

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 04.06.182
	SUBJECT MENTALLY DISABLED PRISONERS IN SEGREGATION	
SUPERSEDES 04.06.182 (02/15/10)		AUTHORITY MCL 791.203
ACA STANDARDS 4-4369, 4-4399		PAGE 1 OF 5

POLICY STATEMENT:

Prisoners with a mental disability who are in segregation shall be properly identified, referred, evaluated, and treated.

RELATED POLICIES:

- 04.05.120 Segregation Standards
- 04.06.115 Suicide Prevention
- 04.06.180 Mental Health Services
- 04.06.183 Voluntary and Involuntary Treatment of Mentally Ill Prisoners

POLICY:

DEFINITIONS

- A. Adaptive Skills: Those skills needed to adequately cope with the ordinary demands of life, including the ability to attend to and effectively perform the usual/necessary activities of daily living.
- 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 health professional who is trained and experienced in the areas of mental illness, developmental disabilities, or cognitive impairments and is licensed by the State of Michigan or registered/certified to practice within the scope of his/her training.

GENERAL INFORMATION

- D. Prisoners with a mental disability ordinarily should not be housed in segregation if the disability may preclude adequate adjustment in segregation. The Department has more appropriate mental health care settings which are designed for the therapeutic management and care of these prisoners; for example, inpatient psychiatric hospitalization, Residential Treatment Programs (RTPs) including the Adaptive Skills Residential Program (ASRP), and the Secure Status Outpatient Treatment Program (SSOTP). Some prisoners with mental disabilities, however, cannot be managed outside of a segregation unit without presenting a serious threat to their own safety or the safety of staff or other prisoners. While in segregation, such prisoners must be closely followed by the institution Outpatient Mental Health Team (OPMHT) or a QMHP to ensure their mental health needs are continuing to be

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met.

- E. All transfers to a mental health care setting in another institution shall be consistent with the requirements set forth in PD 05.01.140 "Prisoner Placement and Transfer" and, when applicable, PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners".
- F. Services shall be provided to prisoners who exhibit suicidal or self-injurious behavior in accordance with PD 04.06.115 "Suicide Prevention".

SCREENING UPON PLACEMENT IN SEGREGATION

- G. At least each business day, mental health care staff shall review Mental Health Referral/Evaluation Management Information Output Reports to identify prisoners newly placed in segregation who have a mental disability. Such prisoners shall be seen and evaluated by a member of the OPMHT or a QMHP as soon as possible but no later than one business day after identification. Based on that evaluation and the Corrections Mental Health Program (CMHP) admission/discharge criteria and guidelines, the OPMHT member or the QMHP shall determine if the prisoner's mental health needs would more appropriately be met by alternative placement. Mental Health Referral/Evaluation Management Information Output Reports shall be reviewed at least each business day to identify evaluations which have not been completed due to prisoner transfers. All required evaluations shall be completed as soon as possible but no later than one business day after identification.
- H. If the OPMHT member or the QMHP determines that the prisoner is in need of in-patient mental health services, including through the Crisis Stabilization Program (CSP) or Rehabilitative Treatment Services (RTS), the prisoner shall be released from segregation and transferred as recommended as soon as possible. If the OPMHT member or the QMHP believes that the prisoner's mental health needs would more appropriately be met in a different mental health care setting (e.g., an RTP or the SSOTP), the OPMHT member or QMHP shall submit the placement recommendation in writing to the Deputy Warden.
- I. Upon receipt of the recommendation from the OPMHT member or QMHP, the Deputy Warden shall review the prisoner's institutional record. If the Deputy Warden concurs with the recommendation, s/he shall ensure that the prisoner is released from segregation and transferred as recommended as soon as possible but no later than three business days after receipt of the recommendation. S/he also shall ensure that any necessary security precautions to be taken by the receiving institution are noted on the Transfer Order (CSJ-134) if the prisoner is transferring to another institution or on the Segregation Behavior Review (CSJ-283) if transferring within the institution.
- J. If the Deputy Warden determines that the prisoner cannot be safely managed except in segregation without seriously jeopardizing the safety of staff or other prisoners, s/he shall immediately refer the case to the Warden for review. If the Warden concurs with the recommendation to place the prisoner in a mental health care setting, the prisoner shall be transferred as set forth in Paragraph I.
- K. If the Warden agrees with the Deputy Warden's determination, s/he shall immediately refer the case to the Deputy Director of Correctional Facilities Administration (CFA) or designee for resolution. The CFA Deputy Director or designee shall immediately confer with the CMHP Clinical Director to determine proper placement. The determination shall be made as soon as possible but no later than seven business days after the initial recommendation by the OPMHT member or QMHP. If it is determined that the prisoner is to be placed in a mental health care setting, the prisoner shall be transferred as soon as possible but no later than three business days after the determination has been made.
- L. If at any time the OPMHT member or the QMHP believes that an expedited review of the prisoner's recommended placement is warranted based on the prisoner's mental health needs, s/he may send the recommendation directly to the CFA Deputy Director or designee for review pursuant to Paragraph K, with a copy to the appropriate Deputy Warden and Warden.

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- M. If a prisoner is transferred to another institution pursuant to Paragraph I or J and the Warden at the receiving institution does not concur with placement in a non-segregation unit, the matter shall be referred to the CFA Deputy Director or designee and the CMHP Clinical Director as set forth in Paragraph K for resolution. The prisoner shall remain in the mental health care setting at the receiving institution pending resolution.

MENTAL HEALTH REFERRALS FROM SEGREGATION

- N. It is the responsibility of custody and housing unit staff, as well as health care staff who are required to visit segregation units, to ensure that prisoners who have mental disabilities are identified and referred for evaluation and treatment, as necessary. With assistance from the Administrator of the Bureau of Health Care Services (BHCS) or designees, the Office of New Employee Training and Professional Development, Operations Support Administration, shall offer training in the recognition of signs, symptoms, and management of prisoners with mental disabilities. Wardens shall ensure that all staff who are regularly assigned to segregation units receive this training.
- O. When making rounds of segregation units, staff shall note behavior of any prisoner which seems to be symptomatic of mental illness or which seems to display serious deficiencies in adaptive skills due to a mental disability and record that observation in the unit logbook. In addition, a Mental Health Services Referral (CHX-212) shall be completed for each identified prisoner and given to health care staff who make daily rounds in the unit and to the shift commander. The Shift Commander shall check the logbook daily for mental health referrals and ensure that health care staff have received this information.
- P. Upon receipt of a completed Mental Health Services Referral (CHX-212), health care staff shall ensure that each identified prisoner is referred immediately for evaluation by an OPMHT member or a QMHP. Each referred prisoner shall be seen by an OPMHT member or the QMHP as soon as possible but no later than one business day after the referral. The prisoner shall be evaluated and proper placement determined in the same manner as set forth in Paragraphs I through L.
- Q. Health care staff who make segregation rounds also shall be alert for prisoners exhibiting signs of mental illness or serious deficiencies in adaptive skills due to other mental disability. Even if such a prisoner has not been referred by custody or housing unit staff and has not previously been brought to the attention of health care for treatment, health care staff shall refer the prisoner immediately for evaluation by an OPMHT member and QMHP as soon as possible but no later than one business day after the referral. The evaluation, determination of proper placement, and, if required, transfer shall be in accordance with the requirements set forth in Paragraphs I through L. Observation of that behavior also shall be noted in the housing unit logbook by the health care staff person.

REFERRALS TO SEGREGATION FROM AN RTP OR THE SSOTP

- R. If a prisoner in an RTP or the SSOTP becomes assaultive or disruptive, every effort must be made to manage the prisoner's behavior in the unit. This may include placing the prisoner on observation status in a locked room in the unit, furnished to avoid injury, to provide a "cooling down" period consistent with requirements in PD 04.05.112 "Managing Disruptive Prisoners" and PD 04.06.115 "Suicide Prevention". If an observation room in the unit is not available, the prisoner shall remain on one-on-one direct unrestricted observation while on observation status. Observation status shall not exceed four consecutive business days except as provided for in PD 04.06.115.
- S. If a prisoner in an RTP or the SSOTP continues to endanger himself/herself or others due to assaultive behavior after other appropriate interventions have been tried, including the use of appropriate restraints or placement on observation status, the prisoner may be referred for placement in segregation in accordance with PD 04.05.120 "Segregation Standards" and this policy.
- T. If the prisoner is placed in segregation, the RTP or SSOTP supervisor shall ensure that a discharge summary is completed and forwarded to the OPMHT or QMHP as soon as possible but no later than three business days after placement of the prisoner in segregation. The discharge summary shall

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outline treatment delivered to the prisoner while in the RTP or SSOTP and recommend any continued treatment to be delivered to the prisoner while in segregation. The RTP or SSOTP supervisor also shall ensure that a Mental Health Management Plan is developed for the prisoner and documented in writing. The RTP or SSOTP supervisor shall ensure that the Plan is forwarded to the segregation unit Resident Unit Manager (RUM) or designee for receipt as soon as possible but no later than three business days after the prisoner's placement in segregation.

- U. If the RTP or SSOTP supervisor disagrees with placement of a prisoner in segregation and believes that the prisoner should remain in a mental health unit, s/he shall immediately notify the Deputy Warden. The matter shall be resolved in the same manner as set forth in Paragraphs I through L.

TREATMENT IN SEGREGATION

- V. Whenever a prisoner who has a mental disability can be safely managed only in segregation, or whenever a prisoner receiving psychotropic medication is placed in administrative or punitive segregation, the OPMHT shall develop a Mental Health Management Plan for that prisoner within three business days after placement in administrative or punitive segregation; the Plan shall be documented in writing. A copy of the Mental Health Management Plan shall be given to the segregation unit RUM, who shall ensure that the recommendations are followed by custody and housing unit staff. Mental Health Management Plans are not required for prisoners receiving treatment in temporary segregation given the short-term duration of such placement.
- W. If a prisoner is placed in segregation who has a history of treatment for mental illness within the preceding two years but is not currently exhibiting symptoms and appears to be in remission, the OPMHT or QMHP shall ensure that the prisoner is visited at least once per week while in segregation to determine current mental status. Such visits may be a part of the regular rounds of segregation units required for psychologists. A record of the visit to each prisoner shall be made in the prisoner's health record and in the unit logbook. Clinical observations shall be made in the health record.

REQUIRED MONITORING

- X. At least monthly, OPMHT members and QMHPs shall review segregation unit logbooks, completed Mental Health Services Referrals (CHX-212), prisoner health records, Mental Health Referral/Evaluation Management Information Output Reports, and relevant entries on the Department computerized database to determine if mental health care services are being provided consistent with this policy.
- Y. The BHCS Administrator shall ensure that the quality, appropriateness, and timeliness of mental health care services provided to prisoners pursuant to this policy is monitored at least monthly. This shall include reviewing Mental Health Referral/Evaluation Management Information Output Reports and relevant computerized database entries.

PROCEDURES

- Z. Wardens, in consultation with the Regional Health Administrators, shall ensure that operating 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 their existing operating procedures are revised or rescinded, as appropriate, if they are inconsistent with policy requirements or no longer needed. The BHCS Administrator shall ensure any necessary Department-wide health care operating procedures are issued. Local operating procedures shall not conflict with any operating procedures issued by the Director.

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AUDIT ELEMENTS

- AA. 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: PLC 10/13/10