

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.70.07	Page 1 of 8
	Original Effective Date: 03/28/11	New Effective Date: 06/06/16
	Supersedes: 500.70.07	Dated: 03/28/11
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Psychiatric Treatment		

POLICY

The Division of Adult Institutions shall ensure appropriate psychiatric care for inmates.

REFERENCES

Wisconsin Statutes s. 895.46(1)(a) – State and Political Subdivisions Thereof to Pay Judgments Taken against Officers
Executive Directive 72 – Sexual Abuse and Sexual Harassment in Confinement (PREA)
DAI Policy 500.30.11 – Daily Handling of Non-Emergency Requests for Health Care
DAI Policy 500.50.02 – Health Care Record Format, Content and Documentation
DAI Policy 500.70.11 – Psychological Services Unit Record
DAI Policy 500.70.12 – Psychological Service Requests
American Medical Association – Code of Medical Ethics
American Psychiatric Association – The Principles of Medical Ethics: with Annotations Especially Applicable to Psychiatry
Department of Corrections Psychiatric Clinical Practice Manual
Medical Consultant – Psychiatrist Position Description
Wisconsin Department of Safety and Professional Services

DEFINITIONS, ACRONYMS, AND FORMS

AIMS – Abnormal Involuntary Movement Scale

BHS – Bureau of Health Services

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-3482A – Non-Formulary Psychotropic Request

DOC-3482B – Quetiapine and Olanzapine Request

DOC-3482C – ADHD Medication Request

DOC-3482D – Benzodiazepine Request

DOC-3496 – Psychiatric Report

DSPS – Department of Safety and Professional Services

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DSM – Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association

ECT – Electroconvulsive Therapy

HSU – Health Services Unit

HSU Staff – Employees classified as HSU Manager, Psychiatrist, Physician, Physician Assistant, Pharmacist, Dentist, Nurse Practitioner, Optometrist, Registered Nurse, Licensed Practical Nurse, Physical Therapist, Radiologic Technician, or any other clinical classification that is directly supervised by Health Services.

PREA – Prison Rape Elimination Act

POC-36 – Dictation Instructions for Psychiatric Report

POC-62 – Psychiatric Practice Guidelines

PSU – Psychological Services Unit

PSU Staff – Employees classified as Psychologist Supervisor, Psychologist-Licensed, Psychological Associate A or B, Crisis Intervention Worker, Psychological Services Assistant, Clinical Social Worker, or any other clinical classification that is directly supervised by Psychological Services.

State Mental Health Institutes – Mendota Mental Health Institute and Winnebago Mental Health Institute

WMHI – Winnebago Mental Health Institute

WRC – Wisconsin Resource Center

PROCEDURE

I. DOC Psychiatry Position Requirements

- A. Psychiatrists shall have completed a minimum of three years of training in a residency program accredited by the Accreditation Council for Graduate Medical Education.
- B. Psychiatrists shall have a valid license to practice medicine in the State of Wisconsin. They shall be in ongoing compliance with all the requirements for holding such a license by the DSPS.

II. Ethical Standards

- A. Psychiatrists shall conduct their practice in an ethically sound manner.

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- B. Guidelines for the ethical practice of medicine and specific guidelines for psychiatry are published by the American Medical Association and the American Psychiatric Association, respectively.

III. Liability

- A. The responsibility of the DOC in litigation involving employees is defined in Wisconsin Statutes s. 895.46(1)(a). Psychiatrists shall not receive representation by the State of Wisconsin for acts outside the scope of employment or for criminal acts.
- B. The state shall not provide legal representation for Psychiatrists for complaints made to the DSPS. However, the BHS may respond to inquiries from the DSPS and provide relevant records and results of investigations when such complaints are filed.

IV. Duties

- A. Responsibilities/scope of practice
1. Psychiatrists shall work under the administrative direction of the BHS and under the professional supervision of the Psychiatry Director.
 2. Psychiatrists shall provide psychiatric services to inmates in accordance with DOC policies and consistent with generally accepted professional standards within a correctional setting.
 3. Psychiatrists shall be familiar with the information posted in the Reference Material folder within the Psychiatry Groups folder, including the Psychiatric Practice Guidelines and the Medical Consultant – Psychiatrist Position Description.
 4. Psychiatric treatment shall be coordinated with a multidisciplinary treatment team that includes, but is not limited to, Psychology, Medical, Social Work, and Security.
 5. Psychiatrists shall attend quarterly meetings as scheduled by the Psychiatry Director. Minutes shall be posted in the Psychiatry Groups folder.
- B. Productivity
1. Psychiatrists shall follow the guidelines for work productivity put forth by the Psychiatry Director.
 2. The Psychiatry Director shall monitor productivity and take action as necessary to address any questions about productivity.
- C. Emergency assessments
1. During work hours, Psychiatrists shall promptly respond to emergencies at the request of PSU staff, Security staff, HSU staff, and DOC administrators.
 2. After work hours, the following applies:
 - a. Emergency care is provided by on-call PSU staff and an on-call primary care physician. The Psychiatry Director, Mental Health Director, and Medical Director are available for telephone consultation.

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- b. Psychiatrists shall provide their contact information to the HSU Manager in case there is a need to clarify an inmate's treatment plan or medication orders. However, after-hours coverage is not required.
 - c. When emergency psychiatric treatment or in-person evaluation is necessary, HSU staff shall arrange to transport the inmate to a local emergency room and notify the on-call primary care physician.
- D. Collaboration with PSU, Security, and HSU
1. Psychiatrists shall participate in multidisciplinary care meetings within their assigned facilities when those meetings occur on scheduled work days.
 2. Outside of scheduled meetings, Psychiatrists shall contact other disciplines to collaborate about the care of inmates when the clinical situation warrants it.
 3. Psychiatrists shall inform Security staff of any situation that could potentially compromise the security of the facility or the safety of an inmate, staff, or the public.
 4. Psychiatrists shall be familiar with staff obligations under PREA and Executive Directive 72.
- E. Vacation coverage
1. Psychiatrists shall notify the Psychiatry Director, HSU Manager, and scheduling staff at least two weeks in advance of planned **vacations**.
 2. Absences longer than one week may require in-person coverage by another Psychiatrist. Arrangements for this coverage should be coordinated through the Psychiatry Director or **the** Psychiatry Supervisor (Taycheedah Correctional Institution).
- F. Consultation and second opinions
1. Psychiatrists are encouraged to consult with other DOC Psychiatrists, the Psychiatry Director, or the Mental Health Director on difficult cases.
 2. A formal second opinion may be initiated at any time by a Psychiatrist. An inmate may request a second opinion, but is not entitled to one.
- G. Required training for Psychiatry staff
1. Orientation with the Psychiatry Director at the onset of employment.
 2. Orientation with the HSU Manager at the onset of employment.
 3. Attendance at Psychiatry Quarterly Meetings.
 4. Continuing education required in order to maintain licensure in Wisconsin.
 5. Infection control training annually.
 6. Suicide prevention training annually.
 7. Confidentiality of Health Information training.
 8. Other in-person and on-line trainings as required by the Psychiatry Director.
- H. Email
- Psychiatrists shall review and respond to email communications at least once every work day.

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V. Documentation

A. Required elements of initial and follow-up evaluations

1. Psychiatrists shall dictate a comprehensive intake evaluation on each inmate who is new to psychiatric treatment or has not been on the Psychiatry caseload for more than a year. Required elements include the following:
 - a. History of present illness.
 - b. Psychiatric history, including relevant prior medication trials.
 - c. Relevant medical history.
 - d. Social history, including substance abuse.
 - e. Current medications.
 - f. Mental status exam.
 - g. Clinical impression.
 - h. Diagnoses.
 - i. Treatment plan and follow-up interval.
2. Other necessary elements include the following:
 - a. Documentation of informed consent for any new medications.
 - b. Documentation of other clinically relevant data, such as AIMS evaluations and significant laboratory findings.

B. Medication changes

1. Rationale for medication changes and informed consent for new medication shall be documented on psychiatric dictations.
2. Medication changes shall be made with informed consent from inmates, unless a court has determined that the inmate is not competent to consent to medication.
3. If a Psychiatrist changes a medication based upon an inmate's written request, the psychiatrist shall schedule a follow-up appointment as soon as clinically appropriate to evaluate the results of the change and ensure that the informed consent process is satisfied.
4. Psychiatrists should not discontinue medication based solely upon an inmate's refusal without knowledge of the reason for refusal. In many cases, an appointment will be needed to clarify the reasons and determine the most appropriate plan.

C. Response to inmate written requests

1. Nursing staff shall triage inmate requests directed to Psychiatrists and address any urgent requests as described in DAI Policy 500.30.11 and DAI Policy 500.70.12. If an inmate who is not established in psychiatric care (not currently on psychotropic medication) requests to see a Psychiatrist, s/he shall be referred first to PSU staff for an evaluation and to determine whether a psychiatric evaluation is necessary.
2. Psychiatrists shall review pending inmate requests on each work day.
3. Psychiatrists shall document medication changes and informed consent within the Medical Chart. Hand writing a response on an inmate request is not a substitute for this.

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VI. Dictation of Psychiatric Reports

- A. Psychiatrists shall dictate initial and follow-up reports according to the instructions included in POC-36 and the format of DOC-3496, including the use of official DSM diagnoses.
- B. Psychiatrists shall dictate reports on the same day as they have contact with the inmate.
- C. Every work day, Psychiatrists shall log onto the web-based platform for DOC dictations and review, edit, and electronically sign any transcriptions that are ready for review.
- D. Every facility shall have a process for printing transcriptions that have been reviewed and electronically signed, making copies of those transcriptions, and distributing and filing as indicated on DOC-3496.

VII. Prescription of Psychotropic Medications

- A. General
Psychiatrists shall prescribe medications according to generally accepted standards of care within the correctional setting and consistent with DOC policies and formulary rules.
- B. Psychotropic formulary
The DOC has a defined formulary and a set of preferred medications based on efficacy, potential side effects, and relative cost.
 - 1. Non-formulary medications may be obtained with approval of the Psychiatry Director using DOC-3482A, DOC-3482B, DOC-3482C, or DOC-3482D.
 - 2. Medications that have abuse potential shall be prescribed conservatively and consistent with psychotropic guidelines and formulary procedures.
- C. Psychiatric Practice Guidelines
POC-62 outlines the DOC guidelines for the prescription of psychotropic medication, laboratory monitoring and AIMS evaluations.

VIII. Electroconvulsive Therapy

- A. ECT is available for inmates as a specialty referral.
- B. Generally, ECT referrals are initiated by WRC or state mental health institutes, occurring after inmates have been transferred to these sites for mental health evaluation or treatment.
- C. If, in the clinical judgment of a DOC Psychiatrist, an inmate may have a need for ECT, the Psychiatrist may consult with the Psychiatry Director or Mental Health Director, or may refer the inmate to WRC.

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Bureau of Health Services: _____ **Date Signed:** _____

James Greer, BHS Director

_____ **Date Signed:** _____

Dr. Ryan Holzmacher, Medical Director

_____ **Date Signed:** _____

Mary Muse, Nursing Director

_____ **Date Signed:** _____

Dr. Kevin Kallas, Mental Health Director

Administrator's Approval: _____ **Date Signed:** _____

Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.70.07	Page 8 of 8
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Psychiatric Treatment		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

I.

- A.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other