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|  <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p> | DAI Policy #: 500.70.28 | Page 1 of 8 |
| | Original Effective Date: 07/20/84 | New Effective Date: 01/25/21 |
| | Supersedes: 500.70.28 | Dated: 04/20/18 |
| | Administrator's Approval: Makda Fessahaye, Administrator | |
| Required Posting or Restricted: | | |
| <input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted | | |
| Chapter: 500 Health Services | | |
| Subject: Psychological Review for Minimum Security | | |

POLICY

Psychological Services Unit staff shall review inmates with MH-1, MH-2a and MH-2b codes and inmates with a "Gender Concern" designation prior to transfer to minimum security facilities.

REFERENCES

Wisconsin Administrative Code Ch. DOC 302 – Inmate Classification, Sentence and Release Provisions

Wisconsin Statutes s. 302.85 – Medical Care of Prisoners

DEFINITIONS, ACRONYMS AND FORMS

ADL – Activities of Daily Living

BOCM – Bureau of Offender Classification and Movement

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-3035 – Health Service Request and Copayment Disbursement Authorization

DOC-3035B – Psychological Service Request

Gender Concern – Designation in the Special Handling Section of WICS to notify staff that an inmate is transgender or has gender-related concerns.

HCR – Healthcare Record

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.

IC – Initial Classification

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Mental Health Codes – Designation made by PSU staff in WICS that identifies inmates who are not on the mental health caseload (MH-0), on the mental health caseload but not with serious mental illness (MH-1), with serious mental illness (MH-2a and MH-2b) or intellectually disabled (ID).

OCS – Offender Classification Specialist

POC-73 – Minimum Security Health Care Restrictions/Capabilities

PSU – Psychological Services Unit

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

RC – Re-Classification Committee

WCCS – Wisconsin Correctional Center System

Male Correctional Centers

BRCC – Black River Correctional Center

DACC – Drug Abuse Correctional Center

FCC – Flambeau Correctional Center

FCCC – Felmers O. Chaney Correctional Center

GCC – Gordon Correctional Center

JCBCC – John C. Burke Correctional Center

KCC – Kenosha Correctional Center

MCC – McNaughton Correctional Center

MSCC – Marshall Sherrer Correctional Center

OCC – Oregon Correctional Center

SCCC – St. Croix Correctional Center

SPCC – Sanger Powers Correctional Center

TCC – Thompson Correctional Center

WCC – Winnebago Correctional Center

Institutions

CVCTF – Chippewa Valley Correctional Treatment Facility

DCI – Dodge Correctional Institution

MSDF – Milwaukee Secure Detention Facility

OCI – Oakhill Correctional Institution

STF – Sturtevant Transitional Facility

TCI – Taycheedah Correctional Institution

WICS – Wisconsin Integrated Corrections System

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Working Days – All days except Saturdays, Sundays and legal holidays.

WWCS – Wisconsin Women’s Correctional System

Female Correctional Centers

MWCC – Milwaukee Women’s Correctional Center

REECC – Robert E. Ellsworth Correctional Center

PROCEDURE

- I. **Placement of Inmates with MH-1, MH-2a, and MH-2b Codes and/or Gender Concern designation Into Minimum Security Facilities**
 - A. The assigned OCS/designee shall submit a request for review of the inmate’s status to PSU at least three weeks prior to the IC staffing or RC hearing.
 - B. For patients with MH-1, MH-2a, and MH-2b Codes, PSU staff shall review the referred inmate for behavioral, emotional, and medication stability as outlined in section I.F. The review shall consist of a PSU Record review and a clinical interview. Staff shall complete and document the review within the HCR prior to the IC staffing or RC hearing.
 - C. For inmates with a Gender Concern designation, PSU staff shall review the referred inmate for stability as outlined in section I.F. and specifically determine whether the inmate requires a single cell in a minimum security environment. If the inmate would require a single cell, PSU staff shall check “Yes” to “Special Handling Needs / Precautions that are inconsistent with minimum security” within the HCR.
 - D. The Psychologist Supervisor or designee shall inform the OCS at the sending institution of the decision or recommendation for minimum security placement.
 - E. For the IC process at DCI, TCI, MSDF, and STF, separate criteria are outlined within the HCR and specific time frames are waived, although the inmate must demonstrate emotional, behavioral and medication stability.
 - F. The PSU recommendation shall be based on the following criteria (exceptions to the criteria in this policy may be approved by the Mental Health Director or Psychology Director).

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| Criteria | Minimum with PSU | Minimum without PSU |
|--|---|--|
| Receiving institution | CVCTF JBCC MWCC OCI RECC STF | DACC FCCC KCC MSCC OCC SPCC TCC WCC |
| No suicide (or self-harm) behavior or thoughts | Past 3 months | Past 6 months |
| No placements in observation status | Past 3 months | Past 6 months |
| No dangerous behavior, including (but not limited to) threats, intimidation, or assault | Past 3 months | Past 6 months |
| No changes in dose or type of psychotropic medication (changes in timing are acceptable) | N/A | Past 3 months |
| Compliant with medication | Past 3 months | Past 6 months |
| Ability to participate in work, school and/or programming | Past 3 months | Past 6 months |
| Capable of functioning appropriately in an institution setting, including the ability to independently perform ADL such as meals, showers, grooming, dressing and housekeeping | Yes | Yes |
| Property restrictions for clinical reasons | No | No |
| Current need for ongoing or regular contact with psychological services | Yes (allowed) | No |
| Psychologically stable | Yes | Yes |

- G. Patients on psychotropic medication for psychiatric purposes or with mental health codes are not eligible for transfer to FCC, GCC, MCC or SCCC.
- H. Patients with mental health codes who are stable on psychotropic medication are eligible for minimum facilities without a PSU when PSU staff determine that psychiatric care is sufficient for monitoring the patient's condition (i.e., there is not a current need for ongoing or regular contact with psychological services). In this case, the presence of a mental health code would not preclude placement at a minimum facility without a PSU, nor would it require clinical monitoring by PSU staff.
- I. Patients with mental health codes who require ongoing or regular contact with PSU are not eligible for placement at minimum facilities without a PSU.

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- J. The procedures in this policy do not apply to inmate transfers between WCCS centers, except that consideration shall be given to the restriction level of the receiving center as described in POC-73.

II. Relationship Between Institutions and Assigned Correctional Centers

- A. Institutions and correctional centers shall be matched with each other as outlined in POC-73.
- B. The inmate's paper PSU Record (when applicable) shall be maintained in the HSU as part of the entire Health Care Record at the correctional center throughout the period of time the inmate is housed there.
- C. Inmate Psychiatry Appointments
1. A nurse at the correctional center shall review the inmate's Medical Chart for medical and mental health conditions and prescribed medications on the next day that a nurse is on-site.
 2. For inmates on psychotropic medication, correctional center HSU staff shall arrange for the inmate to be seen by the psychiatrist at the center, institution or via telemedicine within 30 days of arrival.
 3. Institution HSU staff shall schedule subsequent psychiatric appointments. Whenever possible, these should be coordinated with other scheduled HSU appointments.
- D. Access to Services
1. If an inmate makes a non-urgent request to see mental health staff outside of a scheduled appointment, correctional center staff shall inform the inmate that he or she should complete a DOC-3035B (for PSU staff) or DOC-3035 (for psychiatry staff).
 2. Facilities without on-site PSU staff shall transport the patient to the institution for appointments or shall arrange for telemedicine visits where available. In select institutions, the Psychiatry Director may approve regular psychiatrist visits to the facility.
- E. Crisis Services for Correctional Center Inmates
1. Institution PSU staff shall provide correctional center staff with updated on-call schedules and contact numbers.
 2. If a correctional center inmate appears to be in crisis, correctional center staff shall communicate concerns immediately to the Superintendent/designee and to institution PSU staff. Correctional center staff may also contact institution HSU and security staff as needed.
 3. Correctional center staff shall take any necessary steps to limit risk to the inmate, center and community, including transfer to the institution for further evaluation, crisis counseling or clinical observation.
 4. If it is determined by the institution PSU staff, psychiatry provider and/or Superintendent/designee that the inmate's condition warrants transfer to

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the institution, correctional center staff will transport the inmate to the institution.

5. If the transfer occurs within normal working hours, institution PSU staff will evaluate the inmate on the same day.
 6. If the transfer occurs after hours or on a non-working day, the on-call PSU staff will consult with correctional center staff and use clinical judgment to determine whether immediate face-to-face contact or clinical observation at the institution is necessary.
 7. PSU staff will conduct a face-to-face interview within one working day or within 16 hours if the inmate is in clinical observation. At the face-to-face contact, the institution PSU staff will determine whether retention at the institution is necessary for further evaluation, crisis counseling or continued clinical observation.
 8. If the correctional center has PSU staff assigned to it, the crisis response procedure may be modified to include the correctional center PSU staff in the on-call and crisis intervention process.
- F. Training for correctional center staff regarding the supervision and management of patients with mental health issues shall be provided by the institution PSU staff or psychiatry provider when requested by the correctional center.

III. Removal of Inmates from Minimum Security Sites for Mental Health Reasons

- A. An inmate may be transferred out of the minimum security facility if the inmate no longer meets the criteria for emotional or behavioral stability.
- B. Medication changes alone that are initiated by the psychiatrist shall not result in transfer unless accompanied by behavioral or emotional instability. Inmates who need frequent psychiatric visits shall be re-evaluated by institution PSU staff for their suitability to remain in a minimum security setting.
- C. If transfer out of the correctional center is considered, institution PSU staff shall evaluate the inmate prior to the RC hearing and document their findings within the HCR.
- D. If an inmate is removed from a correctional center for security reasons (e.g., TLU placement) and institution PSU staff have contact with the inmate for significant mental health issues (e.g., crisis intervention), PSU staff shall subsequently evaluate the inmate for suitability to return to the correctional center and document in the HCR according to criteria in section I.F.
- E. The RC shall review the inmate's status to determine an appropriate location and custody level per Wisconsin Administrative Code Ch. DOC 302.

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Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Dr. Paul Bekx, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

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

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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| Facility: | | |
| Original Effective Date: 00/00/00 | DAI Policy Number: 500.70.28 | Page 8 of 8 |
| New Effective Date: 00/00/00 | Supersedes: 000.00.00 | Dated: 00/00/00 |
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| Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation | | |
| Warden's/Center Superintendent's Approval: | | |