 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.70.20	Page 1 of 8
	Original Effective Date: 02/03/14	New Effective Date: 01/25/21
	Supersedes: 500.70.20	Dated: 02/03/14
	Administrator's Approval:	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Organization and Priorities of Psychological Services		

POLICY

The Division of Adult Institutions shall establish priorities for Psychological Services and organize its resources to most effectively achieve these priorities.

REFERENCES

DAI Policy 306.00.08 – WSPF Inmate Transfers
DAI Policy 500.70.01 – Mental Health Screening, Assessment and Referral
DAI Policy 500.70.04 – Psychological Input to Security Decisions
DAI Policy 500.70.10 – Mechanical Restraints
DAI Policy 500.70.12 – Psychological Service Requests
DAI Policy 500.70.14 – Mental Health Multidisciplinary Teams
DAI Policy 500.70.16 – Mental Health Treatment – General Population
DAI Policy 500.70.18 – Mental Health Treatment – Restrictive Housing
DAI Policy 500.70.24 – Clinical Observation
DAI Policy 500.70.28 – Psychological Review for Minimum Security
DAI Policy 500.70.30 – Behavior Management Plans
Wisconsin Administrative Code Ch. Psy 4 – Requirements for Renewal and Continuing Education
Wisconsin Statutes s. 302.85 – Medical Care of Prisoners
Executive Directive #72 - Sexual Abuse and Sexual Harassment in Confinement (PREA)

DEFINITIONS, ACRONYMS AND FORMS

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2056 – Mental Health Screen for WSPF

DOC-3035B – Psychological Service Request

DOC-3498 – Informed Consent for Psychological Services Provided by Intern-Student

DOC-3509 – Psychology Input for Security Decisions

DOC-3509A – Psychology Input for Security Decisions – TCI

DOC-3642 – Behavior Management Plan (TCI)

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DOC-3642A – Behavior Management Plan

HCR – Healthcare Record

HSU – Health Services Unit

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

Primary Programs –Treatment designed to reduce a patient’s risk for recidivism that targets identified criminogenic needs. These may include but are not limited to Sex Offender Treatment, Anger Management, Domestic Violence, Alcohol and Other Drug Abuse Treatment, Cognitive Group Intervention, and Education or Vocational Training Programs.

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.

Restrictive Housing Round – Brief contacts, usually conducted at the cell front, to ascertain the overall welfare of patients in Restrictive Housing, receive requests, address questions, and determine need for services.

SMU – Special Management Unit

Treatment Groups – Groups provided by qualified HSU or PSU staff to address an identified health or mental health condition. Treatment groups are conducted in a manner consistent with accepted medical and psychological standards of practice. Educational or psycho-educational programs identified as Primary Programs are not included in this definition.

Urgent – A situation requiring same-day attention to prevent harm to self or others, risk of escape, threats to safety and security, significant damage to state property and/or significant emotional distress.

WCCS – Wisconsin Correctional Center System

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

WSPE – Wisconsin Secure Program Facility

WWCS – Wisconsin Women’s Correctional System

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PROCEDURE

I. Mission and Goals

- A. The primary mission of PSU is to effectively identify and treat patients with mental health problems, prioritizing resources to those with serious mental health needs.

- B. Each PSU shall prioritize its use of personnel and material using the following outline, listed in approximate order of priority.
 1. Complete crisis intervention on the same day as the need is identified and document in the HCR.
 2. See urgent referrals on the same day as the need is identified and document in the HCR.
 3. Evaluate patients in clinical observation within 16 hours of placement and at least every working day thereafter for the duration of the patient's clinical observation status and document in the HCR.
 4. Evaluate patients in restraints within 2 hours of placement and at least every 12 hours thereafter for the duration of the restraint placement and document in the HCR.
 5. Complete intake screenings from outside the DOC within two working days of arrival and document in the HCR.
 6. Triage patient requests on the same day as received.
 7. Respond to patient requests on DOC-3035B within three working days of receipt.
 8. Complete transfer file reviews in the HCR within three working days of transfer for patients coded MH-1, MH-2a, MH-2b or ID. If a patient is seen in person within three working days of transfer, the patient's history may be documented as part of a clinical note in the HCR.
 9. Complete Restrictive Housing initial assessments for patients coded MH-2a, MH-2b or ID within one working day of Restrictive Housing placement and document in the HCR.
 10. Provide psychological input to security decisions for MH-2 or ID patients who receive a major conduct report, or patients who engage in self-harm and receive a major conduct report, and document on DOC-3509/3509A.
 11. Complete clinical interviews on patients released from clinical observation on the next calendar day and at least on one more day during the next seven calendar days, unless waived per DAI policy 500.70.24, and document in the HCR.
 12. Conduct Restrictive Housing rounds at least once per week on patients coded MH-2a, MH-2b or ID and document in the HCR.
 13. Conduct clinical visits with patients coded MH-2a, MH-2b or ID a minimum of once every three months (and more often as clinically necessary) and document in the HCR.
 14. Conduct clinical visits with patients coded MH-1 a minimum of once every six months (and more often as clinically necessary) and document in the HCR.
 15. Participate on the mental health multidisciplinary team per DAI Policy 500.70.14.

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16. Develop Behavior Management Plans for MH-2A, MH-2B, or ID patients who receive a Restrictive Housing disciplinary sanction of 60 days or more and document on DOC-3642 or DOC-3642A within 10 working days of sanction.
 17. Provide new patients an orientation to mental health services and suicide prevention shortly after intake and after a transfer between facilities.
 18. Provide at least two hours of annual suicide prevention training to facility staff, as directed.
 19. Complete WSPF screenings on DOC-2056 within two weeks of referral from security staff.
 20. Provide other assessments and consults as assigned by the Psychologist Supervisor.
 21. Conduct clinical visits and assessments as required under Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA).
 22. Conduct in-cell and out-of-cell programming and treatment for patients with serious mental illness in Restrictive Housing, SMU and SHU settings.
 23. Conduct group therapy (e.g., anxiety, depression or wellness groups) that is evidenced-based and approved in writing by the Psychology Director.
 24. Provide non-urgent individual therapy to patients.
 25. Supervise or lead Primary Programs.
- C. PSU clinical staff shall complete documentation of routine patient contacts within 5 working days of the contact unless otherwise specified in policy.
- D. Psychological assessments that involve multiple patient contacts and/or psychological testing shall be completed within a time frame appropriate to the complexity of the assessment, usually within 30 days.

II. Administrative Structure

- A. Each HSU shall have an on-site HSU Manager who serves as the responsible health authority. In WCCS and WWCS centers, the Nursing Coordinator shall serve as the health authority for facilities where there is no HSU Manager.
- B. Each PSU shall have an on-site Psychologist Supervisor who serves as the designated mental health clinician for the facility. WCCS and WWCS centers that do not have a PSU are the responsibility of a paired facility as outlined in DAI Policy 500.70.28.
- C. Wardens are the hiring authorities for staff within PSUs.
- D. Wardens/Superintendents supervise PSU Supervisors administratively and evaluate their performance annually for compliance with DOC work rules.
- E. Central Office professional staff includes the Mental Health Director, Psychiatry Director, Psychology Director, Internship Director and Sex Offender Program Chief Psychologist. These staff shall provide clinical

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supervision and direction to mental health staff as needed, as well as technical assistance to hiring authorities.

- F. Psychiatrists report directly to the Psychiatry Director or to an on-site Psychiatrist Supervisor.

III. Employment Classifications within Psychological Services

A. Psychologist Supervisors:

1. Are Wisconsin licensed psychologists.
2. Supervise and direct the PSUs in their respective facility.
3. Report to their Warden/designee for administrative supervision and to the Psychology Director and Mental Health Director for clinical supervision.
4. Provide clinical and administrative supervision for the Psychologists-Licensed, Psychological Associates, Psychological Service Assistants, DOC Psychology Interns and Crisis Intervention Workers in their respective PSUs.
5. Provide administrative supervision for Office Operations Associates.
6. Provide supervision for licensure for Psychological Associates and DOC Psychology Interns.
7. May supervise other classifications such as Licensed Clinical Social Worker, Recreation Therapist, and Occupational Therapist when these positions are assigned to PSU for the purpose of conducting mental health treatment or programming.

B. Psychologists-Licensed:

1. Are Wisconsin licensed psychologists.
2. May provide supervision for licensure for Psychological Associates and DOC Psychology interns, if delegated by the Psychologist Supervisor.
3. May provide direct services to patients and consultation and training to facility staff.

C. Psychological Associates

1. Doctoral Level
 - a. Are candidates for Wisconsin Psychologist licensure.
 - b. Are within four months of completing a doctoral degree from a regionally accredited university, college or professional school that includes a formal internship with at least 1500 hours of clinical experience supervised by a licensed psychologist during that internship.
2. Masters Level
 - a. Have a Master's degree in Psychology or a related field from a regionally accredited university, college or professional school.
 - b. Have completed at least 3000 hours of supervised clinical experience, including at least 1000 hours of face-to-face client contact after receiving the Master's Degree.
 - c. Facilities shall obtain the approval of the Psychology Director or Mental Health Director prior to recruitment for a Master's level position.

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3. May provide direct services to patients and provide consultation and training to facility staff.
4. Do not require the co-signature of a licensed psychologist for the documents they generate unless they are being supervised for Wisconsin licensure. Their reports may be co-signed by a licensed psychologist at the Psychologist Supervisor's discretion.

D. Crisis Intervention Workers:

1. Are mental health practitioners whose primary task is to assist in the prevention and management of crisis situations.
2. Provide direct services to patients.
3. Clinical notes and reports shall be co-signed by a licensed psychologist.

E. Psychological Services Assistants:

1. Are mental health practitioners whose work is supervised and co-signed by a licensed psychologist.
2. May conduct intake mental health screenings, provide brief individual counseling, facilitate group counseling, triage patient requests, conduct transfer file reviews and consult with other DOC staff.

F. DOC Psychology Interns:

1. Are doctoral students enrolled in the DOC internship program.
2. May provide direct services to patients under the supervision of a Psychologist – Licensed or Psychologist Supervisor.
3. Utilize DOC-3498 to inform patients that their work is supervised by a licensed psychologist.

IV. Licensure and Conduct

- A. DOC licensed psychologists shall keep their Wisconsin Psychologist license current by meeting all requirements specified in Wisconsin Administrative Code Ch. Psy 4.
- B. Psychologist Supervisors shall provide at least one hour of face-to-face individual or group supervision per week for unlicensed staff, and at least one hour of face-to-face supervision every two weeks for licensed staff on probation status.
- C. PSU staff shall adhere to professional standards of conduct as described in Wisconsin statutes and administrative codes, DOC policies and professional codes of ethics.

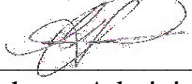
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Bureau of Health Services: Michael Rivers **Date Signed:** 1/22/21
Michael Rivers, Director of Healthcare Administration

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

Mary Muse **Date Signed:** 1/22/21
Mary Muse, Nursing Director

Kevin Kallas **Date Signed:** 1/12/21
Dr. Kevin Kallas, Mental Health Director

Administrator's Approval:  **Date Signed:** 01/19/21
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.70.20	Page 8 of 8
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Organization and Priorities of Psychological Services		
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