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|  <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p> | DAI Policy #: 500.70.30 | Page 1 of 6 |
| | Original Effective Date: 11/01/15 | New Effective Date: 01/25/21 |
| | Supersedes: 500.70.30 | Dated: 11/01/15 |
| | Administrator's Approval: Makda Fessahaye, Administrator | |
| Required Posting or Restricted: | | |
| <input type="checkbox"/> Patient <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted | | |
| Chapter: 500 Health Services | | |
| Subject: Behavior Management Plans | | |

POLICY

The Division of Adult Institutions shall establish a process for the development of Behavior Management Plans for patients with at-risk behaviors.

REFERENCES

Wisconsin Administrative Code Ch. DOC 303 – Discipline
Wisconsin Administrative Code Ch. DOC 306 – Security
Wisconsin Administrative Code Ch. DOC 308 – Administrative Confinement
Wisconsin Administrative Code Ch. DOC 311 – Observation Status
Wisconsin Administrative Code Ch. DOC 314 – Mental Health Treatment for Inmates
Wisconsin Statutes s. 302.85 – Medical Care of Prisoners
DAI Policy 306.05.01 – Protective Confinement
DAI Policy 308.00.01 – Administrative Confinement
DAI Policy 500.00.05 – Medical Observation and Monitoring
DAI Policy 500.70.06 – Consent for Mental Health Services
DAI Policy 500.70.14 – Mental Health Multidisciplinary Teams
DAI Policy 500.70.17 – Mental Health Treatment – Special Units
DAI Policy 500.70.24 – Clinical Observation

DEFINITIONS, ACRONYMS AND FORMS

Administrative Confinement – The segregated confinement of an inmate whose continued presence in general population poses a serious threat to life, self, staff, or other patients, or to the secure or orderly operation of the facility.

Behavior Management Plan – A non-punitive and multidisciplinary written plan to address patient behaviors that threaten the safety of the patient or others, impair the safe and secure operation of the facility, or result in disciplinary action. The plan shall identify target behaviors, the appropriate staff responses to those behaviors, and guidance to the patient regarding more constructive behaviors.

Clinical Observation – Involuntary or voluntary non-punitive status used for the temporary confinement of a patient to ensure the safety of the patient or the safety of others.

Controlled Separation – Restrictive status for an inmate who exhibits disruptive, destructive, or out of control behavior.

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Disciplinary Separation – Punitive status of an inmate for violation of Wisconsin Administrative Code Ch. 303, with no extension of the mandatory release/extended supervision date.

DOC – Department of Corrections

DOC-30 – Review of Offender in Program Segregation, Disciplinary Separation, or Administrative Confinement

DOC-30 Instructions – Instructions for Completing DOC-30

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.

Mental Health Codes – Designation made by PSU staff in WICS that identifies patients who are not on the mental health caseload (MH-0), on the mental health caseload but not with a serious mental illness (MH-1), with serious mental illness (MH-2a and MH-2b) or with an intellectual disability (ID).

Mental Health Multidisciplinary Team – Staff who regularly meet to review the status of patients per DAI Policy 500.70.14.

Mental Health Treatment Plan – A series of written statements specifying a patient's particular course of care, treatment or monitoring and the roles of mental health care staff in carrying it out.

Protective Confinement – Separation from the general population necessary to ensure the safety and welfare of that patient.

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.

TLU – Temporary Lockup

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PROCEDURE

I. Behavior Management Plan Development

- A. Behavior Management Plans may be developed by the Restrictive Housing Review Committee, Mental Health Multidisciplinary Team, housing unit team or an ad-hoc multidisciplinary team organized for a specific situation or patient. If an ad-hoc team is utilized, it shall include, at minimum, PSU, Security and HSU staff.
- B. Patients shall be offered the opportunity to provide input to their own Behavior Management Plan.
- C. Behavior Management Plans shall focus on behaviors that place the patient's safety or the safety of others at risk, interfere with the safe and secure operation of the facility or impede the patient's placement in general population.
- D. Behavior Management Plans shall be documented in the health care record and list the following:
 1. Target behaviors.
 2. Goals.
 3. Interventions.
 4. Patient input, including suggestions and objections.
- E. Behavior Management Plans shall utilize positive incentives and positive reinforcement strategies as much as possible to change the target behaviors.
- F. Restrictions and conditions shall be in place as long as needed to keep the patient and others safe. When behavior has improved for a sufficient amount of time, the team responsible for the Behavior Management Plan shall reduce restrictions accordingly.
- G. Staff shall provide the patient with a copy of the Behavior Management Plan (and any subsequent modified plans) when it is safe to do so. If a paper copy is withheld for safety reasons, staff shall verbally review the plan with the patient and document such review.
- H. Behavior Management Plans shall contain the minimum necessary protected health information. They shall not list specific health care diagnoses or medications.
- I. Any patient with a MH-2A, MH-2B or ID mental health code who receives a disciplinary separation disposition of 60 days or more shall have a Behavior Management Plan developed within 10 days of disposition.
- J. Any patient with a MH-2A, MH-2B or ID mental health code who is placed in Administrative Confinement shall have a Behavior Management Plan developed within 10 days of placement.

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II. Mental Health Treatment Plan

When needed, PSU staff may write a separate Mental Health Treatment Plan as outlined in DAI Policy 500.70.17 using the principles of consent outlined in DAI Policy 500.70.06.

III. Review of Behavior Management Plans

- A. The multidisciplinary team responsible for the Behavior Management Plan shall review the plan at least once per month and more often as indicated. The plan may be modified or discontinued based upon patient behavior.
- B. Behavior Management Plans do not replace or supersede disciplinary sanctions. However, the multidisciplinary team, in collaboration with the Security Director, may recommend modifications of disciplinary sanctions to the Warden if this would serve as a reinforcement of positive behavior or be in the best interest of the patient.
- C. Behavior Management Plans require a collaborative effort among staff from various disciplines.
 1. If the multidisciplinary team needs assistance to resolve differing perspectives about the best approach to a patient's care, the Warden shall be consulted.
 2. The Warden may consult with appropriate DAI clinical staff including the Psychology Director, Medical Director, and/or BHS Director.
- D. If a patient on a Behavior Management Plan is scheduled for transfer, the Security Director/designee shall send the receiving facility a copy of the Behavior Management Plan in advance of the transfer for informational purposes. The receiving facility may modify the Behavior Management Plan as needed to correspond to differing physical plant and resources.

Bureau of Health Services: _____ **Date Signed:** _____

Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____

Dr. Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____

Dr. Kevin Kallas, Mental Health Director

_____ **Date Signed:** _____

Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____

Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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| Facility: Taycheedah Correctional Institution | | |
| Original Effective Date: 11/01/2015 | DAI Policy Number: 500.70.30 | Page 5 of 6 |
| New Effective Date: 04/30/2021 | Supersedes: 500.70.30 | Dated: 10/29/2020 |
| Chapter: 500 Health Services | | |
| Subject: Behavior Management Plans | | |
| Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation | | |
| Warden's/Center Superintendent's Approval: Warden Jennifer McDermott | | |

REFERENCES**DEFINITIONS, ACRONYMS, AND FORMS**

MSMU – Monarch Special Management Unit

Restricted Housing Review Committee – Staff who regularly meet to review the status of inmates.

RHU – Restrictive Housing Unit

WWRC – Wisconsin Women's Resource Center

FACILITY PROCEDURE

- I. **Behavioral Management Plan Development in RHU and MSMU**
 - A. The Restrictive Housing Review Committee will develop a Behavioral Management Plan within 10 days for;
 1. All patients with a MH-2A, MH-2B or ID mental health code who receives a disciplinary separation disposition of 60 days or more.
 2. All patient with a MH-2A, MH-2B or ID mental health code who are placed into Administrative Confinement.
 - B. Designated PSU staff will meet with the patient prior to the development of the Behavioral Management Plan to obtain their input related to the plan.
 - C. Restricted Housing Unit Review Committee will discuss the goals of the plan as part of a multi-disciplinary team. These goals will be documented on the Behavior Management Plan.
 - D. Designated PSU staff will discuss the Behavior Management Plan with the patient and provide them with a copy when appropriate.
 - E. The Behavior Management Plan shall be provided to the PSU OOA for scanning into the Health Care Record.
- II. **Behavioral Management Plan Development for Non-disciplinary Status**
 - A. Behavioral Management Plans may be developed for patients that are not in a disciplinary status, but may require additional behavior modifications, per DAI policy I. A. as noted above.

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| Warden's/Center Superintendent's Approval: Warden Jennifer McDermott | | |

- B. Behavioral Management Plans for inmates that are not in a disciplinary status shall be reviewed at the weekly MSMU or biweekly institution Multi-Disciplinary meeting.

III. Responsibility

A. MSMU Program/Security Supervisor

1. Ensure patients housed in RHU/MSMU are reviewed at least on a weekly basis.
2. Ensure staff assist patients with the Behavior Management Plan.
3. Forward the Behavior Management Plan to WWRC if transferred.

B. PSU Staff

1. Identify need for a Behavioral Management Plan.
2. Meet with the patient within 10 days when they are in Restrictive Housing or Administrative Confinement.
3. Develop the Behavioral Management Plan utilizing the input of all members of the Restricted Housing Unit Review Committee, Mental Health Multidisciplinary Team, housing unit team or an ad-hoc multidisciplinary team organized for a specific situation or patient.
4. Patients housed in general population who have a Behavior Management Plan may be reviewed every 30 days.
5. Provide the Behavior Management Plan to the PSU OOA to scan into the Health Care Record.

C. HSU Staff

Identify need for a Behavioral Management Plan in coordination with PSU staff and provide input.

D. Multi-Disciplinary Team

Identify need for a Behavioral Management Plan in coordination with PSU staff and provide input.