The Potosi Experience

As community resources dwindle and inmate populations soar, prisons are increasingly becoming de facto psychiatric hospitals. Coupled with high expectations and low funding, maintaining security, safety and offender rehabilitation within constitutionally-mandated parameters — especially in restrictive housing — is a major struggle for today’s correctional systems.

The Missouri Department of Corrections’ Potosi Correctional Center (PCC) Reintegration Program is an innovative response to this challenge. This restrictive housing program has helped improve offender behavior, decreased uses of force and expanded rehabilitation efforts with previously challenging inmates. The program’s first year showed dramatic results.

Conduct violations declined more than 80 percent; suicide watches went down 78 percent; and there were no assaults in the unit. One offender has even earned general population placement at a lower-custody institution.

Challenges of Restrictive Housing

Forensic psychiatrist Jeffrey Metzner calls restrictive housing “an unfortunate and unpleasant necessity in modern corrections,” noting that, due to dangers within U.S. prisons, restrictive housing (or “supermax”) units are unlikely to disappear any time soon. Some uses of restrictive housing follow a clear rationale — such as an inmate with a known history of assaulting or murdering a cellmate, for example. But in other circumstances, courts have ruled restrictive housing constitutionally prohibitive as cruel and unusual punishment. Metzner notes:

[Restrictive housing] is recognized as difficult to withstand; indeed, psychological stressors such as isolation can be as clinically distressing as physical torture ... The adverse effects of [restrictive housing] are especially significant for [individuals] with serious mental illness[es] ... The stress, lack of meaningful social contact and unstructured days can exacerbate symptoms of illness or provoke recurrence ... Many simply will not get better as long as they are isolated.

In addition, single-cell restrictive housing is expensive. One study estimated the cost at two-and-a-half times that of general population assignment. As a result, states are seeking alternative approaches for their most difficult inmates — approaches that offer rehabilitation while keeping staff and offenders safe.

Reintegration at PCC

Missouri Department of Corrections Zone Director Dwayne Kempker is familiar with this dilemma. When approving releases from restrictive housing, he has one question: “What makes this offender safer today than last week?” Kempker noted there were previously no generally-accepted principles that determine an inmate has improved enough to share a cell or return to general population. “We needed a way of assessing that an offender was ready. But even more than that, we needed to help the offender learn new skills so he can make it in a less-restrictive environment.” In addition, Kempker (who also attends to budget issues) noted that PCC’s relatively small
Corrections Officer II Brannon conducts program orientation with new offenders.

An interview room

The main entrance of PCC
restrictive housing unit, Housing Unit 1, required the same staffing as significantly larger units. Deciding the unit needed a new mission to justify the expense, Kempker met with the warden and other key staff members and invited them to develop a solution.

PCC is "old school." In a state that classifies prisons from "C-1" to the maximum-security "C-5" institutions, PCC prided itself on being "C-6." Potosi has long been known for housing some of Missouri’s most dangerous criminals, and PCC’s employees take pride in being able to handle them. This is particularly true in Housing Unit 1, where problem offenders from all over the state are single-celled. The most secure unit in this maximum-security prison is, as Warden Troy Steele puts it, "where we keep the Hannibal Lecters of Missouri." The unit houses only 22 offenders, but two-thirds are classified as mentally ill (having an Axis I diagnosis such as schizophrenia, bipolar disorder or major depression). Offenders without an Axis I diagnosis still have serious personality disorders and difficulty regulating their emotions.

Steele, who had only been at PCC for one year when given this project, credits his staff for the program’s success. However, his leadership clearly set the tone. “Early on, we developed an Oversight Committee made up of the unit manager, deputy warden, classification staff, mental health staff and medical staff,” Steele said. “We threw out the authority of title and focused instead on what people know. Anyone on the committee can veto a recommendation; consensus became key.” Sergeant Carl Brannum concurred that this atmosphere has been a catalyst for success. “Teamwork here is crucial,” he said. “Everyone has input. Everyone is respected.”

The Oversight Committee reviews possible admissions into Housing Unit 1. To be discharged successfully from the program (meaning reentering general population from the restrictive housing unit), an offender must not have any conduct violations, must complete individual behavior plans and must comply with treatment. The Oversight Committee makes discharge recommendations to Steele, which, if approved, are submitted to Kempker.

Building the Program

The Reintegration Program wasn’t developed in committees or drawn up in studies. As Steele put it, “This was like using Lego blocks. We kept building the program, and then we would take pieces apart and reconfigure them. We are still building.”

Steele began by having mental health staff complete assessments of the offenders and their capabilities. “You can’t set expectations for an inmate’s behavior if you don’t know what he can realistically be expected to do,” Steele emphasized. Next, a unit office was turned into a classroom. Since all classrooms need desks, Steele had PCC’s Missouri Vocational Enterprises (prison industries) factory create desks that could be bolted to the floor and accommodate shackles. Their unique design keeps offenders secured, yet allows them enough movement to write, draw and participate in testing. Other security upgrades in the classroom included cameras and panic buttons. With offenders now able to be in the same room as psychologists, volunteers, classification staff and chaplains, programming was brought into the unit.

Basic programming began with up to three offenders in the classroom at a time. Steele noted that initially, progress was slow. “We hit a brick wall. These guys were struggling. They were paranoid and couldn’t trust anything or anybody. Guys would just sit there like they were in a fetal ball emotionally.” According to Psychologist Nena Kircher, Psy.D., “in the beginning, guys would only answer direct questions. There was no interaction.”

“We began looking for a hook,” Steele explained. “How can we get a guy to talk? We noticed that one guy liked to draw. Kircher was open to trying an art therapy approach. We allowed art supplies in the unit, starting with chalk. Then, a miracle happened. One guy drew a picture and everyone commented how good it was. Guys that everyone had given up on began communicating — a seed was planted.”

Incentives

About three months into the program, the staff began discussing incentives for inmates to participate in the program. These incentives needed to be personalized and realistic. Institutional Chief of Mental Health Services Phil Senter reported that this was a challenge. “We had to find incentives that meant something to that one individual,” he said. “We looked at things they liked to do, and we found ways to develop incentives from that.”

This led to developing individualized behavior plans. When the program began, Steele noted that offenders were skeptical that staff would follow through with the incentives. However, once the incentive program began, officers reported a significant change in the offenders’ behavior. The specific incentive depends on the individual. For example, an offender may be allowed to:

- Listen to books on CD with a portable CD player for a set period of time;
- Keep a book or magazine in his cell;
- Work on a jigsaw puzzle;
- Have recreation time outside of his cell with another offender;
- Purchase a CD player if he has funds available;
- Have access to construction paper and chalk; and
- Eat lunch outdoors with another offender.
The incentive program produced surprising results. An offender with poor reading skills, for example, requested the actual book of the CD he was listening to, so he could improve his reading ability. An inmate with a history of swallowing objects — including his glasses, which he had dismantled and swallowed piece by piece, requiring surgery — can now keep a Bible and his eyeglasses in his cell. This man had also swallowed eating utensils in the past and is currently allowed to have paper-based utensils, but is working toward being allowed to eat with a spork.

The program has also prompted offenders to reach out and help each other. Some with better reading skills, for example, have paired up in classes with those who are less literate. As offenders progressed, there was an equally profound effect on the staff. “Officers began to see guys making progress and a switch happened. It was no longer about getting a guy through the program, it was now about helping the guy make progress,” Steele said. “We became like parents looking at our kids’ pictures. [Staff] developed an interest in the offender as a person.”

As offenders earned time out of their cells, staff responded with more incentives and more programming. For example, the unique desks spawned similarly designed seating that allows two offenders to play checkers. These were also placed outside so a pair of inmates can be outside together. When this was first tried, the two offenders did so well that they were allowed to have lunch together outdoors.

This teamwork and progress has not gone unnoticed. Missouri Department of Corrections Director George Lombardi visited the institution and spoke with staff. Kircher commented, “When Lombardi visited and he told everyone we were doing important work, that energized the staff. His visit and his words definitely had an impact.”

As inmates progressed, mental health staff came up with additional ideas for helping them. Kircher talked with one of her colleagues from Farmington Correctional Center (FCC), Justin Ream. “He told me they were using ‘cinema therapy’ at FCC’s mental health unit,” she said. “I asked a lot of questions and read a book about it.” The PCC staff then started showing offenders scenes from “Groundhog Day,” and used this to discuss the different decisions the character in the movie could have made, and how the outcomes could have been different, explained Kircher. For offenders who had not seen television in several years, the opportunity to watch even a few minutes of a movie was a very strong incentive. Kircher noted that the offenders have opened up in this group, sharing their histories and past mistakes.

Steele recounted several other innovations in the program. “We have inmate facilitators from other housing units leading classes. We bring in dogs from Puppies for Parole (a department program in which offenders train rescue dogs for adoption), and you hear laughter. Nuns offer basic education, and we will start GED classes soon. We have all the usual classification classes,” he said.

**Culture Change**

Even though PCC has gone from “old school” to “cutting edge,” officers still pride themselves on being able to handle tough situations. A new theme has emerged in the culture of Housing Unit 1. The entire atmosphere of the unit has changed — offenders and officers talk to each other. Inmates who seldom uttered much more than a grunt now speak pleasantly every day with staff.

“We tell offenders ‘you are responsible for your actions.’ We tell them the truth,” Brannum said. Custody officers now advocate for offenders. They report to mental health staff when an offender seems overmedicated or lethargic. They contact medical if they suspect something is wrong. Officers have shown more sensitivity to the offenders as individuals. Steele explained, “[Correctional officers] are going to check on offenders when they don’t seem quite right. As an example, one time there was a guy who got upset after getting a letter. The officer thought there might have been a connection, and he went and talked with the offender. A possible outburst was prevented.”

**Conclusion**

The success of the program is proved by the following data, comparing the two years before and after implementation:

- A 77 percent reduction in conduct violations;
- An 89 percent reduction in uses of force; and
- An 86 percent reduction in suicide watch and close observation incidents.

While replicating the program itself may be a challenge, one basic lesson learned from it is that staff buy-in increases when they are encouraged to utilize their own knowledge and expertise. Instructional and line staff were empowered to develop solutions. Kempker received the support of Division Director Dave Dormire. Mental health staff were encouraged by MHM Services Inc., the correctional mental health contractor in Missouri. Steele invited his line staff into the process.

This openness and support changed the culture of the institution. Lombardi is proud of his employees and knows the importance of taking care of them. “We have moral imperative to rehabilitate offenders so that they return to society in better shape than they came to us,” he said. “Similarly, we have an obligation to support the valuable people who do this work.”

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**ENDNOTES**


2 The remaining quotes in this article were retrieved via direct interviews with Missouri Department of Corrections staff.

Greg Markway, Ph.D., is director of forensic services for the Missouri Department of Mental Health, and the former assistant division director for the Mental Health Services, Division of Offender Rehabilitative Services. Scott O’Kelley, MA, LPC, is acting assistant division director for Mental Health Services for the Missouri Department of Corrections.