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|  <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> 500.70.31                                    | <b>Page</b> 1 of 10                    |
|  | <b>Original Effective Date:</b><br>04/22/17                       | <b>New Effective Date:</b><br>05/01/17 |
|  | <b>Supersedes:</b> N/A  | <b>Dated:</b> N/A                      |
|  | <b>Administrator's Approval:</b> Jim Schwochert,<br>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> Secure Residential Treatment Unit  |   |  |

## POLICY

The Division of Adult Institutions shall provide a treatment unit at OSCI with management and programming for selected inmates with medium custody status and MH-2A or ID codes who display chronic disciplinary issues or who demonstrate an inability to adapt to a General Population setting.

## REFERENCES

Wisconsin Administrative Code s. DOC 303 – Discipline  
Wisconsin Administrative Code s. DOC 309 – Resources for Inmates  
Wisconsin Administrative Code s. DOC 311 – Observation Status  
DAI Policy 306.00.27 – Transportation of Inmates  
DAI Policy 500.30.06 – Transportation of Inmate Patient  
DAI Policy 500.70.01 – Mental Health Screening and Referral  
DAI Policy 500.70.30 – Behavior Management Plan  
Facility SRTU Handbook

## DEFINITIONS, ACRONYMS, AND FORMS

Behavior Management Plan (BMP) – A non-punitive and multidisciplinary written plan to address inmate behaviors which threaten the safety of the inmate or others, impair the safe and secure operation of the facility or result in disciplinary action. The plan shall identify target behaviors, appropriate staff responses to those behaviors, and guidance to the inmate regarding more constructive behaviors.

BOCM – Bureau of Offender Classification and Movement

Carey Brief Intervention Tools (BITS) – Assist corrections professionals to effectively address key skill deficits through brief, structured interventions.

Certified Peer Specialist – An inmate who has lived the experience of a mental illness and/or a substance use disorder and has had formal training and certification in the peer specialist model of mental health and/or substance use disorder support.

Clinical Observation – A non-punitive status used for the temporary confinement of an inmate to ensure the safety of the inmate or the safety of others. An inmate may be placed in clinical observation for mental illness and dangerousness to self or others, or (when not mentally ill) for dangerousness to self. Clinical observation is also known as Mental Health Placement or Observation for Mental Health Purposes per Wisconsin Administrative Code Ch. DOC 311.

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DOC-9 – Adult Conduct Report

DOC-67 – Notice of Inmate Placed in Temporary Lockup

DOC-173 – Offender Conduct Record

DOC-1408-- Inmate Work Program Placement

DOC-1479 – Referral for Mental Health Placement

DOC-1479A – Referral for Mental Health Placement – Addendum

DOC-3026 – Medication Treatment Record

DOC-3642A – Behavioral Management Plan

DOC-3773 – Mental Health Placement – Secure Residential Treatment Unit (SRTU) Response

DS – Disciplinary Separation

GP – General Population

Medication Compliant – Takes all medications as prescribed by DOC physician.

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 or MH-2b), or intellectually disabled (ID).

PREA – Prison Rape Elimination Act

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.

RH – Restrictive Housing

SMI – Severe Mental Illness

Secure Residential Treatment Unit (SRTU) Treatment Team – Comprised of unit staff including psychologist, social worker, unit supervisor, licensed medical staff, and SRTU security staff.

Structured activities – Scheduled activities/groups led by a staff member.

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Temporary Lock Up (TLU) – A temporary non-punitive status allowing an inmate to be separated from the general population pending further administrative action.

Unstructured activities – Scheduled or unscheduled activities monitored by staff (i.e. visits, meals, showers, contact with Certified Peer Specialist).

WICS – Wisconsin Integrated Corrections System

## **PROCEDURE**

### **I. General**

- A. The SRTU shall provide focused staff interaction, programming, and treatment for inmates with MH-2A or ID codes who exhibit persistent disciplinary issues and/or demonstrate difficulty adapting to a GP setting.
- B. The SRTU shall support inmates with MH-2A or ID codes in achieving the highest level of functioning within a safe environment.
- C. Overriding goals of the program include developing skills in behavioral control, learning coping skills, maintaining good conduct, improving treatment compliance and increasing active program participation.
- D. The SRTU is an incentive based program. As behavioral stability is demonstrated, more privileges are earned. Inmates who continue to engage in problematic behavior shall not earn additional incentives until they demonstrate stability.

### **II. Admission Criteria**

- A. MH-2A or ID code. Other inmates may be eligible on a case-by-case basis.
- B. Medium custody level.
- C. History of multiple admissions to RH or demonstrates an inability to adapt to GP. Presenting problems may include significant difficulties such as:
  1. Clinical observation placements.
  2. Overtly aggressive behavior.
  3. Impulsive behavior.

### **III. Process for Recommendations and Transfers to the SRTU**

- A. When an inmate is being recommended for SRTU the referring psychologist shall review the recommendation with the inmate and inform the inmate of the reason(s) for the transfer recommendation.
- B. The referring staff/facility shall submit a completed referral packet to the SRTU Psychologist/designee. The referral packet shall include copies of the following:
  1. DOC-1479 and DOC-1479A.
  2. Current DOC-3642A, if present.

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3. DOC-3026.
  4. DOC-173.
- C. The SRTU Treatment Team shall review the packet and contact the referring facility to schedule a face-to-face (on-site or video conference) interview with the inmate if being considered for SRTU.
- D. Following final approval, a DOC-3773 shall be sent to the referring facility and the inmate placed on the SRTU waiting list.
- E. Upon approval of the SRTU referral, the referring PSU staff shall enter a three month hold in WICS.
- F. BOCM shall receive and review the DOC-1479 from PSU staff. If additional information is required to perform classification functions, BOCM may request the DOC-1479A.
- G. BOCM shall initiate a classification action upon receipt of the SRTU Response.
- H. BOCM shall complete a classification hearing and document the following in the classification action:
1. Review of the DOC-1479.
  2. The behavior/reason for the referral.
  3. The acceptance of the referral by the SRTU Treatment Team.
- I. BOCM shall advise referring on-site PSU staff upon completion of the classification action.
- J. The referring PSU staff shall ensure eligibility prior to transfer. If not eligible, the case may be reviewed again in the future as space becomes available.
- K. The referring PSU staff shall contact the SRTU contact/designee upon completion of the classification action.
- L. The SRTU contact/designee shall notify the sending facility and the BOCM Transportation Coordinator when space is available.
- M. The BOCM Transportation Coordinator shall schedule transfers to the SRTU in collaboration with the designated SRTU Treatment staff.
- N. If eligible for transfer, the hold shall be lifted and the transfer scheduled. The transfer order shall state, "Place directly into SRTU."
- IV. Transportation**
- A. An inmate received into the SRTU shall be assigned by BOCM to the designated facility.

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B. All property shall be transported with the inmate.

**V. Admission and Orientation**

A. Inmates shall receive orientation to the facility and SRTU.

B. Inmates shall have access to facility and Facility SRTU Handbooks.

C. Inmates shall be screened for PREA concerns within 72 hours of entering the facility.

D. Inmates shall be issued clothing that identifies them as a SRTU program inmate.

**VI. Treatment Program**

A. Staff shall develop an individualized DOC-3642A for all inmates in the SRTU program.

B. The SRTU Treatment Program is a progressive phase system.

1. The length of time spent in each phase is dependent on the inmate's demonstrated level of adjustment.

2. The specific parameters for each phase movement shall be defined in the inmate's DOC-3642A.

C. Changes in status from phase to phase shall be determined by the SRTU Treatment Team and documented on DOC-3642A. Criteria for advancement from phase to phase include, but are not limited to:

1. Remain free of warnings and DOC-9s.

2. Remain free of self-injury.

3. Attend scheduled groups and individual sessions.

4. Points/Incentives earned.

5. Individualized recommendations on DOC-3642A.

D. SRTU inmates shall be offered out-of-cell activities and programming consistent with individual needs and staff resources.

1. The number of out-of-cell hours for each inmate shall be logged by staff and reviewed by the SRTU Treatment Team.

2. Inmate group attendance shall be recorded daily.

3. Unit staff may determine that an inmate is unable to participate in group or out-of-cell activities if there is inappropriate or disruptive behavior.

E. SRTU staff shall determine the schedule of activities including, but not limited to:

1. Recreation schedules.

2. Shower schedules.

3. Canteen purchases.

4. Telephone calls.

5. Law library access.

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6. Visitation.

**VII. Inmate Accountability**

- A. Inmates in SRTU committing a rule violation may be subject to the following interventions:
1. Carey BITS.
  2. Informal sanctions or dispositions
  3. Conduct reports
  4. Temporarily placement in TLU status
  5. Temporary placement in calming room.
- B. Inmates in the SRTU who receive a DS sanction may be subject to the following interventions:
1. Change in phase level.
  2. Loss of incentives.
  3. Placement in RH.
  4. Removal from program.
  5. Referral to reclassification.

**VIII. Phases**

- A. Phase 1 (minimum 14 days)
1. Goals
    - a. Initial assessment.
    - b. Development of BMP on the DOC-3642A.
    - c. Orientation to the rules and expectations of the unit.
    - d. Overview of the phase system and activity schedule.
  2. Limited property and movement outside the SRTU as outlined in the SRTU Handbook.
  3. Limited contact with inmates in other phases.
  4. Advancement to Phase 2 after completion of goals and review by the SRTU Treatment Team.
- B. Phase 2 (minimum 60 days)
1. Goals
    - a. Increased responsibility.
    - b. Increased freedom of movement.
  2. Additional property and limited movement outside the SRTU as outlined in the SRTU Handbook.
  3. Ability to earn and use up to 40 incentive points per week.
  4. Transition to Phase 3 is determined by:
    - a. Ability to maintain safe behavior.
    - b. Active participation in scheduled activities.
    - c. Compliance with treatment objectives as outlined in the BMP.
    - d. Compliance with facility policies and procedures.
- C. Phase 3 (minimum 60 days)
1. Goals

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- a. Increased responsibility.
      - b. Increased freedom of movement.
    2. Additional property and movement (including ability to leave unit) as outlined in the Facility SRTU Handbook.
    3. Ability to earn and use up to 50 incentive points per week.
    4. Transition to Phase 4 is determined by:
      - a. Ability to maintain safe behavior.
      - b. Active participation in scheduled activities.
      - c. Compliance with treatment objectives as outlined on DOC-3642A.
      - d. Compliance with facility policies and procedures.
      - e. Level of functioning consistent with GP.
  - D. Phase 4 (minimum 60 days)
    1. Goal – Prepare for transition to GP.
    2. All personal property is issued and inmates may leave unit as outlined in the Facility SRTU Handbook.
    3. Ability to earn and use up to 75 incentive points per week.
      - a. This is the last phase when incentive points may be earned.
      - b. All incentive points shall be used by the end of this phase or they shall be lost.
    4. Inmates may be permitted to obtain a job on the unit or as approved by the SRTU Treatment Team.
  - E. Phase 5 (minimum 90 days, can extend for additional 90-day periods)
    1. Goal – Begin transition to a GP or other housing unit as determined by the SRTU Treatment Team.
    2. Inmates may be permitted to reside on other units while attending SRTU programming.
  - F. Program Completion
    1. Determined by SRTU Treatment Team.
    2. Completion occurs after a successful Phase 5 without significant behavioral problems or serious mental health issues.
    3. After completion of the program, an inmate may be housed on another OSCI housing unit or may be transferred to a different facility as determined by the SRTU Treatment Team and BOCM.
- IX. Points and Incentives**
- A. Behavioral
    1. One point per day (maximum seven per week).
    2. Requirement
      - a. Follow facility rules.
      - b. Do not receive a warning or DOC-9.
      - c. Refrain from any problematic behavior.

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**B. Treatment**

1. Two points for each hour of structured activity and one point for each hour of unstructured activity (maximum 30 per week).
2. Requirement – attend the above activities without problematic or disruptive behavior.
3. No points are earned for:
  - a. An unexcused absence.
  - b. Leaving group before it is finished.
  - c. Being escorted from a group.

**C. Cell cleanliness/hygiene**

1. One point per day (maximum seven per week).
2. Requirement – Maintain clean cell and acceptable hygiene.

**D. Bonus points**

1. Six points per week.
2. Requirements:
  - a. Attend and participate in all groups.
  - b. Meet treatment plan requirements for one week.

**X. Redemption**

- A. Incentive points are totaled weekly and inmates may redeem points on a weekly basis.
- B. Staff shall provide inmates with incentive order forms.
- C. Redemption items and privileges shall have point values from five to 60 points.
- D. Items and privileges shall be granted no later than the week following redemption.
- E. Unused points may be carried over from week to week and month to month, although an inmate is still subject to the weekly limits of redemption for each phase.
- F. Once a point or privilege is earned it cannot be taken away.
- G. Points and privileges shall be held if the inmate is placed in TLU or observation status.

**XI. SRTU Treatment Team**

- A. The SRTU Treatment Team shall consist of a minimum of three staff who are primarily assigned to SRTU. The SRTU Treatment Team shall meet with and review all inmates housed in SRTU.



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B. Members:

1. Psychology staff – Offer out-of-cell programming and therapeutic contacts.
2. Psychiatry staff – Review inmate mental health and psychotropic medication.
3. Security staff:
  - a. Monitor inmate activities.
  - b. Document DOC-1408 regarding inmate workers and Certified Peer Specialist.
  - c. Assist with program needs.
4. Social Workers – Offer out-of-cell programming and contacts.
5. Unit Manager/Security Supervisor – Oversee operations of SRTU.
6. Medical Staff – Review inmate medications/medical needs.
7. Other staff as deemed appropriate.

**XII. Certified Peer Specialists**

- A. May be available to provide support for program participants.
- B. Roles may include individual out-of-cell contacts, tutoring, recreational activities and assistance with daily living skills.
- C. Contacts shall be documented as an unstructured activity.

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

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
 Ryan Holzmacher, MD, 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**

|  |                                     |                      |
|--|-------------------------------------|----------------------|
| <b>Facility:</b> Name  |                                     |                      |
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| <b>New Effective Date:</b> 00/00/00  | <b>Supersedes Number:</b>           | <b>Dated:</b>        |
| <b>Chapter:</b> 500 Health Services  |                                     |                      |
| <b>Subject:</b> Secure Residential Treatment Unit  |                                     |                      |
| <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.
    - 1.
      - a.
  - B.
  - C.
- II.
  - A.
  - B.
  - C.