

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.70.14	<b>Page</b> 1 of 5
	<b>Original Effective Date:</b> 04/17/12	<b>New Effective Date:</b> 07/02/13
	<b>Supersedes:</b> 500.70.14	<b>Dated:</b> 04/17/12
	<b>Administrator's Approval:</b> Cathy A. Jess, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Mental Health Multidisciplinary Teams		

**POLICY**

The Division of Adult Institutions shall establish mental health multidisciplinary teams to discuss inmates who have mental health needs and develop plans of care.

**REFERENCES**

Executive Directive 35 – Confidentiality of Health Care Information Relating to Offenders, and Protection of Employees and Offenders from Communicable Disease  
Health Services Policy and Procedures 500:01 – Need to Know, Minimum Necessary and Duty to Mitigate Standards  
Standards for Health Services in Prisons (Section P-A-08) – National Commission on Correctional Health Care, 2008

**DEFINITIONS, ACRONYMS, AND FORMS**

BTO – Better Treatment Options Group

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-3602 – Mental Health Multidisciplinary Team Meeting Minutes

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

Health Care Record – Official confidential DOC record created and maintained for each inmate patient, consisting of all or some of the following components: gray/green and/or orange Short-Term Inmate Admission (STIA) Medical Chart, Dental Record,, Psychological Records-Copies envelope, Medications Record envelope, Patient Request Folder, x-ray films, PSU Record, and other components as defined by the Bureau of Health Services.

Health Care Staff – PSU staff, HSU staff and Psychiatrists.

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.

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M-Team – Mental Health Multidisciplinary Team

Mental Health Staff – PSU staff and DOC Psychiatrists.

Protected Health Information (PHI) – Any written, electronic, or verbal health and demographic information, contained in any DOC record, about an individual transmitted or maintained in any medium that relates to a past, present, or future physical or mental health condition, provision of health care to an individual, or payment for health care.

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.

Segregation Review Committee – A committee comprised of a Security Supervisor, PSU staff member, HSU staff member, and other staff as designated by the Warden. The committee reviews psychological, medical, security, and housing issues of segregated inmates, as well as any necessary restrictions or unusual behaviors.

WRC – Wisconsin Resource Center

## **PROCEDURE**

### **I. Composition of M-Teams**

- A. M-Teams shall include all available PSU staff and at least one representative each from Psychiatry, HSU and Security.
  1. The Warden/designee shall assign the security staff representative.
  2. Variations on this staff model shall be approved by the Mental Health Director.
- B. Other disciplines, such as Social Services, Chaplains or Teachers may attend as deemed appropriate by the Warden or M-Team members.
- C. The Psychologist Supervisor/designee shall chair the M-Team.
- D. M-Teams may coordinate discussion of selected inmates with the Segregation Review Committee or other facility multi-disciplinary teams.

### **II. Purposes of M-Team Meetings**

- A. M-Team staff shall meet weekly to discuss the treatment and management of inmates with mental health issues, with a focus on those with difficult and/or complex concerns.
- B. M-Team members may share relevant information about inmates with mental health issues in order to:
  1. Resolve differing perspectives.

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2. Develop a consensus understanding of inmates' mental health issues.
  3. Create and implement care plans that are consistent across disciplines.
  4. Assist housing unit staff to make proper observations, detect at-risk behaviors, and respond in an appropriate and timely manner.
- C. Inmates with the following problems or circumstances may be appropriate for review at M-Team meetings:
1. Complex or unclear diagnosis.
  2. A history of self-injury, suicidal behaviors or chronic suicidal ideation.
  3. Disruptive behavior that may be related to mental illness.
  4. Developmental disabilities or other vulnerabilities.
  5. Currently in, or recently released from, clinical observation.
  6. Severe depression.
  7. Active psychosis.
  8. Mental or behavioral problems that require significant staff time or institution resources.
  9. Mental illness that impacts medical care.
  10. Suspected malingering or feigning of mental illness.
  11. Inappropriate seeking of medications.
  12. Noncompliance with psychotropic medications.
  13. Mentally ill and recently placed in segregation.
  14. Recently released from the Wisconsin Resource Center.
  15. Currently on Chapter 51 commitment.
  16. Other problems or circumstances as determined by the team

### III. Sharing of PHI in M-Team Meetings

- A. DAI staff with a job-related need to know may have access to an inmate's PHI. M-Team members have a role-based need to know the information presented at M-Team meetings in order to fulfill their assigned job responsibilities.
- B. Health care staff may verbally communicate PHI to non-health care staff, although shall limit communication to the minimum amount of PHI necessary to achieve the purposes of the M-Team.
- C. Non-health care staff may view specific documents contained in the Health Care Record when directly relevant to the purposes of the M-Team, although should not retain copies of the documents.
- D. The following may be communicated by health care staff at M-Team meetings:
  1. Behavioral history within DOC and the community, if relevant to current risk of harm to self or others, including past suicidal and self-harm behaviors.
  2. Current mental health signs, symptoms, or conditions that may be relevant to staff, including but not limited to psychosis, depression, significant anxiety and risk of self-harm and suicide.

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- 3. Past behavior when placed in segregation status.
  - 4. Medical conditions when coordinated treatment requires the participation or awareness of other disciplines in the care and treatment of those conditions.
- E. The following may be communicated with caution by health care staff:
- 1. Mental health diagnoses and DSM codes.
  - 2. Family or social history.
  - 3. History of childhood abuse or trauma.
  - 4. Names of medications and dosages.
- F. The following may be communicated by any staff:
- 1. Descriptions of inmate behavior, attitude and statements.
  - 2. Medication compliance and non-compliance.
  - 3. Other relevant non-health care information.

**IV. Meeting Minutes**

- A. A designated member of the M-Team shall:
- 1. Record minutes of the meetings using DOC-3602– Mental Health Multidisciplinary Team Meeting Minutes.
  - 2. Distribute the minutes to members of the team, to responsible administrators, and to other staff involved in implementing inmate care plans.
- B. Staff who receive copies of M-team minutes shall retain them in secure locations due to the PHI they contain. Access to copies of minutes shall be limited to staff with a clear job-related need to know the contents of the minutes.
- C. M-Team members shall decide how PHI is further communicated to facility staff within their corresponding discipline, doing so on a need-to-know basis.
- D. M-Team members may consult with the DOC Health Information Supervisor or HIPAA Privacy Officer when questions arise regarding the sharing of PHI.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
 James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
 David Burnett, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
 Dr. Kevin Kallas, Mental Health Director

**Administrator’s Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
 Cathy A. Jess, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.70.14	<b>Page</b> 5 of 5
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Mental Health Multidisciplinary Teams		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**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