



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

Casey Gerber

Name of Individual Certifying this Document/Proposed Document

Director, Office of Juvenile Offender Review

Title



Casey Gerber

Signature

06/24/2019

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)

 <p style="text-align: center;">WISCONSIN DEPARTMENT OF CORRECTIONS Division of Juvenile Corrections</p> <p style="text-align: center;">Policy and Procedure</p>	EFFECTIVE DATE 9/19/2018	PAGE NUMBER 1 of 7
	MANUAL REFERENCE	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revision
	DJC POLICY # 500.70.24	Original Date: 2/1/2017
	ORIGINATED BY John D Paquin, Administrator	
X  Date Signed: 9/19/2018		
DISSEMINATION <input type="checkbox"/> All Staff <input type="checkbox"/> Confidential – Security Related <input checked="" type="checkbox"/> Facilities <input type="checkbox"/> Field Offices <input type="checkbox"/> Health Services <input type="checkbox"/> Supervisory Staff Only	PRIORITY <input checked="" type="checkbox"/> Policy/Directive Discuss at Staff Meeting <input type="checkbox"/> Information Read/Route/Post	
REPLACES POLICY N/A		
SUBJECT: Clinical Observation		

Purpose

The purpose of this policy is to reduce and prevent the risk of harm to youth.

Policy

The Division of Juvenile Corrections shall place youth on clinical observation status as necessary to ensure the safety of youth and others.

References

DAI Policy 500.70.05 – Mental Health Treatment - Crisis Services

DAI Policy 500.70.06 – Consent for Mental Health Services

Wisconsin Administrative Code Ch. DOC 375 – Observation Status in Type 1 Secured Correctional Facility

Wisconsin Statutes Ch. 51 – State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act

Definitions, Acronyms, and Forms

ACP – Advanced Care Provider

ADO – Administrative Duty Officer

Clinical Observation – A non-punitive status used to ensure the safety of the youth or the safety of others. A youth may be placed in clinical observation for mental illness and dangerousness to self or others, or (when not mentally ill) for dangerousness to self.

DJC – Division of Juvenile Corrections

DOC – Department of Corrections

DOC-27C – Placement/Review of Offender Mental Health Observation

DOC-112B – Observation of Offender

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DOC-1846 – Incident Report -DJC

DOC-2099 – Notice of Review for Continued Observation

DOC-3035D – Youth Request for Psychological Services

HSU – Health Services Unit

Mental Illness – For the purpose of evaluating youth who have extended stays in clinical observation, mental illness is a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

MJTC – Mendota Juvenile Treatment Center

PHI – Protected Health Information

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.

State Treatment Facility – Winnebago Mental Health Institute or Mendota Juvenile Treatment Center

WMHI – Winnebago Mental Health Institute

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

Procedure

I. Initial Placement

- A. Any staff member, or youth by way of self-referral, may recommend that a youth be placed in clinical observation.
- B. Those authorized to place youth in clinical observation include Psychologist Supervisors, Psychologists-Licensed, Psychological Associates, Crisis Intervention Workers .
- C. If the staff listed in I.B. are not immediately available for consultation or for evaluation of the youth, a Registered Nurse, ADO, Security Director, Security Supervisor or Superintendent may place a youth in clinical observation. Reasonable attempts should be made to consult PSU prior to placing a youth in clinical observation. If non-PSU staff place a youth in clinical observation, a Security Supervisor shall ensure that PSU staff are notified as soon as possible after the placement.
- D. If on-site, staff authorizing the initial placement shall verbally inform the youth of the reason for placement into clinical observation at the time of placement. When the staff authorizing the initial placement is not on-site, the staff placing a youth on observation shall inform the youth of the reason for the placement.

II. PSU monitoring

A. Initial Evaluation

1. When a clinical observation placement occurs during business hours, PSU staff shall evaluate the youth face to face as soon as possible, but on the same day.
2. When a clinical observation placement occurs outside of business hours, PSU on-call staff shall be consulted via telephone by the on-site supervisor to determine appropriate level of monitoring and property allowance. PSU staff shall

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complete a face to face evaluation of the youth as soon as clinically appropriate, but no longer than 16 hours after initial placement.

- B. Subsequent PSU evaluations shall take place at a minimum of every working day while the youth remains in clinical observation with 5, 10 or 15 minute checks. In the case of weekends or holidays the time period between PSU evaluations shall never exceed three calendar days.
- C. If a youth is placed in clinical observation with constant monitoring subsequent PSU evaluations shall take place daily regardless of whether it is a weekend or holiday.
- D. PSU staff shall consult with registered nursing staff as needed when any organic causes for youth's clinical observation placement are suspected.
- E. PSU staff shall instruct other DJC staff regarding the clinical management of the youth.
- F. PSU staff shall verbally advise a youth of the results of the initial evaluation as soon as possible but within 24 hours of the evaluation. Youth shall be provided with written results of the evaluation within ten working days unless providing paper is clinically contraindicated. A copy of DOC-27C may serve as the written results of the evaluation.
- G. For youth under age 18 placed in observation status, PSU staff shall notify the youth's parent/guardian of the youth's observation status.
- H. Youth placed in room confinement under observation status shall be provided therapeutic activities such as counseling, meetings with PSU staff, and interactions with staff members trained to work with youth engaged in or threatening self-harm or suicide.
- I. Staff making placement decisions for youth on observation status shall consider whether the youth can remain safely in observation status in general population.

III. HSU Monitoring

- A. PSU staff will notify a HSU staff member whenever a youth is placed on constant monitoring, 5 minute monitoring, or 10 minute monitoring.
- B. A Registered Nurse shall complete a health assessment of a youth in clinical observation status on constant monitoring, 5 minute monitoring or 10 minute monitoring, at least once per day to rule out any organic causes for youth's clinical observation placement and to monitor youth's well-being.
- C. PSU staff will notify a HSU staff member whenever a youth is taken off constant monitoring, 5 minute monitoring, or 10 minute monitoring.

IV. Supervision

- A. Assignment of supervision levels
 - 1. PSU staff shall determine the level of supervision.
 - 2. PSU staff shall authorize any decrease in the level of supervision.
 - 3. If PSU staff cannot be readily consulted, staff may increase the level of supervision if circumstances indicate that the youth has an increased risk of harm to self.
- B. Close observation
 - 1. Every youth who is placed in clinical observation shall, at a minimum, be placed in close observation status.

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2. Staff shall observe the activities of a youth in close observation at staggered intervals not to exceed 15 minutes. Observations checks shall take place at room-front and be recorded on DOC-112B.
3. PSU staff will assess the level of close monitoring warranted.
 - i. 15 minute - may be in the housing unit
 - ii. 10 minute - in observation room
 - iii. 5 minute - in observation room

C. Constant observation

1. Youth at high risk for imminent suicidal behavior and self-harm behaviors shall be placed on constant observation.
2. Constant observation involves continuous line-of-sight monitoring by a security staff whose assignment is dedicated to the monitoring and well-being of the youth. Observed self-injurious behaviors shall be immediately reported to Supervisor/designee, PSU, and HSU. Observations shall be recorded on DO112B at intervals not to exceed 15 minutes.
3. For any youth who is placed in constant observation, PSU staff shall consider and document on DOC-27C whether a transfer to a state treatment facility is appropriate.

D. A youth may require mechanical restraint while in clinical observation status.

E. Youth who have a history of suicidal thoughts or feelings may be appropriate for settings other than clinical observation, provided that there is a treatment plan, clinical follow-up by PSU staff, and periodic review at multidisciplinary meetings.

F. Closed circuit television monitoring may be used in addition to, but never a substitute for, the above monitoring levels.

G. Property Allowance

1. PSU staff shall determine a youth's allowed property in relation to the level of risk and after consultation with a Supervisor.
2. The following items are a starting point when determining allowed property at the beginning of a clinical observation placement. PSU staff shall approve access to the following items unless there is a clinical or security reason to withhold them:
 - i. Suicide-resistant clothing (e.g., smock or gown).
 - ii. A security mat/mattress.
 - iii. Bar or liquid soap and a washcloth.
 - iv. Bag meals.
 - v. Toilet paper.
 - vi. DOC-3035 series (includes medical, psychological, and dental).
 - vii. Crayon for completing DOC-3035D (a pen insert may be approved by PSU staff).
 - viii. Shower.
 - ix. Oral hygiene products.
 - x. Security blanket.

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3. If any of the above items are withheld, PSU staff shall review the restriction at each visit so that items may be allowed as soon as appropriate.
4. If there is an imminent risk to health or safety, then any staff may remove the property, and shall notify PSU staff as soon as possible, following the removal. Reasonable efforts shall be made to consult PSU staff, prior to restricting property.
5. The Superintendent, Regional Chief, Director or designee has final authority regarding the property and privileges of youth in observation.

H. Documentation

1. Staff who observe the behavior that results in observation placement shall complete a DOC-1846.
2. Non-PSU staff who increase the supervision level of or remove property from a youth in clinical observation shall immediately notify a Security Supervisor and PSU staff and document the action on DOC-112B.
3. PSU staff shall document every clinical observation placement on DOC-27C. Documentation shall include the reasons for the placement, level of supervision and the initial property allowed.
4. PSU staff shall record all subsequent evaluations on DOC-27C and include any change in the level of supervision or allowed property.
5. For placements made when PSU staff are not on-site, PSU staff shall complete the initial DOC-27C at the time of the first evaluation.
6. PSU staff shall make an entry in the visitor's section of DOC-112B whenever they have contact with a youth. The entry shall note any change in the level of supervision or allowed property.
7. Completed DOC-27Cs shall be retained in a secure area due to the PHI included on the form. Access to the DOC-27C shall be limited to staff members who have a clearly defined job-related need to know the contents of the form.

I. Housing

1. Youth in clinical observation (constant monitoring, 5 minute or 10 minute) shall be housed in rooms designed for suicide prevention purposes. If circumstances require use of another room, the room shall be in proximity to staff and checks shall be carried out at a minimum of five-minute intervals.
2. Youth in clinical observation on 15 minute observations may be housed in a standard housing unit.

J. Follow-up

Youth who are released from clinical observation shall be interviewed by PSU staff on the next calendar day, within the seven calendar days, and at least within thirty days after release.

K. Staffing

Security staffing for housing units that contain clinical observation rooms shall be sufficient to perform the necessary observation checks and corresponding documentation.

L. Off-site Healthcare Facilities

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1. In the event that a youth is assessed and/or admitted to an off-site healthcare facility, staff at that facility will be notified of the youth's observation status prior to transfer to care. The particular facility's policies and procedures regarding suicide risk assessment and prevention, rather than those of DJC, will apply for the duration of the youth's stay.
2. When the youth returns from the off-site healthcare facility, DJC staff shall place the youth back in clinical observation status until evaluated by PSU staff.
3. PSU staff shall evaluate a youth as soon as possible, on the same day of return from the off-site healthcare facility, to evaluate risk and determine the appropriate level of supervision.

V. Extended Stays in Clinical Observation

- A. If a youth approaches 14 days in clinical observation, PSU staff shall follow the procedures outlined below and described in Wisconsin Administrative Code s. DOC 375.
- B. For all youth:
 1. On or before the 14th day in clinical observation, PSU staff shall complete DOC-2099 and use this form to notify the youth of a Review of Need for Continued Observation.
 2. Within two to five days of making this notification, PSU staff shall conduct a Review of Continued Mental Health Placement as outlined in Wisconsin Administrative Code s. DOC 375.06. The review shall be documented on DOC27C.
 3. Subsequent reviews shall be conducted at least once every 7 days.
- C. For youth who are in clinical observation for mental illness and who are a danger to self or others:
 1. On or before the 14th day in clinical observation, PSU staff shall initiate proceedings for a Chapter 51 commitment if one has not already been obtained.
 2. A referral to MJTC or WMHI shall be submitted requesting that the youth be evaluated for a Chapter 51 commitment.
- D. For youth who are in clinical observation for dangerousness to self (although not mentally ill):
 1. On or before the 14th day in clinical observation, PSU staff shall contact the Psychology Supervisor and Psychology Manager to initiate a Review of Dangerousness to Self.
 2. The review shall be conducted by a Psychologist-Licensed or Psychological Associate from a facility other than the one in which the youth is housed and completed within 30 days of placement.
 3. Results of the review shall be documented on DOC-27C. Any subsequent reviews shall be conducted at least once every 30 days.

cc: Office of the Secretary
DJC Leadership Team

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Division of Juvenile Corrections Facility/Region Implementation Procedure	
Facility/Region:	
DJC Policy Number: 500.70.24	
Subject: Clinical Observation	
New Effective Date: 9/19/2018	Original Effective Date: 2/1/2017
Will Implement: <input type="checkbox"/> As Written <input type="checkbox"/> With following procedures for facility implementation	
Superintendent's/Regional Chief'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. Youth

- III. Other