inmates a plan to handle tasks that through stressful situations (Bush, Glick, & Taymans, 1997).

T4C is broken down into 25 lessons and is designed for small groups between 8 to 12 inmates. Each lesson addresses the importance of social skills, learning certain types of thinking that would get one in trouble, and learning how a victim feels. Most lessons have informative instruction, role-play, and assignments when inmates use their skills that was taught in group (Bush, Glick, & Taymans, 1997). A study conducted by Aos, Miller, and Drake (2006) found a decrease of 8.2% in rearrests of inmates who completed CBT.

A variety of treatment programs can assist inmates in identifying their addictions and to maintain sobriety. From individual or group therapies with a substance abuse treatment professionals, medications, and peer-support. In the community, access to substance abuse treatment is typically dependent on an individual’s ability to pay. Some reasons individuals are
not able to receive treatment is due to lack of health coverage and an inability able to pay. Most individuals are dependent on government funded programs like Medicaid and local church programs (Osher et al., 2012). In 2017, the Rock County Sheriff’s Office received a grant of $110,931 from the Wisconsin Department of Justice, Treatment Alternatives and Diversion Program (TAD). These grants assist counties in establishing treatment and diversion alternatives in jails for dealing with inmates with substance abuse being a factor for their arrest (RCSO, Annual Report, 2017).

According to the Rock County Sheriff’s Office (RCSO) website, the RCSO utilizes a substance abuse program known as alcohol and other drug addictions (AODA). Alcohol and/or drugs are sometimes the reason why an individual’s behavior with mental illness leads to them being incarcerated. Therefore, inmates in AODA programs are taught the effects of alcohol and/or drugs in their life and how these substances can damage their life. According to the RCSO website, the AODA program gives inmates an opportunity to talk about their personal addiction through weekly group session with other inmates and a social worker. All inmates in AODA programs need to participate at least 22 classes that ranges in different topics (RCSO Community Corrections, 2020).

The necessary classes identify the “ripple effect” from an individual’s substance use has on them and their family, friends, and employers. The individual learns the disease signs and symptoms and the lasting effect if left untreated. And an individual learns the necessary steps they can do after they get out of jail to prevent them from reoffending by learning coping skills that would prevent relapses. Total awareness of these areas and accountability of inmate’s behavior is expected throughout the program (RCSO Community Corrections, 2020).
Diversionary programming gives offenders an opportunity to do their time in a rehabilitative program instead in a correctional facility and they avoid of having a criminal record. Avoiding jail time can increase the bed space that is available at the county jail. Certain offenders are placed in court supervision for up to a year. Most programs goal is to correct the offender behaviors. Some programs are treatment courts - drug courts and mental health courts. Mentally ill person must meet all requirements to complete the program. If all requirements are not met during the program, there is a possibility be terminated and be sent back to the judge which the individual can receive a different sentence or serve the remaining time in jail for up to a year or sent to prison to serve the time over a year (Aos et al., 2006).

Mental health courts were created and designed after drug court because of an increase of mentally ill offenders in in the criminal justice system. Inmates with an identified mental illness are sentenced to treatment rather than doing their time in a correctional facility. The courts would assess each individual and give them a personalized treatment plan. Then, the individual would be monitored throughout the program and each individual must meet all program requirements (Wren, 2010).

For a successful treatment court many different people must be involved. Some of the specialized people are judges, prosecutors, public defenders, mental health workers, treatment counselors, probation officers, and correctional officers. The group would meet weekly to discuss each case separately before the case is reviewed in court. During the review the group would add incentives or sanctions due to the individual’s positive or negative behavior. The judge informs the individual of their state of compliance with weekly goals. The coordinator then hands out the individual specific weekly written status and certain tasks or goals to work before next week’s court review (Desmond, 2010).
According to the Rock County website, the Rock County Circuit Court has a drug treatment court. The drug court program takes place over a minimum of 12 months. The program is for individuals who does not have any violent history, but has a substance abuse issue and includes AODA, cognitive thinking, anger management, counseling, and trauma services. (Rock County Circuit Court, 2017). A collaboration between Drug Court and the Rock County Human Services Department achieves a more individualized plan. A total of 44 individuals entered drug court program in 2015. Overall, since 2007, 511 have participated and 245 were successful completing the program (RCSO, Annual Report, 2017).

According to Rock County Circuit Court website, marijuana is the most used with the individual who are in drug court. The second most used with individuals in drug court is opioids like pills or heroin. The Rock County Drug Court not only saved taxpayers over 77,900 jail or prison beds at a rate of $70 per day, but saved individual lives and keep them with families, and make them a better person in the society (Rock County Circuit Court, 2017).

The goals and objectives of mental health courts is to reduce recidivism; improve public safety; lower the costs for taxpayers; give more access to community mental health and substance resources; improve coordination between criminal justice agencies and the mental health system; and improve the quality of life of mentally ill individuals. To achieve its goals, mental health courts keep mentally ill individuals out of criminal justice system and into community-based mental health and substance abuse program (Guthmann, 2015).

According to Guthmann (2015), most mental health courts have evolved to include the five common characteristics:

1. Problem-solving approach for individuals with mental illnesses.
2. Community-based treatment plans.
3. Regular court hearings for each individual’s progress.

4. Incentives for individuals’ behavior during the program.

5. Sanctions to individual that are not following recommendations from court review.

Minor offenses especially committed by a mentally ill offender should not go through the regular court process. Specialized courts can provide help with mental health and substance in the community and deter individual in criminal justice system. Diversionary programs are much less costly than sending a case through the normal court process (Osher et al., 2012).
SECTION V: RECOMMENDATIONS

According to Wood, Fulks, and Taylor (2014), finding safe, humane and non-punitive methods for handling inmates who are experiencing symptoms of a mental illness is an ongoing challenge for correctional officers. The ongoing education is an integral part of functioning successfully in the field (p. 42).

The responsibilities are often placed on the correctional officers who have little to no special training in the supervision of such special needs of mentally ill offenders. Eva Balfanz, who is the Rock County Jail Qualified Mental Health Professional, stated the following:

Certainly, any training and education that a person can receive in the area of crisis intervention would provide them a great chance to be effective in a high-intensity situation. It would appear very important for officers to have training so as to be able to do their jobs effectively and reduce the risk for themselves and others when confronted with a crisis situation (E. Balfanz, personal communication, November 11, 2014).

Correctional Officers are not properly trained on how to handle mental health situations. In the Rock County Jail Mental Health Survey (2014), 57% of correctional officers stated that RCSO does not provide them with an adequate amount of training in mental health (Appendix A). This would cause injuries not only to staff but to inmates as well. To resolve the issue the agency needs to improve training at the Rock County Jail to reduce injuries to staff and inmates, also to increase the awareness of the mental illness inmate. In interviews with Denny Luster, who is the counselor at the Rock County Jail and Eva Balfanz the following in regard to a correctional officer playing a positive role in helping an inmate with mental illness work towards recovery? According to Balfanz (2014), “I believe that an officer can play a role in helping an
inmate minimize the stress effect and assist an individual in maintaining as much stability as possible within the correctional setting” (E. Balfanz, personal communication, November 11, 2014).

According to Luster (2014),

I believe officers can play a positive and instrumental role in helping inmates with mental illnesses towards gaining recovery. The officer needs to be the eyes and ears of the unit and can serve as an advocate on behalf of the mentally ill subject. However, the officer has to have the proper education, awareness, and attitude to be an advocate for someone who may be silently suffering from their illness (D. Luster, personal communication, November 15, 2014).

According to Govil & Usha (2014), training allows an organization to extend skilled knowledge and ability to reorganize and correct errors. Also, it prepares staff for any changes of the job may have in the future by providing new and better way to perform their job. The need for training is determine by certain demands, changes, difficulties, and lack of manpower in the organization.

The necessary training that is needed is called Crisis Intervention Partnership (CIP) Training. CIP is a two or three-day workshop that is targeted to meet the needs of personnel working within corrections, residential, vocational, medical and first responder settings. The CIP is organized around 10 core elements to be successful. Some of the core elements are policies and procedures, mental health services, treatment, and training. Training will have knowledge of mental illness, certain medications to manage the illness, and what skills are needed to respond to an individual having a mental breakdown in jail (Dooley, 2010). CIP’s objective is for more
community partnership to provide better community care for the mentally ill. CIP is the smaller version of the Crisis Intervention Team (CIT) Training which is a 40-hour training program.

The CIT came out for police officers at first, but later it was realized that the correctional officers should receive this special training as well. Recently there was an increase in the number of individuals with mental illness in correctional facilities. Individuals with mental illness in correctional facilities appear at a rate that is four times higher than the general public. CIT was developed in Memphis, Tennessee in 1980’s for first responders who are the ones making initial contact with an individual with a mental illness. Since this happened the police administration, mental health personnel, and the community came together to find a more better way to handle the situation and that was safe not only for the mentally ill but for the ones who initially responded to the call. The mission of the CIT is to improve safety for officers and persons with mental illness (Dooley, 2010).

Correctional officers are not prepared to handle the erratic behavior and aggression of a mentally ill inmate. The officers are seldom trained in verbal de-escalation and crisis intervention techniques to assist them with inmate’s decline of mental disorder. This training is important and recognized as necessary by the Department of Justice (DOJ). The DOJ agrees to provide additional training for Crisis Intervention Teams that provides certain identifying psychiatric sign and symptoms of an offender who have severe mental illness. Training in the use of de-escalation methods can reduce the unnecessary use of force, discipline, or segregation (Fellner et al., 2015).

The Rock County Sheriff’s Office gets a total of $11,520 in state aid to use towards training and the sheriff’s office also budgets $27,274 per year for officer training. With the state
aid and the sheriff’s office budget it equals out a total of $38,794, which is about $539 per officer every year, for training (RCSO, Annual Report, 2017).

There are agencies in Wisconsin, such as the Wisconsin Department of Justice, that also provide grants for training for law enforcement officers. The Wisconsin Department of Justice provides a grant of $50,000 to law enforcement agencies whose job relates to crisis services. For example, corrections officers, dispatchers, and firefighters (Jones & Rogers, 2014). There are organizations that would also train law enforcement agencies for low to no cost to the agencies that are put on by Mental Health America (MHA) of Wisconsin and National Alliance of Mental Illness of Wisconsin. In 2017, the Rock County Sheriff’s Officer received a grant of $28,221 for the CIT Training program (RCSO Annual Report, 2017).

According to Mental Health America of Wisconsin (MHA) website (2020), MHA is committed to helping individuals to live a healthier life. MHA touches the lives of millions by encouraging for modifications in policy, teaching the public and delivering critical information and providing immediately needed programs and services.

The National Alliance on Mental Illness (NAMI) (2020) establishes local affiliates in keeping with NAMI’s principles and guidelines. Some of the principles and guidelines are to provide support in the community through their guidance and advice given through training and educational programs - like seminars, conferences, and other presentations. NAMI advocates at all levels of government and throughout the public sector by promoting public education and understanding of mental illnesses.

The expected outcome of these education programs is a better understanding of mental illness. This results in all officers being trained on mental illness and on how to handle mental illness-related incidents. It would not only make them a better officer; it would make their jobs
easier and safer. This would boost the staff’s morale in the workplace. In this training, communication skills and special techniques are utilized so a correctional officer are better equipped in handling inmates who are in an emotional state. Also, it is important to work with and communicate with the correctional officers, supervisors, jail medical staff, and the mental health staff at the jail. The mission of the CIP is to improve safety for officers and persons with mental illness (Andrick, 2014).

Once trained, the officers would have the confidence in handling inmates in a more non-physical way. Communicating effectively is one of the key factors in Crisis Intervention Training. To be able to communicate effectively and appropriately will help keep everyone calm and get the task done without incident. According to the Rock County Jail Mental Health Survey (2014), 89% of correctional officers believe more mental health training would increase safety for staff and inmates (Appendix A).

According to Jones & Rogers (2014), certain degrees of risk from someone who is released varies on post-release supervision. Offenders are more likely to recidivate when they are incarcerated in an at-risk environment. A problem with recidivism is certain risk environments are different for each offender. For example, if an offender fails to complete one program, they are put in a riskier environment than others from different intervention group. Changes in recidivism are from different types of electronic monitoring, probation, and treatment court. Rather than the effect from the program (Jones & Rogers, 2014).

According to Kondrat, Rowe, and Sosinski (2012), inmates going back into the community are not receiving community mental health services upon release. Some of the challenges is finding housing and employment. In a study by Baillargeon, Hoge, and Penn (2010), they found most inmates are released with clothes they come in with and without
continuing medical insurance or other government benefits. A necessary program for inmates’ reentry into the community is transition planning. Which is getting necessary services for an inmate before released from correctional facilities so there are no interruptions in financially, housing, health care and treatment benefits in the community. A service that is essential for those with chronic diseases, mental illness and substance use disorders (Kondrat et al., 2012).

Transition planning requires that jail personnel and community mental health workers partner to ensure that inmates receive appropriate services in the community. Offenders reentry in the community has a harder time, especially on their own to get or restart mental health treatment or other services. This places offenders at a disadvantage and putting them at a higher risk in health or possibly reoffend (Baillargeon et al., 2010).

Baillargeon et al. (2010)’s study found the following:

Unlike prison, jails have a shorter incarceration period and the frequently unpredictable timing of release, transition planners are often limited in their ability to help inmates establish linkages with community services. Transition planning should begin at the time that an inmate is identified as having a mental illness during the screening from a correctional officer, medical and mental health staff. (p. 369)

Research has revealed the approaches targeting tougher relationships among corrections-involved individuals and their families associate with better results. Inmates that are released who have a good family support would have a better opportunity with financial resources, housing, and emotional support that one would need to succeed in the community. For example, inmates who are married and have kids are more likely to find or maintain their occupation when returning to the community (Osher et al., 2012).
SECTION VI: CONCLUSION

In conclusion, over the span of 175 years mentally ill individuals had been placed in jail, then state run mental health hospitals, then deinstitutionalization and release into the community. Due to the lack of federal, state and local funding, these mentally ill individuals end up in the criminal justice system. Jails are difficult for the mentally ill and they become more irritated, break jail rules, and end up in isolation where their mental state declines. County jails are not budgeted nor equipped, and officers are not trained to handle mentally ill inmates.

Over the years, jails have used intake screenings to identify certain inmates that have a mental illness or are at risk of a suicide attempt. Intake screenings are also used to assist the inmate to reenter the community and to get the much-needed treatment, programs or medications that one would need to live a productive and law abiding citizen. Individuals who are diagnosed with mental illness are more likely to have a substance abuse problem, which causes a challenge for social workers and counselors.

Inmates that are incarcerated in jail can participate in a program to assist them back into the community and out of the criminal justice system. The program is called Cognitive Behavioral Treatment and it focuses on the inmates thinking patterns as well as an inmate’s social and problem-solving skills. Another program that is available in jail is to help with alcohol and other drug addictions. Inmates are taught the effects of alcohol and drugs and how it can damage one’s life. If a mentally ill inmate is sentenced to a diversionary program, they can do their time and program out of the correctional facility and in a rehabilitation program. Some examples of diversionary programs would be drug court and mental health courts.

This research came to two conclusions on how to handle inmates with a mental illness. First is to improve officer training on how to deal with inmates and their mental illness. And
second, to have a well-established reentry program. Training prepares employers to meet the varying and challenging needs of the job and organization. Training prepares employers to meet the varying and challenging needs of the job and organization by providing knowledge and skills to help officers perform their role and job well.

The training that is needed is called Crisis Intervention Training (CIT) or Crisis Intervention Partnership (CIP) training. The officers are not trained in to tell the difference between erratic behavior and genuine aggression. The officers trained in verbal de-escalation and crisis intervention techniques would be useful when confronting an agitated or violent inmate whose mental condition is deteriorating. The expected outcome you would see is a better understanding of mental illness and officers will have the knowledge on how to handle such incidents. Understanding how to handle the situation will make the staff better, make their jobs easier, safer, and also boost the staff’s morale in the workplace (Fellner et al., 2015).

A major obstacle for inmates reentering the community is reconnecting with mental health services and treatment programs upon release. The most immediate challenges are maintaining housing and having a study employment (Baillargeon et al., 2010). A necessary program for inmate’s reentry into the community is the transition planning for offenders to receive continuing and necessary services before they are released from jail. Some of the planning is financial, housing, health care, and other treatment benefits in the community (Kondrat, et al., 2012). Transition planning requires jail personnel and community mental health workers collaborate to ensure inmates receive appropriate services in the community. Transition planning starts at the screening process of inmates when they enter the jail. It is determined that the inmates would need assistance to go back into the community and to reconnect with the services that they need to transition back into society.
Community resources for mentally ill individuals are vital to keep them out of correctional facilities. And diversionary programs, like treatment courts, are an effective in reducing the numbers of mentally ill inmates in jails. Increased funding is needed not only for diversionary programs, but for the community as well so they can provide services for the mentally ill so they can successfully transition back to the community.
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Appendix A

HIGHLIGHTS OF THE NOVEMBER 2014 ROCK COUNTY JAIL MENTAL HEALTH SURVEY FOR CORRECTIONAL OFFICERS

Survey was completed through SurveyMonkey.com

· 46 out 73 responded back (63%)

· 40% has an Associate’s Degree, and 30% has been at the Rock County Jail for 2 to 6 years.

· 70% has fair knowledge of mental health disorders.

· 85% responded that they know someone that has a mental health problem or disorder.

· 72% are confident in recognizing the signs and symptoms, but only 43% are somewhat prepared when responding to inmates with mental illness who are in a Crisis.

· 46% are very prepared to respond to an inmate threatening to commit suicide. 46% are somewhat prepared to respond to an inmate experiencing hearing voices.

· 71% selected suicide prevention was the most trained on the most in the past five years.

· 38% agree that the Rock County Sheriff’s Office Policies clearly states how to respond to mental health crisis. 58% agree that they are adequately trained to verbally de-escalate a crisis situation.

· 43% agree that responding to inmate experiencing mental health concerns makes their job more stressful and 52% disagree that inmates expressing mental health concerns are usually being manipulative.
· 61% strongly agrees and agrees that they believe inmates with mental illness pose a higher threat to my safety and the safety of other inmates than those inmates who do not have mental illness.

· 57% stated that Rock County Sheriff’s Office doesn’t provide them with an adequate amount of training in mental health.

· 89% believe more mental health training would increase the safety for staff and inmates.

Also 89% would like more training in the area of mental health.

**CORRECTIONAL OFFICER SURVEY ON MENTAL HEALTH**

2.22% (Or 2% when rounded) equals 1 correctional officer

1. What is the highest level of education you have completed?

40% has an Associate’s Degree

31% has a Bachelor’s Degree

16% has some college credits

7% High School Graduate

4% completed graduate school

2% some graduate school

2. How many years have you served as a Correctional Officer?

30% has been a CO for 2 - 6 years

24% has been a CO for 0 – 2 years

22% has been a CO for 6 – 10 years

13% has been a CO for 15 + years

11% has been a CO for 11 – 15 years
3. Rate your knowledge of mental health disorders?

- 70% has fair knowledge
- 20% has strong knowledge
- 7% has little knowledge
- 4% has very strong knowledge
- 0% None

4. Do you know any friends or family who has a mental health problem or disorder, including depression?

- 85% Yes
- 15% No

5. I'm confident in my ability to recognize signs and symptoms of mental illness in inmates?

- 72% Agree
- 22% Neither disagree nor agree
- 4% Strongly agree
- 2% Disagree
- 0% Strongly disagree

6. How prepared do you feel when responding to inmates with mental illness who are in a Crisis?

- 43% Somewhat prepared
- 37% Moderately prepared
- 15% Very prepared
- 4% Not at all prepared
7. To what extent do you feel you are prepared to respond to an inmate threatening to commit suicide?
   46% Very prepared
   41% Moderately prepared
   13% Somewhat prepared
   0% Not at all prepared

8. To what extent do you feel you are prepared to respond to an inmate experiencing hearing voices?
   46% Somewhat prepared
   41% Moderately prepared
   13% Very prepared
   0% Not at all prepared

9. I’m adequately trained to verbally de-escalate a crisis situation?
   58% Agree
   22% Neither disagree nor agree
   13% Strongly agree
   4% Strongly disagree
   2% Disagree

10. The Rock County Sheriff’s Office Policies clearly states how to respond to mental health crisis?
    44% Neither disagree nor agree
    38% Agree
    13% Disagree
11. Inmates expressing mental health concerns are usually being manipulative?

- 52% Disagree
- 39% Neither disagree nor agree
- 9% agree
- 0% Strongly agree
- 0% Strongly disagree

12. Responding to inmate experiencing mental health concerns makes my job more stressful?

- 43% Agree
- 28% Disagree
- 26% Neither disagree nor agree
- 2% Strongly agree
- 0% Strongly disagree

13. I believe inmates with mental illness pose a higher threat to my safety and the safety of other inmates than those inmates who do not have mental illness?

- 41% Agree
- 20% Strongly agree
- 20% Neither disagree nor agree
- 17% Disagree
- 2% Strongly disagree
14. I believe incarceration can increase mental health symptoms in people who have a mental illness?
   67% Agree
   26% Strongly agree
   7% Neither disagree nor agree
   0% Strongly disagree
   0% Disagree

15. Treating inmates with mental health concerns through rehabilitation programs is a waste of time and money?
   54% Disagree
   24% Strongly disagree
   13% Neither disagree nor agree
   4% Strongly agree
   4% Agree

16. I believe Rock County Sheriff’s Office provides me with an adequate amount of training in mental health?
   57% No
   43% Yes

17. I believe more mental health training for Correctional Officers would increase the safety for staff and inmates?
   89% Yes
   9% Not really
   2% No
18. Please check the mental health training you had the most in the past five years?

71% Suicide prevention
11% Handling crisis situation
11% Introduction to mental health
7% Verbal de-escalation

19. I would like more training in the area of mental health?

89% Yes
11% No

20. Please select any of the following responses that apply to you? (Select more than one answer if needed)

84% I would attend Crisis Intervention (CIT) training if it were offered.
24% I have heard positive feedback about CIT training from other correctional officers.
24% I have not heard of CIT.
2% I have heard correctional officers did not find CIT training to be helpful.