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ADMINISTRATOR'S MEMO TO COUNTIES

MEMO # 17-04

DATE: June 29, 2017

TO: County Departments of Human/Social Services Directors

FROM: John D. Paquin, Administrator 
Shelby A. B. McCulley, Assistant Administrator 

SUBJECT: Update on Mental Health Services at CLS/LHS

The prevalence of mental health issues among youth in the juvenile justice system is well known. Prior to a juvenile detention placement, approximately half of the youth have received mental health services, and many of the youth have experienced inpatient hospitalization for psychological problems.

Management and staff of Copper Lake and Lincoln Hills Schools (CLS/LHS), the Division of Juvenile Corrections (DJC), and the Department of Corrections are committed to providing high quality, effective psychological services to youth. As a result of this commitment, there have been many positive changes to the CLS/LHS Psychological Services Department. These include increasing staff levels, increasing service provision, and ensuring that youth receive appropriate assessment and treatment and are able to benefit to the greatest degree possible from their programming. We are also working to collaborate with community providers and resources to ensure continuity of care for effective case planning and transition.

The purpose of this memo is to outline some of these changes and to explain our newly modified assessment and classification system, which assists in guiding the mental health services provided.

Brief Overview of the Psychological Services Unit

The purpose of the Psychological Services Unit (PSU) is to provide effective psychological services to the youth of CLS/LHS as well as to provide consultation and advice to staff and administration regarding mental health, psychological disorders, treatment issues, and self-harm and suicide prevention. The services provided include psychological evaluation and assessment; individual, group, and family therapy; and consultation. Crisis management and on-call services are also provided by PSU staff.

Psychiatric services are available through the Health Services Unit (HSU). Psychiatric services include psychiatric assessment; consultation; and prescribing and monitoring the use of psychotropic medication.

Each PSU staff member is assigned to one or more living units and provides consultation to living unit staff regarding treatment approaches. Psychologists attend weekly living unit team meetings and are available for consultations with individual members of living unit teams. Working collaboratively with psychiatrists, social workers, teachers, juvenile review and release specialists, unit managers, supervisors, youth counselors and administrative staff is imperative in ensuring effective case planning and treatment.

The PSU consists of a psychology manager for DJC, a chief psychologist for CLS/LHS, two full-time doctoral level licensed psychologists, three psychological associates (two have Master's degrees in Psychology and one is revising her dissertation for completion of her Doctorate), and a psychological services assistant. Additionally, the PSU has three doctoral-level psychology interns. As of July 24th, PSU will have an additional doctoral level psychologist joining the PSU team.

For the vast majority of our youth, therapeutic needs are being met successfully via the variety of treatment programs available. In addition to PSU services, these may include Substance Use Disorder treatment, Aggression Replacement Training, Sex Offender Treatment Program, Juvenile Cognitive Intervention Program, and social work case management services.

Recent Changes in Mental Health Services

Changes that have occurred in the last 6 months in the PSU include:

- Implementation of a new multi-disciplinary team meeting that includes the HSU, PSU, education and social work staff, to ensure a holistic approach to treatment, spanning multiple disciplines.
- Development and implementation of a new multi-disciplinary Clinical Observation Policy and Institution Procedure, along with providing training for HSU, PSU and security staff.
- Initiation of a juvenile-specific, in-person suicide prevention training for all staff.
- Development and implementation of a new multi-disciplinary Mechanical Restraints Policy and Institution Procedure, along with providing training for HSU, PSU and security staff.
- Expanded PSU hours, due to staggered staff schedules, from 0745-1630 to 0700-1830. Additionally, new policies now require PSU staff to complete on-site assessments for all observation placements, which has increased the presence of PSU staff on non-business days.
- Trained all PSU staff and treatment specialists in Dialectical Behavior Therapy (DBT), a treatment for high risk, impulsive youth who engage in self-injurious behaviors. LHS

and CLS will move toward implementing full functioning DBT programs in August and September.

- Provided an introduction to DBT training to all staff, in order to create a climate that supports the treatment, and empowers staff by providing de-escalation strategies and encouraging skills usage for youth.
- Provide on-going training to Youth Counselor Pre-Service Academy on adolescent development, suicide prevention, and mental health.
- Collaboration with the HSU and PSU on the development and implementation of an Electronic Medical Records system scheduled to begin December 2017.
- Ongoing work with the American Psychological Association (APA) to maintain the APA accredited internship program in order to continue to provide advanced training for doctoral interns, in an effort to advance the field of correctional psychology.
- Successful match with four new psychology interns for the 2017-2018 academic year.

Screening and Mental Health Assessment

CLS/LHS has recently revised its mental health classification system in order to guide the Psychological Services Unit scope of practice.

All youth entering CLS/LHS are screened shortly after arrival (within two days) by Psychology staff. Initial screening determines the youth’s mental health code based on the youth’s mental health need. At the time of intake, all youth are assigned a psychological services staff member and assigned a mental health code as follows:

MH CLASSIFICATION		COMMON DIAGNOSES
MH-0	No Mental Health Need	None. There is no current mental health need. The youth does not need a scheduled follow-up visit with PSU and is not seeing a psychiatrist for any reason.
MH-1	Mental Health Need, not Serious Mental Illness	The youth is receiving mental health services but does not have a serious mental illness. Examples may include youth with diagnoses of Adjustment Disorder, Insomnia, V-codes, Attention Deficit Hyperactivity Disorder, Intellectual Disabilities, and Developmental Disabilities.
MH-2a	Serious Mental Illness	The youth has a current diagnosis of, or being in remission from, one or more of the following conditions: Schizophrenia, Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Other

		Specified (and Unspecified) Schizophrenia Spectrum and Other Psychotic Disorder, Major Depressive Disorder, Bipolar Disorder. MH-2a also includes youth with current or recent symptoms of the following conditions: Brief Psychotic Disorder, Substance / Medication-Induced Psychotic Disorder, head injury or other neurological impairments that result in behavioral or emotional dyscontrol, chronic and persistent mood or anxiety disorders (including PTSD, particularly if severe and/or accompanied by auditory or visual hallucinations), and other conditions that lead to significant functional impairment.
MH-2b	Personality Disorder	The youth is diagnosed with any of the following: Disruptive Mood Dysregulation Disorder, Conduct Disorder, Oppositional Defiant Disorder, Impulse Control Disorder, or maladaptive personality traits that are accompanied by significant functional impairment, and may be subject to periodic decompensation such as depression and/or suicidality. MH-2b also includes youth with a primary personality disorder that is severe, accompanied by significant functional impairment, which may be subject to periodic decompensation such as depression and/or suicidality.
ID	Intellectual Disability	An IQ of approximately 70 or below with concurrent impairments in present adaptive functioning and age of onset before 18 years.

Mental health classification codes may be reassessed and/or reassigned by PSU staff. Classification codes may be increased at any point in time based on mental health symptoms.

Youth who have a mental health code of MH-1 or ID are seen by PSU staff at least once per month, and youth who have a mental health code of MH-2a or MH-2b, are seen by PSU staff at least once every two weeks. In addition, staff may refer youth to PSU, and youth have the opportunity to make a written request at any time to meet with a PSU staff member and the youth will be seen for an appointment.

Please contact us if you have any questions. We appreciate your interest and feedback.

Memo # 17-04

June 29, 2017

Page 5

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