

MICHIGAN DEPARTMENT OF CORRECTIONS <b>POLICY DIRECTIVE</b>	EFFECTIVE DATE 03/18/13	NUMBER 04.06.180
	SUBJECT MENTAL HEALTH SERVICES	
SUPERSEDES 04.06.180 (10/09/95)		AUTHORITY MCL 330.1723; 330.1946; 330.2003 <i>et seq.</i> ; 768.36; 791.203; 791.265; 791.265b
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**POLICY STATEMENT:**

Mental health services shall be provided to prisoners as set forth in this policy, including appropriate treatment for prisoners who have a mental illness or mental disability.

**RELATED POLICY:**

04.06.183 Voluntary and Involuntary Treatment of Mentally Ill Prisoners

**POLICY:**

DEFINITIONS

- A. Integrated Health Record - The documentation of all health services provided to the prisoner, both onsite and offsite.
- B. Mental Disability - Any of the following mental conditions:
  - 1. Mental illness, which is a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of life.
  - 2. Severe chronic brain disorder, which is characterized by multiple cognitive defects (for example, memory impairment resulting from a medical condition or brain injury due to trauma or toxins).
  - 3. Developmental disorder, which usually manifests before the age of 18 years and is characterized by severe and pervasive impairment in several areas of development (for example, autism; retardation).
- C. Qualified Mental Health Professional (QMHP) - A physician, psychiatrist, nurse practitioner, physician's assistant, psychologist, social worker, or registered nurse who meets the requirements set forth in MCL 330.1100b and is trained and experienced in the areas of mental illness or mental disabilities.

GENERAL INFORMATION

- D. For purposes of this policy, "prisoner" includes parolees housed in Department correctional facilities. Probationers in the Special Alternative Program shall be provided mental health services only as set forth in PD 05.01.142 "Special Alternative Incarceration Program".
- E. The Mental Health Services Section of the Bureau of Health Care Services (BHCS), Operations Support Administration (OSA), is responsible for coordinating and monitoring the integrative continuum of mental health services for prisoners. This includes providing counseling, psychotherapy, and psychiatric services.
- F. Qualified Mental Health Professionals (QMHP's) shall be available to provide mental health services. Prisoners in need of mental health services shall be identified in a timely manner, have reasonable access to care, and be afforded continuity of care, including aftercare planning and follow-up as indicated. A prisoner who is diagnosed as having a mental disability shall be periodically reassessed for mental health status throughout his/her period of incarceration. Prisoners in need of other mental health services shall have services provided as deemed necessary and appropriate.

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- G. Prisoners received by the Department who have been found Guilty But Mentally III (GBMI) shall be provided an intake psychiatric evaluation as defined in OP 04.06.180A "Psychiatric Evaluation of Prisoners Committed as Guilty But Mentally III (GBMI)".

#### INSTITUTIONAL SERVICES

- H. The following institutional services are provided by QMHP's to prisoners as clinically indicated:
1. Mental health intake evaluations;
  2. Crisis intervention;
  3. Monitoring psychological status of prisoners confined in segregation units;
  4. Suicide prevention services including screening, assessment, and treatment;
  5. Specialized group therapies;
  6. Parole Board psychological evaluations, as requested;
  7. Integrated treatment for co-occurring disorders;
  8. Aftercare planning including relapse prevention and transition/discharge planning;
  9. Behaviorally based treatment for prisoners under 17 years of age.

#### COUNSELING SERVICES AND INTERVENTION

- I. Individual and group psychotherapy services are available to prisoners who have been determined by a QMHP to have psychological disturbances that do not meet the threshold for a mental disability but significantly impair psychosocial functioning. Recommended psychotherapy services shall be provided by QMHP's, who also shall determine admission into and discharge from these services. The types of therapies that may be provided include, but are not limited to, solution focused therapy, cognitive behavioral therapy, and dialectical behavior therapy.

#### CORRECTIONS MENTAL HEALTH PROGRAM

- J. Pursuant to MCL 330.2003 *et seq.*, the corrections mental health program (CMHP) provides a continuum of mental health services to prisoners who have been diagnosed with a mental disability and are in need of mental health services. The Administrator of Mental Health Services in BHCS shall serve as the CMHP Director.
- K. Services available through the CMHP include but are not limited to the following:
1. Outpatient mental health services for general population prisoners. This includes services through a Secure Status Outpatient Treatment Program (SSOTP) for prisoners with a mental disability who are clinically stable but, due to behavioral issues which present a risk to the custody and security of the facility, cannot receive outpatient mental health services in a traditional general population setting. A prisoner's out-of-cell activities and property may be restricted while in the program unless otherwise provided for in a current mental health management plan.
  2. Residential Treatment Programs (RTP's) in specially designated housing units within Department facilities for general population prisoners who cannot function adequately in general population without significant supports and modified behavioral expectations. This includes an Adaptive Skills Residential Program (ASRP) for prisoners who have significant limitations in adaptive functioning due to a developmental disability or chronic brain disorder and a Secure Status RTP (SSRTP) for Level IV and V prisoners. A prisoner's out-of-cell activities and property may be restricted while in an RTP unless otherwise provided

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for in a current mental health management plan.

3. Inpatient treatment at the Woodland Correctional Facility, Women's Huron Valley Correctional Facility, and at other facilities as identified in the attachments to PD 05.01.140 "Prisoner Placement and Transfer" for prisoners who are at high risk of harming themselves or others, are in need of intensive assessment and treatment, or are chronically unable to cope with ordinary demands of life. Mental health services are provided through a crisis stabilization program, acute services treatment, or rehabilitation treatment services. Therapeutic seclusion and/or therapeutic restraints may be used in these inpatient units as ordered by a psychiatrist and in accordance with institutional procedures.
- L. The BHCS Administrator shall ensure that a program statement is developed for each type of mental health service available to prisoners. The program statement shall identify the program components and standards of service for each of these levels of care. The program statements also shall identify eligibility, admission, and discharge criteria for each of type of service offered through counseling services and intervention and the CMHP. An initial decision to admit and subsequent decision to discharge a prisoner shall be based on these criteria and the findings of a comprehensive psychiatric evaluation.
- M. Mental health programs shall be conducted pursuant to the approved program statement. Transfers within the CMHP shall be based on these criteria and the concurrence of the attending treatment team, and in accordance with PD 05.01.140 "Prisoner Placement and Transfer".

#### REFERRAL FOR TREATMENT

- N. Staff who suspect that a prisoner may be in need of mental health services shall refer the prisoner for a QMHP mental health evaluation. A prisoner also may request mental health services through BHCS.
- O. All QMHP mental health evaluations shall be based on a review of the prisoner's mental health records and a face-to-face evaluation, which may be conducted through teleconferencing. Evaluations shall be completed in accordance with clinical standards developed by the Administrator of Mental Health Services. If the prisoner is referred for psychotherapy, an individualized treatment plan shall be developed and entered in the integrated health record. The QMHP shall refer the prisoner for a comprehensive psychiatric evaluation if clinically indicated.
- P. If a prisoner is referred for a comprehensive psychiatric evaluation, the evaluation shall be performed by a QMHP who is a psychiatrist or nurse practitioner. All comprehensive psychiatric evaluations shall be based on a review of the prisoner's mental health records and a face-to-face evaluation, which may be conducted through teleconferencing. Evaluations shall be completed in accordance with clinical standards developed by the Administrator of Mental Health Services. A prisoner who is determined to be in need of psychiatric services through the CMHP shall be referred for such services as set forth in PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners". For parolees, the Parole Board shall be immediately notified.

#### ADMISSION TO THE CMHP

- Q. Prisoners shall be admitted into, and discharged, from the CMHP in accordance with CMHP program statement and as set forth in PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners".
- R. An individualized treatment plan shall be developed and entered in the integrated health record for each prisoner. The treatment plan shall identify the problems, goals, and objectives of treatment, interventions and treatment modalities; and amount of time, frequency, and responsible person for each aspect of care. The recommended treatment modalities shall be indicated in the prisoner's treatment plan and may include, but are not limited to, the following:
1. Pharmacotherapy;
  2. Individual and/or group psychotherapy;

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3. Adjunctive therapies (e.g., recreational, occupational, educational, planning for discharge and aftercare).
- S. During the course of treatment, a physician, psychiatrist, nurse practitioner, or physician assistant may prescribe psychotropic medication. These medications shall be ordered, administered, and monitored in accordance with PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners" and appropriate CMHP guidelines.

#### PROTECTION FOR PRISONERS RECEIVING SERVICES

- T. A prisoner admitted to counseling services and intervention or to the CMHP shall be provided with the Mental Health Services Guidebook containing rights information, including contact information for rights representatives. The Admission/Rights/Consent for Mental Health Services form (CHJ-321) shall be used to document the offender's receipt of the Guidebook.
- U. A QMHP shall report suspected criminal abuse of prisoners receiving mental health services to the BHCS Mental Health Services Regional Manager, CMHP Rights Specialist, and Warden immediately upon knowledge, suspicion, or accusations reasonably believed to be true. Criminal abuse includes, but is not limited to, an assault, a homicide, and criminal sexual conduct. In addition, local law enforcement or the Michigan State Police (MSP) shall be notified immediately and a written report submitted to local law enforcement or the MSP, as appropriate, within 72 hours. The written report shall include the name of the prisoner, a description of the alleged criminal abuse, and other information available that might establish the cause of the alleged abuse and the manner in which it occurred. The report shall be included in the prisoner's medical record; however the name of the reporting QMHP and the individual accused of the abuse shall be deleted. This reporting requirement is in addition to any requirements contained in PD 01.05.120 "Critical Incident Reporting", PD 01.01.140 "Internal Affairs", and PD 03.03.140 "Prohibited Sexual Conduct Involving Prisoners".

#### DUTY TO WARN

- V. Information obtained from a prisoner during treatment is generally privileged. However, pursuant to MCL 330.1946, the QMHP shall immediately advise the Warden both verbally and in writing if a prisoner threatens physical violence against a reasonably identifiable individual if the prisoner has the apparent intent and ability to carry out that threat in the foreseeable future. The QMHP shall provide the prisoner's name and number, the name and any other available identifying information regarding the person who has been threatened, and the precise nature of the threat.
- W. The Warden shall ensure that the following actions are taken as soon as possible after receipt of notice from the QMHP:
1. A Special Problem Offender Notice (SPON) is issued pursuant to PD 03.03.110 "Special Problem Offender Notice" to ensure notification of the following upon parole, release, escape, or discharge:
    - a. The threatened individual or, if the individual is known to be a non-emancipated minor or incompetent, to the Department of Human Services in the county where the individual resides and to the parent or legal guardian, if known.
    - b. Local law enforcement or MSP in the area in which the threatened individual resides;
    - c. Local law enforcement or MSP in the area in which the prisoner will be paroled, released, or discharged.
  2. Written notification of the threat is sent to those identified on the SPON. If the threatened individual is another prisoner or an employee, notification also shall be provided verbally.

#### DOCUMENTATION OF MENTAL HEALTH SERVICES

- X. All health care providers shall comply with the health record documentation requirements outlined in the Health Record Management Standards Manual. All mental health services shall be documented promptly in the

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prisoner's electronic medical record (EMR) within the integrated health record.

- Y. Clinical documentation within the prisoner's integrated health record shall be used to drive the Department's managed electronic data system. The system shall enable mental health care personnel to identify and track prisoners with mental disabilities who have been referred for and received mental health treatment through all levels of the mental health services delivery system. The EMR shall provide summary output reports containing both individual case and aggregate information regarding patient characteristics and diagnostic groups and service utilization. EMR output reports shall be used to assist in individual cases and unit management, as well as administrative planning and decision making with regard to program capacity, program efficacy, and staff allocations. Appropriate automated EMR output reports shall be made available to mental health treatment teams, health record offices, and BHCS Central Office.
- Z. Only personnel trained in data entry shall enter information into the managed electronic data system. Mental health staff shall make available to data entry staff the clinical or mental health care information required to be entered into the system. The unit chief shall ensure that information entered in the system is entered accurately and in a timely manner.
- AA. There shall be documentation of EMR audit report review and completion of any required error corrections. Signed and dated EMR audit reports shall be retained in a secure fashion for at least one year for auditing purposes.

#### PROCEDURE

- BB. The BHCS Administrator shall ensure that procedures are developed as necessary to implement requirements set forth in this policy directive. This shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring that existing procedures are revised or rescinded, as appropriate, if inconsistent with policy requirements or no longer needed.

#### AUDIT ELEMENTS

- CC. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

APPROVED: DHH 02/25/13