 <div style="text-align: center;"> DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES </div>	DAI Policy #: 500.70.28	Page 1 of 9
	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

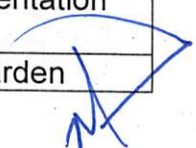
_____ **Date Signed:** _____
Mary Muse, Nursing Director

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

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

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Oshkosh Correctional Institution		
Original Effective Date: 7/20/84	DAI Policy Number: 500.70.28	Page 8 of 9
New Effective Date: 3/15/21	Supersedes: 500.70.28	Dated: 5/15/14
Chapter: 500 Health Services		
Subject: Psychological Review for Minimum Security		
Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Michael Meisner, Interim Warden		


REFERENCES**DEFINITIONS, ACRONYMS, AND FORMS**

Behavioral Stability - Within the last six months, no suicide attempts or self-harm gestures, placement in observation, or conduct reports/incident reports that involve dangerous or assaultive behavior.

DOC-3026 – Medication/Treatment Record

OOA – Office Operations Associate

PRC – Program Review Committee

DOC-3474 – Psychologist Minimum Security Placement Recommendation

Psychiatric/Psychological Stability - Inmate has been designated psychiatrically stable on medications, clinical symptoms are in remission and inmate has been compliant with medication.

Stability Evaluation - Review of inmate behavior within past six months, review of medication stability, review of clinical records, and/or face-to-face evaluation of inmate psychological status.

FACILITY PROCEDURE

- I. OCS will identify inmates who may be eligible for placement in a minimum security facility.
- II. PSU staff will review inmates for potential placement in a minimum facility for psychological, psychiatric, and behavioral stability. Review will include:
 - A. Psychiatric records;
 - B. Psychological Services Records;
 - C. Conduct and/or incident reports that involve dangerous or assaultive behavior;
 - D. Program, education, or work participation;
 - E. Face to face contact.
- III. Completed DOC-3474 will be provided to OCS.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Oshkosh Correctional Institution		
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RESPONSIBILITY**I. Staff****A. HSU STAFF:**

Provide confirmation of psychotropic medication compliance when requested by PSU staff.

B. PSYCHOLOGICAL SERVICES OOA:

1. Receive request for DOC-3474 from the OCS.
2. Enter request in database and forward DOC-3474 to appropriate PSU staff person responsible for evaluating inmate to complete.
3. Receive completed DOC-3474 from PSU staff person and distribute appropriate copies.

D. PSU Staff:

1. Monitor behavioral stability via regular discussion of inmate behavior with unit security staff, social workers, area supervisors or other appropriate staff.
2. Regularly review medication compliance by contacting HSU nurses or support staff or checking DOC-3026 on unit.
3. Monitor psychiatric stability via regular reading of psychiatric reports as they become available and/or discussion with psychiatric personnel at regular unit meetings, multidisciplinary meetings, or via other means.
4. Update psychological stability status in clinical documentation following each contact.
5. Update Mental Health Classification codes in WICS or other electronic sources.
6. Complete DOC-3474 and provide to PSU OOA.

E. OCS:

1. Provide lists of inmates who may be eligible for transfer to minimum facilities to PSU staff to review for appropriateness of transfer 3 weeks prior to their scheduled review date.
2. During PRC process, ensure review of inmate information related to behavioral, psychiatric, and psychological stability.
3. Monitor inmate transfer lists and take appropriate action regarding inmates who become medically or behaviorally unstable.

F. PSYCHOLOGIST SUPERVISOR:

1. Review all DOC-3474 evaluations for minimum and approve or adjust recommendations made by PSU staff.
2. Document approval or disapproval in WICS, assigning follow-up reviews as needed based on standards of appropriate stability.
3. Ensure compliance with DAI policy and facility procedure.