

**MEMORANDUM OF AGREEMENT BETWEEN THE UNITED STATES
DEPARTMENT OF JUSTICE AND THE STATE OF WISCONSIN REGARDING
CONDITIONS AT THE TAYCHEEDAH CORRECTIONAL INSTITUTION**

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I. INTRODUCTION

- (1) On March 25, 2005, the United States Department of Justice (DOJ) notified State of Wisconsin (State) officials of its intent to investigate conditions of confinement at Taycheedah Correctional Institution (Taycheedah) pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA), 42 U.S.C. §1997.
- (2) DOJ staff toured Taycheedah with corrections and mental health care consultants on July 18 -21 and October 6 -7, 2005
- (3) On May 1, 2006, the United States issued a findings letter pursuant to 42 U.S.C. §1997 (a) (1), which concluded that certain conditions at Taycheedah violated the constitutional rights of inmates confined at Taycheedah by failing to provide for their serious mental health needs and recommended remedial measures.
- (4) Throughout the course of the investigation, DOJ had the complete cooperation of State officials and unfettered access to the facility, documents, and staff. The State and Taycheedah staff also demonstrated a willingness to proactively and voluntarily undertake measures to improve mental health care at Taycheedah. Consequently, the parties enter into this Memorandum of Agreement (Agreement) to use resources to support and improve mental health care at Taycheedah, rather than allocating such resources to the risks and burdens of litigation.
- (5) The parties to this Agreement are the United States; the State of Wisconsin; the Wisconsin Department of Corrections (WDC); Rick Raemisch, Secretary of the Wisconsin Department of Corrections; Cathy Jess, Warden of the Taycheedah Correctional Institution; and their successors and agents. The State shall ensure that it takes necessary actions to comply with the provisions of this Agreement.
- (6) No person or entity is intended to be a third-party beneficiary of the provisions of this Agreement for purposes of any civil, criminal, or administrative action, and accordingly, no person or entity may assert any claim or right as a beneficiary or protected class under this Agreement. This Agreement is not intended to impair or expand the right of any person or organization to seek relief against the State, WDC, or State officials, employees, or agents for their conduct or the conduct of WDC employees; accordingly, this Agreement does not alter legal standards governing any such claims, including those under Wisconsin law.
- (7) In entering into this Agreement, the State does not admit any violations of the constitutional rights of inmates confined at Taycheedah nor does it admit any violation of state or federal law. This Agreement may not be used as evidence

of liability in any other legal proceeding. However, the State remains firmly committed to improving medical and mental health care at Taycheedah.

II. DEFINITIONS

In this Agreement, the following definitions apply:

- (1) "DOJ" means the United States Department of Justice, which represents the United States in this matter.
- (2) "Effective date" means the date the Agreement is executed by the parties.
- (3) "Implement" means to give practical effect and ensure actual fulfillment by concrete measures.
- (4) "Include" or "including" means "include, but not limited to" or "including, but not limited to."
- (5) "Inmates" means individuals incarcerated at Taycheedah.
- (6) "Inmates with a serious mental illness" means:
 1. Inmates with a current diagnosis of, or are in remission from, the following conditions:
 - a. Schizophrenia (all sub types)
 - b. Delusional disorder
 - c. Schizophreniform disorder
 - d. Schizoaffective disorder
 - e. Psychosis NOS
 - f. Major depressive disorders
 - g. Bipolar disorder 1 & 2.
 2. Inmates with current or recent symptoms of the following conditions:
 - a. Brief psychotic disorder
 - b. Substance induced psychotic disorder.
 3. Inmates with head injury or other neurologic impairments that result in behavioral or emotional dyscontrol.
 4. Inmates with a primary personality disorder that is severe, accompanied by significant functional impairment, and subject to periodic decompensation (that is, psychosis, depression, or suicidality).

5. Inmates with chronic and persistent mood or anxiety disorders or other conditions that lead to significant functional disability.
- (7) "Qualified medical professional" means a physician, nurse or other medical provider currently authorized under Wisconsin state law to provide the medical services he or she undertakes to provide.
- (8) "Qualified mental health professional" means a mental health care provider currently authorized under Wisconsin state law to provide the mental health services he or she undertakes to provide.
- (9) "Quality assurance program" means a system of self-auditing and improvement to assess the implementation and effectiveness of remedies instituted pursuant to this Agreement, to identify deficits that may exist, to effectuate new measures to cure deficits identified, and to establish and utilize performance measures to evaluate the status of and to improve conditions of confinement and treatment services.
- (10) "Security staff" means all staff, irrespective of job title, whose regular duties include supervision of inmates at Taycheedah.
- (11) "Staff" includes salaried and hourly employees, persons providing services under contract, volunteers, interns, and any other individuals providing services at Taycheedah.
- (12) "State" means officials of the State of Wisconsin, including the Wisconsin Department of Corrections, and their successors, and agents.
- (13) "Taycheedah" means the Taycheedah Correctional Institution, located at 751 County Road K, Fond du Lac, Wisconsin.
- (14) "Train" means to sufficiently instruct in the skills addressed. Training shall incorporate instructional methods that establish minimal standards for defining staff competency.
- (15) "Treatment plan" means a series of written statements specifying an inmate's particular course of therapy and the roles of qualified health care professional and qualified mental health care professional in carrying it out. This series of written statements should be in a consistent place in the inmate's files and should be easily identifiable by the viewer of the files. A treatment plan for inmates with a non-residential plan of care may be located in the treatment notes of the psychology or psychiatry staff.
- (16) "WDC" means the Wisconsin Department of Corrections.

III. CARE REQUIRED BY THE UNITED STATES CONSTITUTION

The purpose of this Agreement is to protect the Constitutional rights of the inmates at Taycheedah. The terms and requirements of this Agreement are not meant to expand or contract the Constitutional duties of the State or the Constitutional rights of the inmates. The terms and requirements of this Agreement, the Taycheedah Correctional Institution Standards (Standards), which is incorporated herein as Attachment A, and the Taycheedah Correctional Institution Action Plan (Action Plan), which is incorporated herein as Attachment B, are not to be interpreted as establishing minimum constitutional standards of health care for inmates with a serious mental illness.

IV. SUBSTANTIVE MEASURES FOR MENTAL HEALTH SERVICES

In determining what constitutes adequate and timely services, the parties shall be guided by the Standards and Action Plan, which are incorporated by reference into this Agreement as Attachments A and B, respectively.

- (1) Serious Mental Health Needs The State agrees to provide services to address the serious mental health needs of all inmates.
- (2) Psychiatrist Staffing The State shall retain sufficient psychiatrists to enable Taycheedah to address the mental health needs of all inmates with a serious mental illness.
- (3) Administration of Mental Health Medications The State shall develop and implement policies, procedures, and practices to ensure that psychotropic medications are prescribed, distributed, and monitored properly and safely.
- (4) Serious Mental Illness Training The State shall conduct initial and periodic training for all security staff on how to recognize symptoms of serious mental illness and respond appropriately.
- (5) Mental Health Screening The State shall develop and implement policies, procedures, and practices to ensure that all inmates receive adequate initial mental health screening by appropriately trained staff, including nursing staff, within twenty-four (24) hours after intake.
- (6) Mental Health Assessment and Referral The State shall develop and implement policies, procedures, and practices to ensure mental health assessments by qualified mental health professional for those inmates whose mental health histories or whose responses to initial screening questions indicate a need for such an assessment. The State shall ensure treatment for inmates with a serious mental illness, including for specialty care and regularly scheduled visits with qualified mental health professionals.

- (7) Mental Health Treatment Plans The State shall ensure that a qualified mental health professional prepares and updates an individual mental health treatment plan for each inmate who requires mental health services. The State also shall ensure that the plan is implemented. Implementation of and any changes to the plan shall be documented in the inmate's medical/mental health record.
- (8) Crisis Services The State shall ensure an array of crisis services to manage the psychiatric emergencies that occur among Taycheedah inmates. Inmates in administrative segregation or observation status shall have access to the array of crisis services which are available to other inmates. Inmates shall have access to in-patient psychiatric care when clinically appropriate.
- (9) Treatment for Inmates with a Serious Mental Illness The State shall ensure therapy, counseling, and other mental health programs for all inmates with a serious mental illness. The State shall ensure that inmates who are being treated with psychotropic medications are seen regularly by a physician or other licensed prescriber to monitor responses and potential reactions to those medications.
- (10) Review of Disciplinary Charges for Inmates with a Serious Mental Illness The State shall ensure that disciplinary charges against inmates with a serious mental illness are reviewed by a qualified mental health professional (a) to determine the extent to which the charge is related to a serious mental illness; (b) to ensure that inmates who commit infractions resulting from a serious mental illness are not punished for behavior caused by the serious mental illness; and (c) to ensure that an inmate's serious mental illness is used as a mitigating factor, as appropriate, when punishment is imposed on inmates with a serious mental illness.
- (11) Procedures for Inmates with a Serious Mental Illness, who are in Segregation or Observation Status The State shall implement policies, procedures, and practices to ensure that inmates with a serious mental illness who are in segregation receive treatment.
- (12) Medical and Mental Health Record System The State shall develop and implement a record-keeping system in which all clinically appropriate documents for the treatment of an inmate with a serious mental illness are readily available to each clinician. The record keeping system shall document assessments and treatment. Medical and mental health care staff shall have access to documents that are relevant to the care and treatment of inmates.
- (13) Medication and Laboratory Orders The State shall develop and implement policies, procedures, and practices to ensure timely responses to orders for mental health medications and laboratory tests. Such policies, procedures, and practices shall be periodically evaluated to ensure that delays in the receipt of

medications and laboratory tests are prevented. In addition, files of inmates shall contain current and accurate information regarding medication changes.

V. CONSULTATION

- (1) Consultant Selection The parties have jointly selected Jeffrey L. Metzner, M.D. to serve as the parties' jointly appointed consultant (Consultant). Should the position become vacant, the parties will agree on a replacement. Neither party, nor any employee or agent of either party, shall have any supervisory authority over the Consultant's activities, reports, findings, or recommendations. The cost for the Consultant's fees and expenses shall be borne by the State. The selection of the Consultant shall be conducted solely pursuant to the procedures set forth in this Agreement, and will not be governed by any formal or legal procurement requirements. The Consultant may be terminated only for good cause, unrelated to the Consultant's findings or recommendations, and only with prior notice to, and approval of, both parties.
- (2) Consultant Qualifications The Consultant shall have experience and education or training in the field of correctional mental health care. The Consultant may also have education, training, or experience in systems of accountability or quality assurance.
- (3) Consultant Access The Consultant shall have full and complete access to Taycheedah, all facility and WDC records, staff, and inmates. The State shall direct all employees to cooperate fully with the Consultant. All non-public information obtained by the Consultant shall be maintained in a confidential manner.
- (4) Consultant Ex Parte Communications The Consultant shall be permitted to initiate and receive *ex parte* communications.
- (5) Limitations on Public Disclosures by Consultant Except as required or authorized by the terms of this Agreement or the parties acting together, the Consultant shall not make any public statements or issue findings with regard to any act or omission of the State or its agents, representatives or employees, or disclose non-public information provided to the Consultant pursuant to this Agreement. Unless such conflict is waived by the parties, the Consultant shall not accept employment or provide consulting services that would present a conflict of interest with the Consultant's responsibilities under this Agreement, including being retained (on a paid or unpaid basis) by any current or future litigant or claimant, or such litigant's or claimant's attorney, in connection with a claim or suit against the State or its departments, officers, agents or employees. The Consultant is not a state or local agency or an agent thereof, and accordingly the records maintained by the Consultant shall not be deemed public records subject to public inspection. Neither the Consultant

nor any person or entity hired or otherwise retained by the Consultant to assist in furthering any provision of this Agreement shall be liable for any claim, lawsuit or demand arising out of the Consultant's performance pursuant to this Agreement. This paragraph does not apply to any proceeding before a court related to performance of contracts or subcontracts for monitoring this Agreement.

- (6) Standards and Action Plan The Standards and Action Plan, which are incorporated into this Agreement as Attachments A and B respectively, will have been developed in consultation with the Consultant named above prior to signing the Agreement. The Standards and Action Plan will be implemented over a four (4) year period to be computed from the date that this Agreement is executed by the parties.
- (7) Consultant Reports The Consultant shall provide the parties with detailed reports describing the steps taken by the State to implement this Agreement, including the Standards and Action Plan, and evaluate the extent to which the State has complied with the provisions of the Agreement, including the Standards and Action Plan. The Consultant shall issue the initial report within four (4) months of the effective date of this Agreement, and issue subsequent reports every six (6) months thereafter, unless both parties otherwise agree in writing. The reports shall be provided to the parties in draft form for comment at least two (2) weeks prior to their issuance. These reports shall be written with due regard for the interest of the State in protecting against disclosure of non-public information. In each report, the Consultant shall evaluate the status of compliance for each provision of the Standards and Action Plan, using the following standards: (a) substantial compliance, (b) partial compliance, (c) beginning compliance, and (d) non-compliance. In order to assess compliance, the Consultant shall review a sufficient number of pertinent documents to accurately assess current conditions; interview all pertinent staff; and interview a sufficient number of inmates to accurately assess current conditions. The Consultant shall be responsible for independently verifying representations from the State regarding progress toward compliance, examining supporting documentation where applicable. Each Consultant's report shall describe the steps taken to analyze conditions and assess compliance, including documents reviewed and individuals interviewed, and the factual basis for each of the Consultant's findings. Each of the Consultant's reports shall include specific recommendations for actions needed to bring the State into compliance with the Standards and Action Plan.

VI. COMPLIANCE AND QUALITY ASSURANCE

- (1) Document Development and Revision The State shall revise or develop policies, procedures, protocols, training curricula, and practices to ensure that they are consistent with, incorporate, address, and implement the provisions of this Agreement, including the Standards and Plan of Action. The State shall

revise or develop as necessary other written documents to effectuate the provisions of this Agreement. The State shall consult with the Consultant in the development or revision of policies and procedures prior to their promulgation. The State shall provide initial and ongoing training to all Taycheedah staff with respect to newly implemented or revised policies and procedures. The State shall document employee training in the new or revised policies and procedures.

- (2) Quality Assurance Program The State shall develop and implement an adequate Quality Assurance Program for Taycheedah's provision of mental health care services for inmates with a serious mental illness. The program shall include periodic audits and documentation of the status of compliance with the terms of this Agreement.
- (3) Corrective Action The State shall develop and implement policies and procedures to address problems that are uncovered during the course of quality assurance activities. The State shall develop and implement corrective action to address these problems.
- (4) Technical Assistance As appropriate, the State shall request and receive technical assistance from the Consultant. Further, DOJ will assist the State in identifying additional financial or technical resources to supplement those resources currently allocated to Taycheedah.

VII. REPORTING REQUIREMENTS AND RIGHT OF ACCESS

- (1) DOJ Access The DOJ shall have full and complete access to Taycheedah, inmates, and WDC staff, and all documents relating to the topics addressed in this Agreement. The DOJ shall have the right to conduct confidential interviews with staff, inmates, and former inmates. All non-public information obtained by the DOJ shall be maintained in a confidential manner.
- (2) State Response to DOJ Questions The State shall provide written answers to written questions from the DOJ concerning the State's compliance with this Agreement within thirty (30) days of receipt of the written questions.
- (3) State Documentation of Compliance The State shall maintain sufficient records to document its compliance with all of the requirements of this Agreement, including the Standards and the Action Plan which are incorporated by reference into the Agreement as Attachments A and B, respectively. The State also shall maintain any and all records required by or developed under this Agreement for the duration of the Agreement.
- (4) State Compliance Reports Every six (6) months, the State shall provide the Consultant and the US DOJ with status reports detailing the State's compliance with this Agreement, including the Standards and the Action Plan.

- (5) Privileges The State shall not assert physician/patient or psychotherapist/patient privileges with respect to any information requested under this Agreement.

VIII. IMPLEMENTATION AND TERMINATION

- (1) Construction of Agreement Upon execution of this Agreement, the DOJ shall file a complaint in the United States District Court for the Eastern District of Wisconsin, and contemporaneously file a Joint Motion for the Conditional Dismissal of the complaint pursuant to Federal Rule of Civil Procedure 41(a)(2). The complaint will be based on its May 1, 2006 findings letter, which was issued pursuant to 42 U.S.C. § 1997 (a) (1). A copy of this Agreement shall be attached to the Joint Motion for the Conditional Dismissal, and that motion shall: (a) request that the court place the case on its inactive docket; (b) request that the court retain jurisdiction over the case until a final dismissal is entered; and (c) request that the court dismiss the complaint upon the State's substantial compliance with the terms of this Agreement or the passage of four (4) years from the date of its filing. This provision shall not be interpreted to provide for any judicial supervision of the actions of the parties under the Agreement. Should the DOJ believe that the State has not substantially complied with the terms of this Agreement after a period of three (3) years and nine (9) months, the DOJ's sole remedy shall be reinstatement of its complaint. The parties agree that any such complaint shall not include any breach of contract claims for violations of the Agreement, including the Standards and Action Plan.
- (2) Information to Employees The State shall ensure that all current and future relevant WDC employees are informed of the terms of this Agreement as those terms affect their carrying out their duties and responsibilities.
- (3) Agreement Coordinator Within thirty (30) days of the execution of the Agreement the State shall designate an Agreement Coordinator to coordinate and oversee implementation of and compliance with this Agreement. The Agreement Coordinator will serve as a liaison between the State, the Consultant, and DOJ.
- (4) Termination This Agreement shall terminate four (4) years from the date it is executed by the parties. The Agreement may end earlier than four (4) years from the date it is signed by the parties if the State has substantially complied with all substantive provisions of the Agreement. The burden shall be on the State to demonstrate substantial compliance with all substantive provisions of the Agreement. Noncompliance with mere technicalities, or temporary failure to comply during a period of otherwise sustained compliance will not constitute failure to maintain substantial compliance. At the same time,

temporary compliance during a period of sustained noncompliance shall not constitute substantial compliance.

- (5) Successors This Agreement shall be binding on all successors, assignees, employees, and agents of the State.
- (6) Notice "Notice" under this Agreement shall be provided by courier or overnight delivery and shall be provided to the Governor or the State and to the Attorney General of the State.
- (7) Unforeseen Delay If any unforeseen circumstance occurs which causes a failure to timely carry out any requirements of this Agreement, the State shall notify the DOJ in writing within twenty (20) calendar days of the time that the State becomes aware of the unforeseen circumstance and its impact on the State's ability to perform under the Agreement. The notice shall describe the cause of the failure to perform and the measures taken to prevent or minimize the failure. The State shall implement all reasonable measures to avoid or minimize any such failure.
- (8) Non-Retaliation No person reporting conditions which may constitute a violation of laws or the Constitution of the United States or this Agreement shall be subjected to retaliation in any manner for so reporting. See 42 U.S.C. §1997d.
- (9) Subheadings All subheadings in this Agreement are written for the convenience of location individual provisions. If questions arise as to the meaning of individual provisions, the parties shall follow the text of each provision.
- (10) Amendment The parties may make written amendments to any portion of this agreement if all parties to the Agreement so agree.

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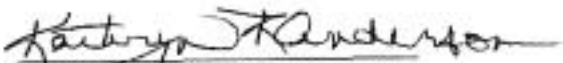
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**MEMORANDUM OF AGREEMENT BETWEEN THE US DOJ AND THE WDC
REGARDING CONDITIONS AT TAYCHEEDAH**

ATTACHMENT A

TCI STANDARDS

Plan to Address US DOJ Concerns

1. **Serious Mental Health Needs: The state agrees to provide services to address the serious mental health needs of all inmates.**
 - See specific standards described below.
2. **Psychiatric Treatment: The state shall retain sufficient psychiatrists to enable TCI to address the mental health needs of inmates with serious mental illness. The state shall ensure that inmates who are being treated with psychotropic medications are seen regularly by a physician or other licensed prescriber to monitor responses and potential reactions to those medications.**
 - Psychiatrists shall have appropriate medical autonomy for clinical decisions. The state shall retain licensed and qualified psychiatrists for a sufficient number of hours per week to perform at least the following duties:
 - See patients. (See Section 5 for intake assessment time frames.)
 - Prescribe and monitor psychotropic medication.
 - Participate in the development of comprehensive treatment plans for inmates with an SMU level of care (Special Management Unit level of care which is also known as residential level of care).
 - Review charts in the context of rendering mental health care.
 - Review and respond to the results of diagnostic and laboratory tests.
 - Be familiar with and follow policies, procedures, and protocols.
 - Collaborate with psychology staff to render appropriate care for patients.
 - Communicate problems and resource needs to the Psychiatrist Supervisor, Psychology Supervisor, Health Services Unit Manager, or Warden as needed.
3. **Administration of Mental Health Medications: The state shall develop and implement policies, procedures, and practices to ensure that psychotropic medications are prescribed, distributed, and monitored properly and safely.**
 - Psychotropic medication in the Monarch and segregation units will be administered by qualified medical professionals or other health care personnel qualified under Wisconsin state law to administer medications. These staff will consistently implement policies and procedures to monitor for adverse reactions and potential side effects and document the administration of such medications in Medication Records (MRs).
 - Psychotropic medication in general population units will be distributed by appropriately trained staff. These staff will consistently implement policies and procedures to monitor for adverse reactions and potential side effects and document the administration of such medications in MRs.

- Documentation in the MRs will include a clear and consistent indication of whether the inmate received, refused or otherwise missed any doses of medication.
 - A qualified medical professional shall review MRs on a regular basis to determine whether policies and procedures are being followed.
 - Correctional staff that administer or distribute psychotropic medication will receive medication administration training as part of new employee orientation and at least annually thereafter.
- 4. Serious mental illness training: The state shall conduct initial and periodic training for all security staff on how to recognize symptoms of serious mental illness and respond appropriately.**
- Eight (8) hours of mental health training will be provided to security staff in preservice training at the onset of employment. Training shall include suicide prevention, symptoms of mental illness and proper response to inmates with mental health problems.
 - At least three (3) hours of annual mental health training will be provided to security staff. Training shall include suicide prevention, symptoms of mental illness and proper response to inmates with mental health problems.
- 5. Mental Health Screening: The state shall develop and implement policies, procedures, and practices to ensure that all inmates receive adequate initial mental health screening by appropriately trained staff.**
- Nursing staff will conduct on the day of intake an initial health screening interview, which includes whether the inmate has a history of mental illness, whether the inmate is currently receiving or has received psychotropic medication, and whether the inmate has attempted suicide or has suicidal propensities. Documentation of the screening shall be maintained in the appropriate medical record.
 - Incoming inmates who are in need of emergency mental health services shall receive such care immediately after intake.
 - During business hours, emergency services shall be provided by on-site PSU clinical staff and/or psychiatry staff.
 - During off-hours, emergency services shall be provided by on-site HSU staff, on-call PSU clinical staff and an on-call physician. PSU clinical staff shall be physically available to the institution when necessary. Consultation with the treating psychiatrist or Psychiatry Director will be available.
 - Inmates who have been on psychotropic medication prior to intake will be assessed by a psychiatrist as to the need to continue those medications no later than ten (10) days after intake or sooner if clinically appropriate. Inmates shall remain on previously prescribed psychotropic medication pending psychiatrist assessment. Incoming inmates who require resumption of psychotropic medication shall be seen by a psychiatrist as soon as clinically appropriate.
 - Licensed prescribers shall review and sign medication orders within twenty four (24) hours of intake from a facility outside DOC.

- 6. Mental Health Assessment and Referral:** The state shall develop and implement policies, procedures, and practices to ensure mental health assessments by qualified mental health professionals for those inmates whose mental health histories or whose responses to initial screening questions indicate a need for such an assessment. The state shall ensure treatment for inmates with a serious mental illness, including for specialty care and regularly scheduled visits with qualified mental health professionals.
- Psychological Services clinical staff will conduct mental health assessments of inmates within seventy two (72) hours of intake from outside DOC. Assessments will include:
 - Mental health screening and assessment as outlined on form DOC-3472.
 - Assignment of a provisional diagnosis and mental health code.
 - Referral for psychiatric or medical care if needed.
 - An initial treatment plan for those inmates who require additional services. The plan will address identified problems, goals, follow-up care, program and specialty referrals, and any need for special housing placement.
 - At times other than intake, Psychological Services clinical staff will conduct a mental health assessment within seventy two (72) hours of the time such a need is recognized.
 - Psychological Services clinical staff will conduct file reviews on all inmates on the mental health caseload transferred to TCI from another institution within five (5) working days of transfer.
 - Inmates shall have access to a confidential self-referral system by which they may request non-emergency mental health care without revealing the substance of their request to security staff.
 - Psychology Service Requests will be collected from housing units daily and forwarded to PSU clinical staff during the work week and to HSU nursing staff on weekends and holidays. Triage of these requests shall occur within twenty four (24) hours of receipt. Urgent needs will be addressed immediately. For non-urgent requests, an appointment or written response shall occur within three (3) working days of receipt.
 - Health Service Requests will be collected from the housing units on a daily basis and forwarded to HSU nursing staff. Triage of these requests shall occur within twenty four (24) hours of receipt.
 - Inmates in segregation may give Psychology Service Requests or Health Service Requests directly to health care staff on a daily basis.
- 7. Mental Health Treatment plans:** The state shall ensure that a qualified mental health professional prepares and updates an individual mental health treatment plan for each inmate who requires mental health services. The state shall also ensure that the plan is implemented. Implementation of any changes to the plan shall be documented in the inmate's medical/mental health record.
- Comprehensive treatment plans will be developed and implemented for inmates requiring an SMU level of care. These treatment plans will be created and reviewed by a multidisciplinary team at least every six (6) months and changes to the plan documented in the PSU record.

- Outpatient treatment plans will be created and updated annually for inmates who require outpatient-level mental health services.
- 8. Crisis Services: The state shall ensure an array of crisis services to manage the psychiatric emergencies that occur among TCI inmates. Inmates in segregation or observation status shall have access to the array of crisis services which are available to other inmates. Inmate shall have access to inpatient psychiatric care when clinically appropriate.**
- Inmates, including those in segregation and observation status, will have access to an array of crisis services that are timely and clinically appropriate. These will include:
 - Crisis intervention contacts with PSU clinical staff.
 - Placement within Clinical Observation. (See Section 11 for services while in Clinical Observation.)
 - Placement within Monarch Unit for SMU-level care.
 - Psychiatric referral and intervention.
 - Emergency room care.
 - Inpatient psychiatric care (currently Winnebago Mental Health Institution; expanding to the Wisconsin Resource Center in 2011).
 - 24-hour on-call services via PSU clinical staff.
- 9. Treatment for inmates with a serious mental illness: The state shall ensure therapy, counseling, and other mental health programs for all inmates with a serious mental illness.**
- Monarch inmates with a serious mental illness shall be provided with a minimum of ten (10) hours per week of out-of-cell structured therapeutic activity, including one (1) hour per week of individual clinical contact with a PSU staff member. In order to reliably achieve ten (10) hours per week, twelve (12) to fifteen (15) hours per week shall be scheduled. Out-of-cell structured therapeutic activities may include:
 - Psycho-educational groups (e.g., social skills development, stress management, medication education, problem solving).
 - Guided activities (e.g., structured recreation, community service crafts, gardening).
 - Education (e.g., special education, ABE, GED, voluntary classes).
 - Work assignments.
 - Religious activities.
 - Psychiatry appointments.
 - Psychotherapy groups (e.g., cognitive behavioral groups, trauma-specific groups, dual diagnosis groups).
 - Individual psychotherapy.
 - Crisis intervention.
 - Release planning activities.
 - Unstructured day space and recreation time will not be counted.
 - General Population inmates with a serious mental illness shall be provided with the following services:
 - Psychiatry appointments consistent with the provisions of Section 2.

- Regular and periodic individual contacts with PSU clinical staff at a frequency determined by clinical need. Staffing for this purpose shall be sufficient to provide an average of one routine contact every four (4) weeks for the population of inmates with serious mental illness.
 - Mental health group therapy as determined by clinical need. Staffing for this purpose shall be sufficient to provide an average of four (4) 12-week therapy groups per year for the population of inmates with serious mental illness.
- General Population inmates on the MH caseload but without serious mental illness shall be provided with the following services:
- Psychiatry appointments consistent with the provisions of Section 2.
 - Regular and periodic individual contacts with PSU clinical staff at a frequency determined by clinical need. Staffing for this purpose shall be sufficient to provide an average of one (1) routine contact every six (6) weeks for this population.
 - Mental health group therapy as determined by clinical need. Staffing for this purpose shall be sufficient to provide an average of two (2) 12-week therapy groups per year for the population of inmates with serious mental illness.
- There shall be adequate space and facilities to conduct treatment and provide programs listed in this document.
- 10. Review of disciplinary charges for inmates with a serious mental illness: The state shall ensure that disciplinary charges against inmates with a serious mental illness are reviewed by a qualified mental health professional (a) to determine the extent to which the charge is related to a serious mental illness; (b) to ensure that inmates who commit infractions resulting from a serious mental illness are not punished for behavior caused by the serious mental illness; and (c) to ensure that an inmate's serious mental illness is used as a mitigating factor, as appropriate, when punishment is imposed on inmates with a serious mental illness.**
- Disciplinary charges for inmates with a serious mental illness who receive major conduct reports will be reviewed by PSU clinical staff. Written input will be provided to the Security Director or designee to address mental health factors that may have affected the inmate's responsibility or may represent mitigating factors.
- 11. Procedure for inmates with a serious mental illness, who are in segregation or observation status: the state shall implement policies, procedures, and practices to ensure that inmates with a serious mental illness who are in segregation receive treatment.**
- PSU clinical staff shall evaluate all segregated inmates who are on the mental health caseload within one (1) working day of placement in segregation. This evaluation shall include an assessment of the potential effects of segregation on the inmate's mental health and an assessment of whether continued segregation or graduated alternatives are appropriate for the inmate.
 - Segregated inmates with an SMU level of care shall be provided with a minimum of ten (10) hours per week of out-of-cell structured therapeutic activity that includes at least one (1) hour per week of individual clinical contact. In order to reliably achieve ten (10)

hours of activity per week, twelve (12) to fifteen (15) hours per week shall be scheduled. (See Section 9 for potential activities.)

- Segregated inmates on the MH caseload but without serious mental illness shall be provided with the following services:
 - Psychiatry appointments consistent with the provisions of Section 2.
 - A minimum of two (2) hours per week of out-of-cell structured therapeutic activity. (See Section 9 for potential activities.)
 - At least one (1) cell-side contact with PSU clinical staff each week with the opportunity to request and receive out-of-cell contact.
 - Inmates in clinical observation status shall be provided with the following services:
 - Psychiatry appointments consistent with the provisions of Section 2.
 - An initial evaluation by PSU clinical staff within twenty four (24) hours of placement and daily thereafter. Evaluations shall address the continued need for placement, level of allowed property, and the need for psychiatric services or an SMU level of care.
 - Nursing rounds once per shift while in observation status.
 - A minimum of two (2) additional PSU contacts within seven (7) days of release from observation status.
 - Inmates in segregation or Monarch who require an SMU-level of care shall be provided with at least ten (10) hours of unstructured recreation each week.
- 12. Medical and mental health record system: The state shall develop and implement a record-keeping system in which all clinically appropriate documents for the treatment of an inmate with a serious mental illness are readily available to each clinician. The record keeping system shall document assessments and treatment. Medical and mental health care staff shall have access to documents that are relevant to the care and treatment of inmates.**
- Documents will be filed in the appropriate chart in a timely manner.
 - Psychological Services files will maintain a complete record of mental health documents including clinical contacts, inmate requests for service, psychiatric dictations, group notes, and relevant referrals.
 - Health Service Unit files will contain psychiatry records. Relevant PSU documents, including screening interviews, clinical contacts, and psychological reports, will be copied to the HSU chart for review by psychiatrists and other medical staff.
- 13. Medication and laboratory orders: The state shall develop and implement policies, procedures, and practices to ensure timely responses to orders for mental health medication and laboratory tests. Such policies, procedures, and practices shall be periodically evaluated to ensure that delays in the receipt of medications and laboratory tests are prevented. In addition, files of inmates shall contain current and accurate information regarding medication changes.**

- Routine psychotropic medication orders will be processed and signed-off by nursing staff within twenty four (24) hours of being written. Such medications will be received in accordance with the priority code assigned by the prescriber.
- Urgent psychotropic medication orders (identified in the priority code by the prescriber) will be processed and signed-off by nursing staff the same day. Such medications will be received by the inmate on the same day.
- Stat psychotropic medication orders (identified in the priority code by the prescriber) will be processed and signed-off by nursing staff within one hour of receipt or sooner if clinically indicated. Such medications will be received by the inmate within one (1) hour or sooner if clinically indicated.
- For patients who refuse or miss psychotropic medications for three (3) consecutive days (excluding PRN medication), staff responsible for distributing or administering the medication will notify HSU nursing staff. HSU nursing staff will either interview the inmate to determine the reason for refusal or refer the inmate to the psychiatrist in a clinically appropriate time frame.
- Routine laboratory orders will be processed and signed-off by nursing staff within twenty four (24) hours of being written. Specimens will be obtained within the time frame specified by the prescriber.
- Stat laboratory orders will be processed and signed-off by nursing staff within one (1) hour of receipt or sooner if clinically indicated. Specimens will be collected and processed within the time frame specified by the prescriber.
- Critical laboratory results will be relayed to a practitioner immediately.

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<i>TCI Action Plan</i>		
Section	Actions	Benchmarks / Notes
<i>November 2004</i>		
4	Add 8 hours of mental health and suicide prevention training to officer pre-service academy.	All new officers receive training in mental health topics and suicide prevention.
<i>August 2005</i>		
13	Add 0.8 contract Phlebotomist.	Ensure timely response to lab test orders.
<i>January 2006</i>		
4	Require annual refresher training in suicide prevention.	All staff who have contact with inmates receive 2 hours of ongoing / annual refresher training in suicide prevention.
<i>February 2006</i>		
N/A	Reallocate 5.0 FTE Correctional Officers to TCI for medical transports.	Inmates referred for off-site appointments are scheduled and transported in a timely manner.
N/A	Reallocate 0.5 FTE Physician to TCI.	Inmates have medical needs addressed in a timely manner.
<i>March 2006</i>		
2, 5, 8	Increase psychiatry hours from 32 to 64 per week.	- Psychiatrists see patients on psychotropic medication within 7-10 days of admission (formerly 6-10 weeks). - Inmates who require resumption of medication are seen as soon as clinically appropriate. - Achieve closer follow-up of patients on the psychiatry caseload.
<i>June 2006</i>		
N/A	Add 0.5 LTE Nurse Practitioner for intake physical exams	- Intake physical exams are completed in a timely manner. - Utilize equivalent agency staff until 0.5 LTE Nurse Practitioner is filled.

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August 2006												
3, 5, 6, 11, 12, 13	Add the following LTE and contract positions for HSU, PSU, Monarch, and Segregation Units: <table><tr><td>Nurse Clinician 2</td><td>4.5</td></tr><tr><td>Lic. Prac. Nurse</td><td>12.6</td></tr><tr><td>Office Operations Associate</td><td>0.5</td></tr><tr><td>Program Assistants for HSU</td><td>2.5</td></tr><tr><td>Medical Assistant 2</td><td>1.5</td></tr></table>	Nurse Clinician 2	4.5	Lic. Prac. Nurse	12.6	Office Operations Associate	0.5	Program Assistants for HSU	2.5	Medical Assistant 2	1.5	• There is enhanced support to psychiatrists, including more timely transcription and processing of medication orders (medications started within 72 hours, or sooner if needed). • There is more consistent scheduling of mental health and health care appointments. • Health care personnel distribute medication in the Monarch and Segregation units, with more accurate documentation in MRs. • Health care staff collect Health Service Requests in the Monarch and Segregation units and see patients within 24-48 hours of request. • There are individual nursing care plans for all Monarch patients. • Nurses participate in Monarch and segregation MH treatment plans. • There is improved filing of psychiatry, psychology, and health care reports and documentation. Filing occurs within 1-2 days of receipt.
Nurse Clinician 2	4.5											
Lic. Prac. Nurse	12.6											
Office Operations Associate	0.5											
Program Assistants for HSU	2.5											
Medical Assistant 2	1.5											
4, 5, 6, 7, 8, 9, 10, 11	Add 2.0 LTE Psychologists	• Psychology assessments are conducted within 3 working days of intake and within 1 working day when needed. • All inmates in segregation are reviewed by PSU staff within 1- 2 working days of placement, and then seen weekly for rounds. • Psychologists provide an average of 2 hours per week of mental health programming for SMU patients in Monarch. Topics include: ○ STEPPS program ○ Trauma-based treatment ○ Cognitive-behavioral therapy for depression ○ Art therapy ○ Anger management ○ Parenting ○ Cognitive interventions ○ Problem solving ○ Stress management ○ MH education ○ Life skills • In addition, Monarch staff provide an average of 2-3 hours per week of education, structured recreation, religious activities, and meetings with social workers, psychiatrists, and psychologists.										

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		• Inmates assigned to the Dual Diagnosis AODA program average more than 15 hours of treatment and programming per week. • PSU staff regularly participate in the segregation review committee. • There is improved collaboration between TCI and Winnebago providers, including a monthly meeting to coordinate care of shared patients.
2	Increase Monarch Unit psychiatry time to 16 hours per week (out of 64 total hours per week).	• Closer psychiatry monitoring for inmates with SMU-level of care.

November 2006

N/A	DOC contracts with Dr. Jeffrey Metzner as a consultant for TCI.	• Completed
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December 2006

N/A	Dr. Metzner conducts a site visit to TCI and provides technical assistance regarding mental health care and staffing levels.	• Completed
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January 2007

All	Governor Doyle's Budget proposes 33.25 positions at TCI for mental health, nursing, and support staff. Some of these proposed staff are intended to replace contract and LTE staff that were added in August 2006.	• Approved October 2007
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March 2007

8,9	State Building Commission approves a DHFS Capital Budget request for a freestanding, 45-bed mental health treatment facility for female inmates. Staffing would include approximately 100 FTEs.	• Proposal approved by Legislature in October 2007. Current planned opening date is February 2011.
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May 2007

9	DOC Psychology Pre-doctoral Internship is granted APA accreditation.	• Quality and quantity of applications increases in late 2007 for 2008-2009 year. • Pre-doctoral interns provide additional staff resources to meet treatment and programming needs and assist in filling vacancies for permanent staff positions upon completion of internship.
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<i>June 2007</i>		
8, 11	Increase nursing and psychology monitoring for clinical observation status.	• Nursing staff conducts rounds on inmates in clinical observation once per shift. • PSU staff meets with inmates in clinical observation each working day and provides therapeutic activities. • PSU staff has phone contact with nursing or security staff on weekends or holidays.

<i>FY 2008 Quarter 1: July, August, and September 2007</i>		
All	Construct additional parking to accommodate long-term increases in staff.	• Completed
11	Acquire furniture / materials for group programming in segregation. Group programming topics include: • Stress Management and Relaxation • Life Skills • Anger Management • Self-Esteem • Coping strategies • Basic Substance Abuse • Problem Solving • Relationships • Social Skills	• Furniture and materials were purchased, allowing TCI to provide an average of 4-5 hours of out-of-cell programming weekly to 18-20 SMU-level inmates in segregation and Wing 1 Monarch.
3	Begin regular review of MRs by a qualified medical professional.	• Quarterly reviews by a Nursing Supervisor to ensure proper documentation of medication administration.
9, 11	Initiate planning for three construction projects on the grounds of TCI. • Monarch Annex will contain staff offices and program space for individual and group treatment. • Segregation Annex will contain staff offices, program space for individual and group treatment, and indoor recreation. • Outdoor recreation for the segregation unit will provide socialization opportunities for inmates located in separate recreation spaces.	• There will be sufficient space for staff offices. • There will be sufficient space for adequate treatment, programming and recreation.

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2, 5, 7, 8, 11	Increase TCI psychiatry hours to 80 hours per week.	• There is sufficient psychiatry time to meet the needs of those with serious mental illness. • There is more timely assessment and monitoring of inmates on psychotropic medication. • There is increased collaboration between Monarch psychiatrist and chief psychologist.
N/A	Establish a Mental Health Quality Assurance/Quality Improvement team.	• Team meets monthly to assess progress on TCI Action Plan. • Develop and implement additional ongoing quality improvement activities. • QA/QI program and processes are in development.

<i>FY 2008 Quarter 2: October, November, and December 2007</i>		
3, 5, 6, 11, 12, 13	Allocate the following permanent FTE positions per the 2007-2009 budget: 2.0 Nurse Clinician 2 9.5 LPNs 2.0 Medical Assistant 2 2.5 Medical Program Assistant 0.5 Nurse Practitioner 0.5 OOA for PSU	• Contract and LTE positions from August 2006 will be phased out as they are replaced by permanent FTE positions. Permanent staff will perform the same functions as described for temporary medical staff in August 2006. • Interviews, offers and hiring are in process. Hired to date: ○ 5 LPNs ○ 2 Nurse Clinician 2 ○ 2 Medical Assistant ○ 1.5 Medical Program Assistant ○ 0.5 Nurse Practitioner ○ 0.5 PSU OOA
9, 11	Initiate hiring for the following permanent FTE positions per the 2007-2009 budget: 2.0 Licensed Psychologist 1.5 Psychological Associate 1.0 assigned to Monarch 0.5 assigned to General Population	• Increase individual out-of-cell contacts for approximately 18-20 SMU-level inmates who are on the segregation unit or in Level 1 Monarch. Add group therapy as space allows. • Increase individual out-of-cell contacts for Monarch inmates. Add groups as space allows including cognitive behavioral, stress management, self-esteem and interpersonal skills. • Increase programming for Seriously Mentally Ill inmates housed in General Population including groups on topics such as: ○ STEPPS program ○ Trauma-based treatment ○ Cognitive-behavioral therapy for depression

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		○ Stress management • Increase individual treatment for Seriously Mentally Ill inmates housed in General Population. • Provide 2 additional hours of out-of-cell group therapeutic activity for each MSMU inmate per week for a total of 4 hours per week. • 1.0 Licensed Psychologist from this section may change places with the 1.0 Psychology Supervisor from April 2009. If this reallocation is approved, the Psychologist Supervisor position would become available immediately and the Psychologist-Licensed position available in April 2009. • Recruitment is in process.
6, 7	Modify the psychology intake screening form (DOC-3472).	Psychology intake assessments and treatment plans are documented on one form.
6, 11	Implement new Psychology Service Requests (PSRs).	• New PSRs implemented in December 2007 allow for better tracking and documentation of inmate requests. • Inmates have a confidential self-referral system for requesting mental health care. • Inmates in segregation are able to give service requests directly to health care or mental health staff. • Response to inmate requests is tracked for timeliness.
4	Provide six-hour mandatory training for DOC nurses in mental health topics.	• Topics include identification of mental illness symptoms, criteria for mental health referral, medication training, and psychiatric presentations of medical illness. • Annual updates for new nursing staff.

FY 2008 Quarter 3: January, February, March 2008

8	Work with DHFS staff to develop a 45-bed female acute care facility approved in the 2007-2009 budget.	• Identify project management leaders and create targeted work groups. • First phase of program development to continue until September 2008.
3	Increase frequency of Medication Record (MR) audits.	• Audits occur monthly by a Nursing Supervisor and comprise 10% of charts.
5, 6, 7, 8, 9, 11	Continue planning for additional permanent space for offices, programs and recreation.	• Architects begin project study for Monarch and Segregation Annexes • Begin planning for renovation of current structures for additional office space to accommodate new staff.

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<i>FY 2008 Quarter 4: April, May, and June 2008</i>		
10	Create new form for psychological input to the disciplinary process.	• Improve documentation of psychological input to the disciplinary process for inmates with serious mental illness. • Pilot new process for psychology input for self-harm attempts.
N/A	Start monthly reporting of selected mental health Quality Improvement benchmarks at TCI.	• Benchmarks will be expanded over time.

<i>FY 2009 Quarter 1: July, August and September 2008</i>		
All	Reassess program delivery to determine if additional resources are needed in agency budget request for 2010-2011. Potential areas include security escorts, mental health and AODA programming, occupational therapy and recreation therapy.	• Determine if additional resources are needed to assure the provision of adequate care.
3, 5, 13	Initiate hiring for the following permanent FTE position: 1.0 Nurse Clinician 2	• Continue support for general nursing activities for GP inmates and provide backup for nurses assigned to segregation & Monarch during vacations and absences.
5, 6, 7, 8, 9, 11	Submit building project requests as part of state capital budget request. This will include Monarch and Segregation Annexes, recreation space, and renovation of current structures for additional office space.	• Complete enumerated budget request by September 2008.
8	Continue work with DHFS staff to develop a 45-bed female acute care facility approved in the 2007-2009 budget.	• Program plan will be presented to Project Managers and Administrators in September 2008.
13	Pharmacy services move to a newly renovated building (16,000 sq. ft. versus 3800 sq. ft.).	• Allows for more streamlined workflow, better operational service, and improved efficiencies.
2, 13	Hire 1.0 FTE Psychiatry Director.	• Provides closer oversight of and consultation to DOC psychiatrists.
3, 13	Relocate medication room into a larger space.	• Provides greater storage space and allows for better organization.
2	Create two additional offices for psychiatrists in Gower building.	• Creates psychiatric office space closer to the Health Services Unit, allowing for closer coordination of services.
12	Relocate storage of medical records of Monarch patients to the Monarch Unit.	• Easier access to Monarch medical records for psychiatrists and primary care practitioners.
3	Begin two-hour annual training for TCI officers in medication distribution and side effects.	• Improve distribution of medication and documentation of such within MRs.
12, 13	Implement digital radiography.	• Turnaround time for radiology reports is less than 24 hours.
12	Start project to remove unnecessary material from medical records statewide.	• TCI is the first institution within the project. • Relevant records should be easier to access by practitioners.

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N/A	Primary care physicians and Advanced Practice create two teams to manage medical care of TCI patients.	Provides for greater continuity of care and more systematic method of managing medical caseloads.
2, 9, 12	Psychiatric diagnoses are placed within the psychology database.	Provides a method of cross-checking psychiatric and psychological diagnoses.
2, 3, 12, 13	Initiate Quality Improvement audit tool for medical services.	Tool is being implemented by DOC nurse coordinator with experience as an NCCHC reviewer.
2, 12, 13	Initiate project workgroup for computer physician order entry for prescription drug orders.	Set up a staged approach for implementation.
3	Nursing staff distribute Schedule II and III medications in general population.	Achieve more consistent documentation in MRs
All	Start writing new policies and procedures to correspond to TCI Standards.	Policies and Procedures will be complete by March 2009.

FY 2009 Quarter 2: October, November, December 2008

8, 9, 11	Continue development of mental health care programming.	Continue to maximize available staff and space.
N/A	Continue monitoring of selected benchmarks utilizing TCI's quality assurance/quality improvement committee.	Expand benchmarks as staffing allows.
13	Provide PSU and HSU staff with ready access to the DOC Pharmacy Management software.	Each clinician will have access to a database listing current prescribed medication and doses.
2, 3, 13	Hire 1.0 FTE Nursing Director.	Responsible for oversight of DOC health care Quality Improvement activities including regular monitoring, auditing, and submitting reports to DAI and Secretary's Office.

FY 2009 Quarter 3: January, February, March 2009

All	Complete the writing of new policies and procedures.	Policies and procedures will support the TCI Standards.
8, 9, 11	Continue development of mental health care programming.	Continue to maximize available staff and space.
N/A	Continue monitoring of selected benchmarks utilizing TCI's quality assurance/quality improvement committee.	Expand benchmarks as staffing allows.
10	Administrative Rules Committee address disciplinary options for inmates with mental illness.	Recommend changes to the legislature that would allow greater flexibility in discipline and options for shorter-term sanctions for mentally ill inmates.

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<i>FY 2009 Quarter 4: April, May and June 2009</i>		
2, 5, 8	Initiate hiring for the following permanent FTE position: 1.0 Psychiatrist	• Supervise and coordinate psychiatric care. • Deliver direct services to inmates. • Increase psychiatric presence at TCI from 80 to 120 hours per week. • Conduct psychotropic medication training for staff.
4, 7, 8, 9	Initiate hiring for the following permanent FTE positions: 1.5 Psychologist Supervisor	• Provide additional mental health training to TCI staff including recognizing signs and symptoms of mental illness • More in-depth review of treatment plans for SMI inmates in Monarch. • Work with DHFS staff to develop criteria for admission to the off-site inpatient unit. • Develop a transition program for inmates being returned from the proposed female WRC program. • Continue development of additional programming at TCI.
9, 11	Initiate hiring for the following permanent FTE positions: 3.75 Psychological Associate 2.0 Assigned to MSMU and Segregation 1.75 Assigned to General Population	• Add group and individual treatment for SMI inmates on Monarch and in Segregation sufficient to maximize use of available space by scheduling a total of 7 hours of out-of-cell programming per week including individual treatment and additional groups noted in sections above. • Enhance treatment planning activities for inmates with SMI in general population. • Increase individual psychotherapy for inmates with a SMI in general population for an average of one visit every 6 weeks.
9, 12	Initiate hiring for the following permanent FTE position: 1.0 OOA for PSU	• File documents created by additional staff and programs in a timely manner. • Develop methods to monitor treatment outcomes. • Assist with expanded quality improvement program.
2, 12, 13	Initiate hiring for the following permanent FTE positions: 1.5 Medical Assistant 2	• Assist Advanced Care Practitioners with patient care. • Perform vital signs, EKG, and phlebotomy as trained and assigned. • Assist with filing into the medical record. • Assist nurses with patient care. • Provide direct care and assistance with ADLs to patients housed in medical observation in HSU.
12	Initiate hiring for the following permanent FTE position:	• Provide clerical support for HSU. • File documents into the medical record.

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	1.0 Medical Program Assistant	• Assist with patient appointment scheduling (psychiatry, optical, mammography, and offsite appointments). • Assist with preparation of required reporting documents. • Coordinate patient transportation with security.
N/A	Initiate hiring for the following permanent FTE position: 0.5 Nurse Practitioner	• Perform intake physical examinations in a timely manner. • Provide additional medical care (chronic care, acute care, routine care). • Enhance patient education related to disease process and wellness. • Provide case management to patients with complex medical issues.
2, 5, 13	Initiate hiring for the following permanent FTE positions: 1.5 Nurse Clinician 2	• Improve delivery of care to patients with chronic illness. • Improve education to patients with chronic illnesses. • Promote education related to wellness (e.g., reinstate the Let's Get Healthy Program). • Provide increased number of patient care appointments. • Improve continuity of care within general population and specifically within the mentally ill population. • Provide case management to patients with complex medical issues.
8	Commence construction of the 45-bed female mental health unit.	• Expected completion date is February 2011.

<i>FY 2010 – 2011: July 2009 – June 2011</i>		
All	Add any staff that are approved as permanent resources in the 2010-2011 budget including treatment and security staff.	• Additional resources will help assure the provision of adequate care.
	Evaluate additional resource needs.	
9, 11	Continue to develop programming and individual treatment in Monarch, Segregation, and General Population.	• Programming and treatment will maximize available space, treatment staff and security staff.
8, 9, 11	Begin operation of 45-bed off-site acute care facility	• Scheduled to open in early 2011.
8, 9, 11	Begin construction projects on TCI grounds approved in the 2009-2011 budget.	• Additional building space will help assure the provision of adequate care.
9	Psychology Pre-doctoral Internship expands from 6 to 10 interns.	• Pre-doctoral interns provide additional staff resources to meet treatment and programming needs and assist in filling vacancies for permanent staff positions upon completion of internship.