

 <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> 500.70.17	<b>Page</b> 1 of 13
	<b>Original Effective Date:</b> 04/24/12	<b>New Effective Date:</b> 04/24/12
	<b>Supersedes:</b> N/A	<b>Dated:</b> NA
	<b>Administrator's Approval:</b> Cathy A. Jess, Administrator	
<b>Required Posting or Restricted:</b>		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Mental Health Treatment – Special Units		

**POLICY**

The Division of Adult Institutions shall provide housing units with enhanced mental health care for those patients who require such treatment.

**REFERENCES**

[DAI Policy 500.70.01](#) – Mental Health Screening, Assessment, and Referral

**DEFINITIONS, ACRONYMS AND FORMS**

DAI – Division of Adult Institutions

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.

Residential Level Care – A structured, therapeutic environment that contains treatment and programming less intensive than inpatient care and more intensive than outpatient care.

Special Handling Unit – Housing for patients who have serious mental illness, vulnerability, or developmental disability, whose treatment needs are greater than those of patients in general population, but do not require a Special Management Unit.

Special Management Unit – Housing for patients who have serious mental illness, vulnerability, or developmental disability, and who have need for a residential level of care.

**PROCEDURE****I. Special Units**

- A. DAI shall provide residential level care for patients who have a clinical need for such treatment.
- B. PSU staff shall develop and conduct out-of-cell programming and treatment for seriously mentally ill patients housed in Special Management Units and Special Handling Units, consistent with available resources and clinical needs.

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**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:**

\_\_\_\_\_

James Greer, Director

\_\_\_\_\_ **Date Signed:**

\_\_\_\_\_

Dr. David Burnett, Medical Director

\_\_\_\_\_ **Date Signed:**

\_\_\_\_\_

Dr. Kevin Kallas, Mental Health Director

**Administrator's Approval:**

**Date**

## DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Mental Health Treatment – Special Units		
<b>Will Implement</b> <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b> Warden Jennifer McDermott		

### REFERENCES

DAI 500.70.14 Mental Health Multidisciplinary Teams  
DAI 500.70.19 Mental Health Treatment Plans  
MSMU Handbook  
Standards for Health Services in Prisons, National Commission on Correctional Health Care, Essential 2018, P-B-05 – Suicide Prevention  
TCI Inmate Handbook  
Attachment 1 – Keep on person medications/Carriable in MSMU  
Attachment 2 – DOC-3540A Monarch Special Management Unit Referral

### DEFINITIONS, ACRONYMS, AND FORMS

DOC – Department of Corrections

DOC-0027 – Placement/Review of Offender in Observation

DOC-0045 – Temporary Release

DOC-0067 – Notice of Offender Placed in Temporary Lockup

DOC-112 – Observation of Offender

DOC-3540 – Monarch Special Management Unit Referral

EMR – Electronic Medical Record

GP – General Population

HSU – Health Services Unit

KOP –Keep on person

MSMU – Monarch Special Management Unit

MSMU Treatment Team –Multidisciplinary team consisting of HSU staff, PSU staff, social work staff, MSMU Security Supervisor, Corrections Program Supervisor, Psychology Supervisor and/or Manager and psychiatry.

MWCC- Milwaukee Women's Correctional Center

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OOA – Office Operations Associate

PSU – Psychological Services Unit

REECC- Robert E. Ellsworth Correctional Center

SMI- Serious Mental Illness – Severe and debilitating mental disorders including Schizophrenia (all sub types), Delusional disorder, Schizophreniform disorder, Schizoaffective disorder, Psychotic Disorders, Major depressive disorders, and Bipolar disorders. Also encompasses primary personality disorder that is severe, accompanied by significant functional impairment, and subject to periodic decompensation (e.g., psychosis, depression, or suicidality), chronic and persistent mood or anxiety disorders or other conditions that lead to significant functional disability, and behavioral or emotional dyscontrol related to head injury or other neurologic impairments.

SUD- Substance Use Disorder

RHU- Restricted Housing Unit

TCI – Taycheedah Correctional Institution

Treatment Plan – Document generated with collaboration from both the patient and the MSMU treatment team which specifies a patient's reason for referral to the MSMU, therapeutic goals and interventions and the roles of the MSMU treatment team.

### FACILITY PROCEDURE

#### I. Special Units

- A. Residential level care for patients who have a SMI, mental health, medical or otherwise designated need may be housed on MSMU.
- B. PSU staff shall complete within the EMR a MSMU Referral when identifying patients as needing a residential level of care.
  1. Patients residing on MSMU with mental health needs shall be seen by PSU once per week unless determined otherwise by their treatment plan and approved by the MSMU Corrections Program Supervisor in consultation with a PSU Supervisor.
  2. All patients residing on the MSMU for mental health needs shall have a treatment plan unless determined otherwise by the MSMU Corrections Program Supervisor, in consultation with a PSU supervisor.

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3. For patients referred for mental health needs, the MSMU treatment team shall meet with patients collaboratively within 10-14 business days for initial treatment plan meeting.
4. All treatment plans shall be updated/reviewed every 90 days formally by the MSMU treatment team collaboratively with the patient via treatment plan meeting.
5. There may be times when clinical resources are such that a patient is not able to be seen by the PSU clinician once a week. When anticipated and long term unanticipated absences occur, the MSMU treatment team shall plan for coverage. Frequency of clinical contact may decrease based upon clinical resources. Any non-PSU coverage provided to the patient during these absences must be approved by the MSMU Corrections Program Supervisor.
6. Patients shall be provided with a minimum of 10 hours per week of out of cell structured therapeutic activity which may include: psycho-educational and psychotherapy groups, guided activities (i.e. structured recreation, community service crafts, gardening), education (i.e. special education, voluntary classes, GED), work assignment, religious activities, psychiatry appointments, individual psychotherapy, crisis intervention, and release planning activities.
7. With approval from the MSMU Corrections Program Supervisor, the treatment team may place a patient in less than 10 hours based on the patient's needs.
8. A PSU Supervisor and the MSMU Corrections Program Supervisor shall be notified if a patient is not being seen within the guidelines of the treatment plan.

### **II. Referral to MSMU**

- A. Referral to MSMU shall be made by psychological services staff, health service staff, or supervisor as appropriate at TCI or other female DOC facilities.
- B. Referrals for mental health or medical needs shall be completed electronically within the EMR
- C. Referrals for otherwise designated needs (such as a security based need) shall be documented using the DOC-3540.
- D. Referrals shall be completed before transfer of patient except in an emergency.

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### **III. Discharge from MSMU**

- A. Discharge from MSMU shall be determined by MSMU treatment team and approved by the MSMU Corrections Program Supervisor/designee.
  
- B. GP clinical, medical, psychiatry and social work staff shall be notified of pending discharge prior to transfer.
  
- C. Rationale for discharge shall be clearly defined in the patient's MSMU treatment plan.

### **RESPONSIBILITY**

#### **I. Referral from MWCC or REECC other than TCI**

- A. Referring DOC facility
  - 1. Identify patient's MSMU need.
  - 2. Contact MSMU Corrections Program Supervisor/designee regarding need for transfer to MSMU. (After business hours, contact Security Supervisor.) PSU on-call shall be contacted if emergent mental health needs precipitate reason for referral.
  - 3. If patient is being referred for mental health or medical needs, referring PSU staff shall complete within the EMR a MSMU referral and forward to MSMU Corrections Program Supervisor/designee. Referral shall be completed before transfer of patient except in an emergency.
  - 4. If patient is being referred for otherwise designated needs (such as a security based need), the DOC-3540 shall be completed by referring supervisor and forwarded to the MSMU Corrections Program Supervisor. Referral to be completed before transfer of patient except in emergency.
  - 5. If transfer is deemed appropriate, coordinate transfer per established facility procedures.
  - 6. Ensure the following files are brought with the patient upon transfer and/or updated within the EMR:
    - a. HSU file
    - b. PSU file
    - c. SUD File, if applicable
    - d. Social Service file
    - e. DOC-0067, if applicable
    - f. DOC-112, if applicable
    - g. DOC-0027, if applicable
    - h. DOC-0045, if applicable
  
- B. MSMU Corrections Program Supervisor/designee
  - 1. Receive referral to MSMU.

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2. Determine need for MSMU placement. Consult with Psychology Manager/Designee to determine need for MSMU placement (if mental health needs precipitate reason for referral).
  3. Coordinate discussion with HSU, PSU, Security Supervisor and referring facility as appropriate.
  4. If transfer is deemed appropriate, notify via e-mail Security Supervisor, Classification Specialist, Records Department, HSU, Psychology Manager/Supervisor, Security Director, Deputy Warden, Warden, and MSMU staff.
  5. If transfer is deemed appropriate, forward electronic MSMU referral to the MSMU treatment team.
  6. Coordinate patient transfer as necessary.
- C. TCI MSMU/PSU Staff
1. Receive referral from MSMU Corrections Program Supervisor/designee.
  2. Meet with patient and complete initial mental health assessment within 5 working days and develop treatment goals, unless more urgent follow-up is indicated.
  3. Consult with MSMU treatment team and sending facility staff as appropriate.
- D. TCI MSMU/Social Work Staff
1. Receive referral from MSMU Corrections Program Supervisor/designee.
  2. Meet with patient within 24 hours or on next business day and complete initial social work assessment and case management note in COMPAS.
  3. Consult with MSMU treatment team and sending facility staff as appropriate.
- E. MSMU Recreation Therapist
1. Meet with patient within 10-14 day following arrival to unit.
  2. Complete initial Therapeutic Services Assessment.
  3. Consult with MSMU PSU staff regarding therapeutic services treatment goals to include in treatment plan as needed.
  4. Participate in review of patient needs and treatment objectives at MSMU treatment team meeting.
- F. MSMU Health Services Staff
1. Receive referral from MSMU Corrections Program Supervisor/designee.
  2. Review the EMR.
  3. RN to complete initial assessment within next business day.
  4. Review prescribed medications within the EMR.
  5. Make referrals to other medical providers as appropriate.

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6. Consult with MSMU treatment team and sending facility staff as appropriate.
- G. Psychiatrist
1. Receive referral from MSMU Corrections Program Supervisor/designee.
  2. Review the EMR.
  3. Complete initial psychiatric assessment within 10 days.
  4. Review/order prescribed medications within the EMR.
  5. Develop and communicate treatment recommendations to other members of the MSMU treatment team as appropriate.
- H. Security Director/designee
1. Receive notification of patient transfer from MSMU Corrections Program Supervisor/designee.
  2. Review security concerns.
  3. Notify Security Supervisors and coordinate patient transfer as necessary.
- I. MSMU OOA
1. Receive and forward necessary information from the electronic MSMU referral to appropriate institution staff and to include in the multidisciplinary team meeting agenda.
- J. MSMU Security Staff
1. Shall receive a brown paper bag from HSU containing KOP medications which are not allowed in MSMU.
  2. Ensure that the brown paper bag is labeled with correct patient's name and secure in MSMU storage room in designated cabinet.
  3. Issue allowable property items following unit guidelines and store restricted property in designated area.
- K. RHU Security staff
1. Intake shall be facilitated through RHU.
- II. Referrals from Within TCI**
- A. Referring Mental Health staff
1. Complete MSMU referral electronically and forward to MSMU Corrections Program Supervisor/designee.
  2. Contact MSMU Corrections Program Supervisor/designee to review referral.
  3. If no MSMU Supervisor is available and emergency referral is necessary, contact the MSMU Security Supervisor or another TCI Corrections Program Supervisor.



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- B. Referring HSU staff
  - 1. Licensed healthcare staff shall order referral in the health record.
  
- C. Referring Security Supervisor or Corrections Program Supervisor.
  - 1. Identify patient's security designated need for placement into MSMU.
  - 2. Complete the DOC-3540 MSMU Referral and forward to MSMU Corrections Program Supervisor/designee.
  - 3. If the MSMU Corrections Program Supervisor is not available and an emergency referral is necessary, contact the MSMU Security Supervisor or another TCI Corrections Program Supervisor.
  
- D. MSMU Corrections Program Supervisor/designee
  - 1. Receive referral and determine appropriateness of MSMU placement, in consultation with the Psychology Supervisor or Designee, as needed.
  - 2. Approve referral and forward to designated OOA and MSMU treatment team.
  - 3. Coordinate transfer of the patient to the unit as appropriate, including housing placement and status.
  
- E. OOA
  - 1. Receive and forward reason for referral to appropriate institution staff and to include in the multidisciplinary team meeting agenda.

### III. Admission

- A. MSMU Corrections Program Supervisor/designee
  - 1. Coordinate transfer to and from housing units.
  - 2. Notify MSMU treatment team and referring clinician prior to transfer.
  - 3. Consult with PSU supervisor as necessary if urgent mental health concerns arise.
  
- B. MSMU Security Staff
  - 1. Shall receive a brown paper bag from HSU containing KOP medications which are not allowed in MSMU.
  - 2. Ensure that the brown paper bag is labeled with correct patient's name and secure in MSMU storage room in designated cabinet.
  - 3. Issue allowable property items following unit guidelines and store restricted property in designated area.
  
- C. MSMU PSU Staff
  - 1. Meet with patient within five working days of arriving on unit.
  - 2. Generate the initial treatment plan in consultation with MSMU social worker and patient.

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3. Participate in review of patient needs and treatment objectives at MSMU treatment team meeting.
- D. MSMU Social Worker
1. Meet with patient within five working days following arrival to unit.
  2. Consult with MSMU PSU staff regarding treatment goals to include in treatment plan.
  3. Participate in review of patient needs and treatment objectives at MSMU treatment team meeting.
- E. MSMU Recreation Therapist
1. Meet with patient within 10-14 day following arrival to unit.
  2. Complete initial Therapeutic Services Assessment.
  3. Consult with MSMU PSU staff regarding therapeutic services treatment goals to include in treatment plan as needed.
  4. Participate in review of patient needs and treatment objectives at MSMU treatment team meeting.
- F. MSMU Health Services RN
1. Upon notification of placement in MSMU/RHU review the chart for medical accommodations and adaptive equipment needed. This information will be recorded in the EMR. Any accommodation/equipment needs will be communicated to the Security Supervisor for approval.
  2. Review electronic MSMU referral.
  3. Upon placement
    - a. Review medication orders in the EMR, changing applicable keep on person medications to controlled status.
    - b. Place previously controlled medications in designated medication cart. Do not place any medications that have been in the patient's possession in the medication cart.
    - c. Obtain new medication cards to place in cart for any ordered KOP medications.
    - d. Place non-allowable KOP medications that have been in the patients possession in a brown paper bag labeled with the patient's name and give to security staff. These will be secured with non-allowable MSMU property until transfer back to general population. Upon transfer to RHU, all KOP medications shall be stored with patient property.
    - e. Patient may keep their albuterol inhaler and nitroglycerin on person. Obtain a second inhaler for the patient to keep with the refill medications in MSMU.
    - f. Obtain chart from main HSU; place Red (RHU) or Purple (MSMU) folder in front of chart.
    - g. If needed, obtain Diabetic Log (DOC-3341) and Accu-check kit.

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h. If needed, place Inventory Controlled Substance Count Record (DOC-3246) in Medication Administration Record binder.

i. HSU will keep an updated list of the provider –approved medications that patients can keep in their cells in the MSMU environment.

### G. Psychiatrist

1. Receive notification of patient transfer.
2. Review psychiatric information within the EMR.
3. Complete initial psychiatric assessment.
4. Review/order prescribed medications as necessary.
5. Communicate to the MSMU treatment team psychiatric recommendations.

## IV. Discharge

### A. MSMU Corrections Program Supervisor/designee

1. Coordinate discharge from MSMU to designated housing unit.
2. Consult with receiving unit's Corrections Program Supervisor.
3. Collaborate with PSU supervisor regarding discharge documentation as necessary.

### B. MSMU Security Staff

1. Ensure patient is packed for discharge.
2. Shall retrieve the brown paper bag from the designated storage cabinet containing KOP medications and return to patient.
3. Notify MSMU HSU staff of discharge.
4. Notify MSMU Corrections Program Supervisor/designee of any security-based concerns that occur during discharge.

### C. MSMU PSU Staff

1. Engage in formal case consultation with receiving PSU staff.
2. Consult with PSU Supervisor regarding any additional mental health concerns present upon discharge as needed.
3. Notify PSU OOA's of change in clinician to update within the EMR.
4. Update MSMU treatment plan to clearly define rationale for discharge from the MSMU.

### D. MSMU Social Worker

1. Engage in case consultation with MSMU PSU to document rationale for discharge within the treatment plan.
2. Engage in formal case consultation with receiving social work staff.
3. Consult with MSMU Corrections Program Supervisor regarding any concerns present upon discharge.
4. Update WICS following discharge to reflect receiving social worker.

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### E. MSMU Recreation Therapist

1. Follow with on-going recreational therapy needs in general population as necessary.

### F. Health Services

1. Upon discharge from MSMU/RHU, the nurse shall:
  - a. Review medications in the EMR, changing allowable staff controlled medications back to keep on person.
  - b. Pull DOC-3246 for any schedule II medications.
  - c. Remove all medications for this patient from medication cart.
  - d. Place controlled medications with DOC-3246 in a blue zip top bag.
  - e. Remove Red or Purple folder from front of chart
  - f. Return any medical or adaptive equipment not approved for MSMU/RHU to the patient.
  - g. Notify charge nurse of patient housing unit transfer.
  - h. Arrange for transfer of controlled medications to new unit with nurse from receiving unit.

## V. Treatment Plan Formulation/Review

### A. MSMU PSU Staff

1. Review MSMU referral.
2. Generate within the EMR initial MSMU Treatment Plan prior to treatment plan meeting.
  - a. Treatment plan shall include: reason for referral to MSMU, therapeutic goals and interventions, patient strengths. Other disciplines shall provide security, medical and/or psychiatric updates (if warranted) and current therapeutic recreational classes, groups, educational/vocational classes and clinical groups.
3. Collaborate with MSMU treatment team regarding treatment goals and areas to include within the treatment plan.
4. Meet with patient within 10-14 business days following patient's arrival to the unit for initial treatment plan meeting and at this time further edit treatment plan as appropriate.
5. Deliver finalized copy of treatment plan to patient and if appropriate, to other members of treatment team.
6. Review and update content of treatment plans prior to treatment plan review meetings in accordance with the following:
  - a. Every 90 days or as requested by MSMU Corrections Program Supervisor.
  - b. When patient has three (3) or more admissions into Clinical Observation within 6 months.
  - c. When patient has two (2) or more admissions into Clinical Observation within 6 weeks.

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- B. MSMU Social Work Staff
  1. Review MSMU referral.
  2. Collaborate with MSMU treatment team regarding treatment goals and areas to include within the treatment plan.
  3. Partake in initial and review treatment plan meetings.
  4. Review content of treatment plan prior to treatment plan review meetings and collaborate with MSMU PSU staff to update treatment plans.
  
- C. Psychiatrist
  1. Review MSMU referral.
  2. Provide appropriate medical information to MSMU PSU for inclusion in treatment plan.
  3. Partake in initial and review treatment plan meetings.
  
- D. MSMU Security Supervisor
  1. Review MSMU referral.
  2. Provide appropriate security concerns to MSMU PSU for inclusion in treatment plan.
  3. Partake in initial and review treatment plan meetings.
  
- E. MSMU Corrections Program Supervisor
  1. Review MSMU referral.
  2. Review treatment plans generated by MSMU PSU and make recommendations as appropriate.
  3. Partake in initial and review treatment plan meetings.
  4. Ensure staff compliance with treatment plan formulation.
  
- F. MSMU Recreation Therapist
  1. Review MSMU referral.
  2. Provide appropriate therapeutic services information to MSMU PSU for inclusion in treatment plan.
  3. Partake in initial and review treatment plan meetings.
  
- G. Health Services
  1. Review MSMU referral.
  2. Provide appropriate medical information to MSMU PSU for inclusion in treatment plan.
  3. Partake in initial and review treatment plan meetings.