

HJR 16: State-Operated Institutions

Montana State Prison

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for the Children, Families, Health, and Human Services Interim Committee
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General Overview

The Montana State Prison houses approximately 1,425 men who have been sentenced for felony offenses or who have been sent to the prison because they've violated the conditions of their probation or parole. The Department of Corrections operates the prison and also contracts with private companies, nonprofit organizations, and local governments to operate other secure facilities, pre-release centers, and community corrections programs. The prison, however, is the only facility for male offenders that has an on-call mental health system available to meet inmates' mental health needs around the clock.

The prison houses individuals who:

- have been sentenced by a judge to serve a term at the prison;
- have been sentenced by a judge to the Department of Corrections, which has determined that placement at the prison is most appropriate;
- have been removed from a community placement or regional facility at the facility's request;
- are in need of services not available in a community placement or regional facility; or
- have been transferred from Montana State Hospital or Montana Developmental Center.

Located on 36 acres just outside of Deer Lodge, the prison has an intake unit and eight housing units within its secure, fenced perimeter. The units have varying levels of security for different classifications of inmates. All inmates begin their stay at the Martz Diagnostic Intake Unit, where they are typically held for 30 to 90 days for assessments that determine appropriate placement for the remainder of their sentences.

Four units in the low-security compound, or "low side," house minimum- and medium-custody prisoners. The units have capacities ranging from 160 to 172 inmates. Prisoners needing a higher level of custody are held in four units in the high-security compound, also known as the "high side." Two of the high-side units hold inmates from the general population and have capacities of 163 and 172 inmates. The other two are locked units, where inmates have fewer privileges and less time outside of their cells. Locked Unit I can house up to 52 inmates who are

generally confined to their cells because of disciplinary or behavioral problems. Locked Unit II can hold up to 63 inmates; the individuals here are either in maximum custody or have been sentenced to death.

One of the high-side units contains the prison's 12-cell Mental Health Treatment Unit, for inmates in need of intensive mental health treatment. Until recently, MSP also had an eight-cell mental health unit in the low-security compound. While mental health services are still provided to the inmates there, cell space is in the process of being reallocated to Locked Unit II to provide cognitive rehabilitation services to selected inmates. The treatment would be directed at changing thinking errors and addressing chemical dependency issues and educational deficiencies. The proposal must still be approved by Warden Leroy Kirkegard.

Makeup of the Prison's Mental Health Population

Potentially, every inmate at MSP may receive mental health services. The Mental Health Department participates in screening all inmates at intake. This screening narrows down the number of individuals who will be seen by the department on a regular basis and provides an indication of the types of services that inmates will need while incarcerated.

In general, the prison estimates that about 430 individuals receive regular mental health services, or about 30 percent of the prison population. All inmates who have been prescribed psychiatric medications are seen by the prison's psychiatrist. In August 2013, 276 inmates were receiving psychiatric medications, or about 20 percent of the prison population. In July of this year, 93 inmates — or about 6 percent — had been identified as having a diagnosis that would be the equivalent of a Severe Disabling Mental Illness (SDMI), the diagnosis required to obtain state-funded mental health services in the community.

Sixteen inmates serving sentences in August 2013 had been found guilty of a crime but having a "mental disease or defect" that prevented them from appreciating the criminality of their conduct or to act in conformance with the law. This status is typically described as "guilty but mentally ill," or GBMI. These inmates receive, at a minimum, a monthly mental health wellness check. Some of the inmates may receive additional services, such as psychiatric appointments, group or individual therapy, or crisis services.

The 16 inmates were convicted of a total of 35 felony offenses leading to their current incarceration. Most were convicted of more than one crime. The table on P. 3 provides a breakdown of those offenses.

Offenses Committed by GBMI Inmates

Offense	Counts	Offense	Counts
Deliberate Homicide	5	Arson	3
Mitigated Deliberate Homicide	1	Burglary	2
Attempted Deliberate Homicide	2	Attempted Robbery	1
Sexual Intercourse Without Consent	3	Theft	3
Sexual Assault	2	Persistent Felony Offender	1
Attempted Sexual Assault	1	Criminal Mischief	2
Incest	1	Criminal Endangerment	1
Aggravated Assault	1	Escape	2
Assault with a Weapon	1	Sex/Violent Offender Failure to Register	2
Assault on a Peace Officer	1		

Mental Health Services at MSP

The prison's Mental Health Department provides mental health services to MSP inmates through a variety of means, including:

- assessment upon entry to MSP, including an in-depth assessment by a licensed clinician for inmates whose initial assessment indicates the potential for a mental illness;
- management of psychiatric medications;
- individual and group counseling by licensed clinicians and a psychologist for inmates with severe and persistent mental illness or acute emotional disturbance;
- recreation and activity therapy for inmates in the Mental Health Treatment Unit;
- meetings with inmates who request mental health services;
- weekly monitoring of inmates placed in locked housing units, with follow-up care by the psychiatrist or a licensed therapist as needed;
- wellness checks for inmates who are referred by the mental health staff; and
- discharge planning for inmates who have an SDMI-equivalent diagnosis.

A licensed therapist is assigned to each housing unit to provide routine mental health care, respond to requests to be seen, and assess inmates referred to the department by staff members. Mental Health Department staff members also are available around the clock to provide emergency mental health services.

The prison's 12-cell Mental Health Treatment Unit provides secure housing and individualized treatment for inmates who need comprehensive treatment for a serious mental illness.

Nineteen FTE are allocated to the Mental Health Department, although not all positions are filled at all times. In addition to the mental health director, the treatment staff consists of one psychiatrist, one psychologist, a psychiatric nurse supervisor, four clinical therapists, six mental health technicians, and an activity therapist, a licensed practical nurse with experience in mental health, and a discharge planner. Two psychology students from the University of Montana intern at the prison each academic year.

National Accreditation

In 2011, the prison attained accreditation from the National Commission on Correctional Health Care, self-described as "dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care." To become accredited, the prison had to demonstrate that it complied with more than 60 health-care standards

Standards related to mental health include:

- mental health screening and evaluation;
- basic mental health services;
- suicide prevention;
- emergency services, including emergency psychiatric medications;
- the use of restraints and seclusion; and
- mental health care for inmates in segregation.

Each standard lists the processes that a facility must have in place to be considered in compliance with the standard. For example, to meet the basic mental health services standard, a facility must have a range of services of differing levels and focus. Minimum on-site outpatient services must include identification of inmates with mental health needs, crisis intervention services, management of psychiatric medications, individual and group counseling, and

psychosocial and psychoeducational programs. Patients must be seen at least every 90 days, or more often if clinically indicated. Inmates with chronic mental health conditions must have individual treatment plans.

MSP Appropriation and Daily Costs

House Bill 2 appropriated more than \$45 million in each year of the biennium for the prison, with virtually all of the money coming from the general fund. The appropriation does not reflect pay increases or retirement adjustments made in other legislation in 2013.

The Department of Corrections estimates that the average cost of housing inmates at MSP was \$97.63 in FY 2012, or \$35,635 per year. The figure includes administrative costs.

The annual budget for the Mental Health Department is \$1.2 million for staff and operating expenses.

Recidivism

The prison tracks the number of offenders who return to prison for any reason within three years of their release from prison. That recidivism rate was 44.7 percent in fiscal year 2009.

Because the prison does not maintain electronic health records, determining the recidivism rates for inmates with an SDMI-equivalent diagnosis would be labor intensive and time consuming. However, MSP reviewed records for a 4.5-year time period for inmates who received mental health services. During that time, 115 inmates were released from the prison, and 35 returned — or about 30 percent. Twenty-seven of the inmates returned because of parole or probation violations. Eight were sentenced because of new criminal charges.

Twenty-seven of the inmates remain incarcerated at MSP or a regional facility, while two are in county jails. Four are on probation or parole, while the remaining two have completed their sentences and been released from custody.

Sources:

- Interviews with and e-mails from the following Department of Corrections staff members in July and August 2013: Montana State Prison Warden Leroy Kirkegard, MSP Health Services Administrator Cathy Redfern, MSP Mental Health Director Jill Buck, MSP Psychiatric Nurse Todd Boese, and DOC Communications Director Judy Beck
- *2013 Biennial Report*, Department of Corrections
- *Mental Health Services*, Montana State Prison brochure
- Policies and Procedures for the Montana State Prison
- *Standards for Health Services in Prisons*, National Commission on Correctional Health Care, 2008

