

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.70.01	Page 1 of 6
	Original Effective Date: 01/22/10	New Effective Date: 08/31/20
	Supersedes: 500.70.01	Dated: 04/08/19
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Mental Health Screening, Assessment and Referral		

POLICY

The Division of Adult Institutions shall ensure that patients are provided with clinically appropriate mental health screenings, assessments, and referrals.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, Essential 2018, P-E-05 – Mental Health Screening and Evaluation

DAI Policy 410.30.01 - Screening for Risk of Sexual Abusiveness and Sexual Victimization

DAI Policy 500.30.49 – Initial Health Assessment

DAI Policy 500.80.03 – Medication Reconciliation – Continuation of Medication
Mental Health Assessment Nursing Protocol

Wis. Stat. s. 302.385- Correctional Institution Health Care

DEFINITIONS, ACRONYMS AND FORMS

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2077 – Health Transfer Summary

HSU – Health Services Unit

Intellectually Disabled (ID) – An IQ of approximately 70 or below with concurrent impairments in present adaptive functioning and age of onset before 18 years.

IQ – Intelligence Quotient

Mental Health Caseload – Inmates classified as MH-1, MH-2a, MH-2b or ID.

Mental Health (MH) Staff – PSU staff and DOC psychiatrists

MH-0 – There is no current mental health need. The inmate does not need a scheduled follow-up visit with PSU and is not seeing a psychiatrist for any reason.

MH-1 – The inmate is receiving mental health services but does not suffer from a serious mental illness. This code is not appropriate for inmates who are receiving only

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program services, such as substance abuse or sex offender treatment, and have no other mental health needs.

MH-2a – A current diagnosis of, or being in remission from, the following conditions: Schizophrenia, Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Other Specified (and Unspecified) Schizophrenia Spectrum and Other Psychotic Disorder, Major Depressive Disorder, Bipolar I Disorder, and Bipolar II Disorder. MH2-a also includes inmates 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, and other conditions that lead to significant functional disability.

MH-2b – Inmates with a primary personality disorder that is severe, accompanied by significant functional impairment, and subject to periodic decompensation (i.e., depression or suicidality). If an inmate has stable behavior for two years, the code may be reassessed. Excluded from MH-2B classification are inmates who have a primary diagnosis of Antisocial Personality Disorder and whose behavior is primarily the result of targeted goals rather than impairment from diagnosed mental illness.

Psychological Services (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

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

PROCEDURE

I. Health Services Initial Screening by Nursing Staff

- A. The intake health screening interview shall be conducted by nursing staff on the day of intake and documented in the healthcare record per DAI Policy 500.30.49.
- B. The intake health screening shall include review of DOC-2077 – Health Transfer Summary.
- C. The intake health screening shall include the following mental health information:
 1. Prior psychiatric hospitalizations and psychotropic medications.
 2. Current psychotropic medication.
 3. History of suicide attempts.
 4. Current suicide indicators, if any.
 5. Evidence of psychosis, significant mood disturbance or confusion.

D. Psychotropic Medication

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1. Current and verified psychotropic medication shall be continued as per DAI Policy 500.80.03.
 2. Patients taking psychotropic medication shall be scheduled with a psychiatrist and seen at the next available appointment.
 3. Patients shall remain on current and verified psychotropic medication pending psychiatric assessment. Reconciliation shall be completed by an ACP or Psychiatrist/Psychiatric Nurse Practitioner.
 4. Psychiatrist or Psychiatric Nurse Practitioner shall evaluate patients for clinical appropriateness of resumption of psychotropic medication.
 5. Licensed prescribers shall review and sign medication orders within one working day of intake from a facility outside DOC.
- E. Nursing staff shall refer patients to PSU staff as described in the Mental Health Assessment Nursing Protocol:
1. If there is identified suicidal risk factors, discuss the option of clinical observation.
 2. New onset disorientation/confusion (may need medical assessment).
 3. New onset hallucinations, delusions or paranoia.

II. PSU Intake Screenings

- A. PSU staff shall conduct a face-to-face intake screening within two working days of a patient's arrival. This screening applies to patients arriving from community and jail settings at both intake and non-intake facilities.
1. A preliminary treatment plan shall be developed during the screening process for each patient identified as MH-1, MH-2a, MH-2b or ID. The treatment plan shall include recommendations regarding housing assignment, mental health follow-up, and referral to other disciplines or facilities.
 2. For patients with serious mental illness (MH-2a or MH-2b), PSU staff shall attempt to obtain written consent for release of information when there are identifiable and clinically relevant prior treatment records that may exist.
- B. PSU staff shall document referrals to a psychiatrist or other DOC staff in the healthcare record.

III. PSU Transfer Screenings

- A. PSU staff at receiving facilities with on-site PSU staff shall conduct a file review for each patient identified as MH-1, MH-2a, MH-2b or ID within three working days of transfer and document in the healthcare record. Patients shall be prioritized for face-to-face interviews according to clinical need, including apparent risk of self-harm, harm to others, or mental deterioration.
- B. PSU staff at sending facilities shall contact PSU staff or a Security Supervisor at receiving facilities if a patient with urgent or concerning mental health needs is being transferred.

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- C. Patients transferring among DAI facilities shall have PSU Records accompany them at the time of transfer as directed by the Health Information Supervisor.

IV. RH Screens

- A. PSU staff shall conduct face-to-face interviews within one working day for patients who are classified as MH-2a, MH-2b or ID in the following situations:
 - 1. Initial placement in an RH setting.
 - 2. Transfer into a facility in RH status.
- B. These evaluations shall assess psychological stability and the need for psychological services and be documented in the health record.

V. Staff Referrals

When a staff member becomes aware of a patient who has previously unrecognized serious mental health needs or has a significant worsening of symptoms, that staff member shall make an immediate referral to PSU staff via phone or in person. Serious mental health needs may include:

- A. Self-harm risk.
- B. Symptoms of psychosis such as delusional beliefs or hallucinations.
- C. Severe depression or anxiety.

VI. PREA Referrals

- A. As per DAI Policy 410.30.01, staff who conduct PREA risk screenings shall offer inmates a follow-up meeting with PSU staff when the screening indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse. For inmates who accept such referrals, the staff members shall contact PSU staff. PSU staff shall meet with the inmate within 14 calendar days of the PREA screening.
- B. PSU staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of when DOC staff first learn of the abuse history.
 - 1. Sexual abuse of an inmate by another inmate is defined in DAI Policy 410.30.01 and involves non-consent, coercion, or inability to consent.
 - 2. DOC Staff will generally become aware of inmate-on-inmate abuse in one the following situations:
 - a. During an intake PREA Screening when the inmate responds to questions about past abuse history.
 - b. After a current and active PREA investigation has substantiated inmate-on-inmate abuse.
 - 3. In either of the above situations, DOC staff shall refer the inmate to PSU staff within 2 business days.

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4. PSU staff shall evaluate whether the inmate is appropriate for mental health treatment and/or sex offender treatment, and offer treatment when deemed appropriate.

VII. Mental Health Classification Codes

- A. Mental health classification codes shall be assigned to all DAI inmates at or near the time of intake.
- B. Those who meet criteria for both MH-2a and MH-2b shall be coded MH-2a.
- C. As the conditions that prompted a coding of MH-1 resolve, the code may be changed to MH-0. Such a change indicates that there is no longer a need for scheduled mental health follow-up.
- D. MH-2 codes shall be changed to lower codes in a conservative manner. However, if there is a clear indication that the qualifying diagnosis for an MH-2a inmate was incorrect, or if an MH-2b inmate has a long period of stability without the need for ongoing treatment, these codes may be appropriately changed to lower codes.

Bureau of Health Services: Michael Rivers Date Signed: 8/31/20
Michael A. Rivers, Director of Healthcare Administration

Paul Bekx Date Signed: 8/31/20
Paul Bekx MD, Medical Director

Mary Muse Date Signed: 8/30/20
Mary Muse, Nursing Director

Kevin Kallas Date Signed: 8/31/20
Dr. Kevin Kallas, Mental Health Director

Administrator's Approval: [Signature] Date Signed: 08/31/20
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number:	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Mental Health Screening, Assessment and Referral		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

- A.
 - 1.
 - a.
- B.
- C.

II.

- A.
- B.
- C.