 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.70.07	Page 1 of 8
	Original Effective Date: 03/28/11	New Effective Date: 01/11/21
	Supersedes: 500.70.07	Dated: 06/06/16
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Psychiatric Treatment		

POLICY

All Division of Adult Institutions facilities shall ensure appropriate psychiatric care for patients.

REFERENCES

Wisconsin Statutes s. 895.46(1)(a) – State and Political Subdivisions Thereof to Pay Judgments Taken against Officers
Wisconsin Statutes s. 302.38 - Medical Care of Prisoners
Wisconsin Statutes s. 302.385 - Correctional Institution Health Care
Executive Directive 72 – Sexual Abuse and Sexual Harassment in Confinement (PREA)
DAI Policy 500.30.11 – Daily Handling of Non-Emergency Requests for Health Care
DAI Policy 500.50.02 – Health Care Record Format, Content and Documentation
DAI Policy 500.70.11 – Psychological Services Unit Record
DAI Policy 500.70.12 – Psychological Service Requests
American Medical Association – Code of Medical Ethics
American Psychiatric Association – The Principles of Medical Ethics: with Annotations Especially Applicable to Psychiatry
Department of Corrections Psychiatric Clinical Practice Manual
Medical Consultant – Psychiatrist Position Description
Wisconsin Department of Safety and Professional Services

DEFINITIONS, ACRONYMS AND FORMS

AIMS – Abnormal Involuntary Movement Scale

BHS – Bureau of Health Services

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-3496 – Psychiatric Report

DSPS – Department of Safety and Professional Services

DSM – Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association

ECT – Electroconvulsive Therapy

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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.

PREA – Prison Rape Elimination Act

POC-36 – Dictation Instructions for Psychiatric Report

POC-62 – Psychiatric Practice Guidelines

PSU – 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.

State Mental Health Institutes – Mendota Mental Health Institute and Winnebago Mental Health Institute

WMHI – Winnebago Mental Health Institute

WRC – Wisconsin Resource Center

PROCEDURE

I. DOC Psychiatry Provider Requirements

A. Psychiatrists shall:

1. Have completed a minimum of three years of training in a residency program accredited by the Accreditation Council for Graduate Medical Education.
2. Possess and maintain a valid license to practice medicine in the State of Wisconsin.

B. Advanced Practice Nurse Prescribers shall:

1. Possess and maintain current a current license to practice as a professional nurse in Wisconsin.
2. Process and maintain certification in Wisconsin as an Advanced Practice Nurse Prescriber.
3. Have relevant and substantial experience prescribing psychotropic medication in a clinical setting or hold a Psychiatric Mental Health Nurse Practitioner (PMHNP) certificate.

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II. Ethical Standards

- A. Psychiatry Providers shall conduct their practice in an ethically sound manner.
- B. Guidelines for the ethical practice of medicine and specific guidelines for psychiatry are published by the American Medical Association and the American Psychiatric Association, respectively.

III. Liability

- A. The responsibility of the DOC in litigation involving employees is defined in Wisconsin Statutes s. 895.46(1)(a). Psychiatry Providers shall not receive representation by the State of Wisconsin for acts outside the scope of employment or for criminal acts.
- B. The state shall not provide legal representation for Psychiatry Providers for complaints made to the DSPS. BHS may respond to inquiries from the DSPS and provide relevant records and results of investigations when such complaints are filed.

IV. Duties

- A. Responsibilities/scope of practice for Psychiatry Providers shall include:
 - 1. Working under the administrative direction of the BHS and under the professional supervision of the Psychiatry Director.
 - 2. Providing psychiatric services to patients in accordance with DOC policies and consistent with generally accepted professional standards within a correctional setting.
 - 3. Being familiar with the information posted in the Reference Material folder within the Psychiatry Groups folder, including the Psychiatric Practice Guidelines and the Medical Consultant – Psychiatrist Position Description.
 - 4. Attending quarterly meetings as scheduled by the Psychiatry Director.
- B. Psychiatric treatment shall be coordinated with a multidisciplinary treatment team that includes, but is not limited to, Psychology, Medical, Social Work, and Security.
- C. Productivity
 - 1. Psychiatry Providers shall follow any guidelines for work productivity put forth by the Psychiatry Director.
 - 2. The Psychiatry Director shall monitor productivity and take action as necessary to address any concerns about productivity.
- D. Emergency assessments
 - 1. During work hours, Psychiatry Providers shall promptly respond to emergencies at the request of PSU staff, Security staff, HSU staff, and DOC administrators.
 - 2. After work hours, the following applies:

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- a. Emergency care is provided by on-call PSU staff and an on-call primary care physician. The Psychiatry Director, Mental Health Director and Medical Director are available for telephone consultation.
- b. Psychiatry Providers shall provide their contact information to the HSU Manager in case there is a need to clarify a patient's treatment plan or medication orders. After-hours coverage is not required.
- c. When emergency psychiatric treatment or in-person evaluation is necessary, HSU staff shall arrange to transport the patient to a local emergency room.

E. Collaboration with PSU, Security and HSU

Psychiatry Providers shall:

1. Participate in multidisciplinary care meetings within their assigned facilities when those meetings occur on scheduled work days.
2. Contact other disciplines outside of scheduled meetings to collaborate about the care of patients when the clinical situation warrants it.
3. Inform Security staff of any situation that could potentially compromise the security of the facility or the safety of a patient, staff, or the public.
4. Be familiar with staff obligations under PREA and Executive Directive 72.

F. Vacation Coverage

1. Psychiatry Providers shall notify the Psychiatry Director, HSU Manager, and scheduling staff at least two weeks in advance of planned vacations.
2. Absences longer than one week may require in-person coverage by another Psychiatry Provider. Arrangements for this coverage should be coordinated through the Psychiatry Director or the Psychiatry Supervisor (Taycheedah Correctional Institution).

G. Consultation and Second Opinions

1. Psychiatry Providers are encouraged to consult with other DOC Psychiatry Providers, the Psychiatry Director, or the Mental Health Director on difficult cases.
2. A formal second opinion may be initiated at any time by a Psychiatry Provider. A patient may request a second opinion, but is not entitled to one.

H. Required Training for Psychiatry staff

1. Orientation with the Psychiatry Director at the onset of employment.
2. Orientation with the HSU Manager at the onset of employment.
3. Attendance at Psychiatry Quarterly Meetings.
4. Continuing education required in order to maintain licensure in Wisconsin.
5. Infection control training annually.
6. Suicide prevention training annually.
7. Confidentiality of Health Information training.
8. Other in-person and on-line trainings as required by the Psychiatry Director.

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- I. Email

Psychiatry Providers shall review and respond to email communications and review/e-sign dictations at least once every work day.

V. Documentation

- A. Required elements of initial and follow-up evaluations
 1. Psychiatry Providers shall dictate (or input into the HCR) an intake evaluation on each patient who is new to psychiatric treatment or has not been seen by a Psychiatry Provider in more than six months. Required elements include the following:
 - a. History of present illness.
 - b. Psychiatric history, including relevant prior medication trials.
 - c. Relevant medical history.
 - d. Social history, including substance abuse.
 - e. Current medications.
 - f. Mental status exam.
 - g. Clinical impression.
 - h. Diagnoses.
 - i. Treatment plan and follow-up interval.
 2. Other necessary elements include the following:
 - a. Documentation of informed consent for any new medications.
 - b. Documentation of other clinically relevant data, such as AIMS evaluations and significant laboratory findings.
- B. Medication Changes
 1. Rationale for medication changes and informed consent for new medication shall be documented within psychiatric reports.
 2. Medication changes shall be made with informed consent from patients, unless a court has determined that the patient is not competent to consent to medication.
 3. If a Psychiatry Provider makes medication changes based upon a patient's written request, the Psychiatry Provider shall schedule a follow-up appointment as soon as clinically appropriate to evaluate the results of the change and ensure that the informed consent process is satisfied.
 4. Psychiatry Providers should not discontinue medication based solely upon a patient's refusal without knowledge of the reason for refusal. In many cases, an appointment will be needed to clarify the reasons and determine the most appropriate plan.
- C. Response to Patient Written Requests
 1. Nursing staff shall triage patient requests directed to Psychiatry Providers and address any urgent requests as described in DAI Policy 500.30.11 and DAI Policy 500.70.12.
 2. If a patient who is not established in psychiatric care (not currently on psychotropic medication) requests to see a Psychiatry Provider, s/he shall be referred first to PSU staff for an evaluation to determine whether a psychiatric evaluation is necessary.

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3. Psychiatry Providers shall review pending patient requests on each work day.
4. Psychiatry Providers shall document any medication changes and informed consent within the HCR.

VI. Creation of Psychiatric Reports

- A. Psychiatry Providers may create psychiatric reports either by using the DOC-approved transcription service or by entering the report directly into the HCR. Reports shall follow the format described in POC-36 and DOC-3496, including the use of official DSM diagnoses.
- B. Psychiatry Providers shall create reports on the same day as they have contact with the patient.
- C. If using the transcription service, Psychiatry Providers shall log onto the web-based platform for DOC dictations every work day and review, edit, and electronically sign any transcriptions that are ready for review.

VII. Prescription of Psychotropic Medications

- A. General
Psychiatry Providers shall prescribe medications according to generally accepted standards of care within the correctional setting and consistent with DOC policies and formulary rules.
- B. Psychotropic Formulary
The DOC has a defined formulary and a set of preferred medications based on efficacy, potential side effects, security concerns, and relative cost.
 1. Non-formulary medications may be obtained with approval of the Psychiatry Director using the pre-approval process contained within the EMR.
 2. Medications that have abuse potential shall be prescribed conservatively and consistent with psychotropic guidelines and formulary procedures.
- C. Psychiatric Practice Guidelines
POC-62 outlines the DOC guidelines for the prescription of psychotropic medication, laboratory monitoring and AIMS evaluations.

VIII. Electroconvulsive Therapy

- A. ECT is available for patients as a specialty referral.
- B. Generally, ECT referrals are initiated by WRC or state mental health institutes, occurring after patients have been transferred to these sites for mental health evaluation or treatment.
- C. If, in the clinical judgment of a DOC Psychiatry Provider, a patient may have a need for ECT, the Psychiatry Provider may consult with the Psychiatry Director or Mental Health Director or may refer the patient to WRC.

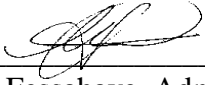
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Bureau of Health Services: Michael Rivers **Date Signed:** 1/8/21
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Vacant, Medical Director

Mary Muse **Date Signed:** 1/8/21
Mary Muse, Nursing Director

Kevin Kallas **Date Signed:** 1/8/21
Dr. Kevin Kallas, Mental Health Director

Administrator's Approval:  **Date Signed:** 01/11/21
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.70.07	Page 8 of 8
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Psychiatric Treatment		
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.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

II.**III.****RESPONSIBILITY**

- I. Staff
- II. Patient
- III. Other