

MICHIGAN DEPARTMENT OF CORRECTIONS <b>POLICY DIRECTIVE</b>	EFFECTIVE DATE 10/09/1995	NUMBER 04.06.180
	SUBJECT MENTAL HEALTH SERVICES	
SUPERSEDES PD 04.06.180 (09/02/91); PD 04.06.190 (07/21/80)		AUTHORITY MCL 330.1723; 330.2001 et seq.; 768.36; 791.203; 791.265; 791.265b
ACA STANDARDS 3-4326; 3-4336; 3-4337; 3-4360; 3-4364; 3- 4367; 3-4369		PAGE 1 OF 6

**POLICY STATEMENT:**

Mental health services shall be provided to prisoners as set forth in this policy, including appropriate treatment for prisoners who are seriously mentally ill.

**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. Qualified Mental Health Professional (QMHP): A physician, psychiatrist, psychologist, social worker, registered nurse, or other health professional who is trained and experienced in the areas of mental illness or mental retardation and is licensed or certified by the State of Michigan to practice within the scope of their professional training.
- C. Qualified Mental Health Professional Evaluation: An evaluation by a qualified mental health professional based on a review of records and face-to-face evaluation, to determine whether a prisoner may be seriously mentally ill/severely mentally disordered and require a referral for a comprehensive psychiatric examination and mental health services. The report of a QMHP evaluation shall include identifying information; reason for referral/evaluation; current mental status; clinical history and impressions; diagnostic impressions; and conclusions/recommendations.
- D. Serious Mental Illness/Severe Mental Disorder: A substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality or ability to cope with the ordinary demands of life. In addition, includes behaviors requiring mental health assessment, diagnostic evaluation and treatment or disposition planning, and associated with the inability to attend to and effectively perform the usual/necessary activities of daily living; extreme impairment of coping skills, rendering the patient exceptionally vulnerable to unintentional or intentional victimization and possible mismanagement, and/or behaviors that are dangerous to self or others. Serious mental illness/severe mental disorder is not limited to specific diagnosis.

ORGANIZATION

- E. The Bureau of Health Care Services (BHCS) shall be responsible for the Department's mental health programs offered to prisoners and shall coordinate and monitor all services.
- F. Public Act 252 of 1993 provides for the establishment of the Corrections Mental Health Program (CMHP) and permits the Department to contract with the Department of Mental Health (DMH) to operate this program. The Director of the DMH Bureau of Forensic Mental Health Services (BFMHS)

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shall be the Director of the CMHP. BHCS shall be responsible for oversight of this contract with the BFMHS. Prisoners who are seriously mentally ill shall be treated in the CMHP.

- G. Prisoners in need of other mental health services (e.g., those convicted of assaultive crimes and sex offenses, intake evaluations, parole reports, etc.) shall have services provided by BHCS staff, as deemed necessary and appropriate.

### SERVICES

- H. All 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 serious mental illness/severe mental disorder shall be periodically evaluated for mental health status throughout his/her period of incarceration.
- I. A Qualified Mental Health Professional (QMHP) shall be available to provide mental health services to prisoners in general population and segregation at each Correctional Facilities Administration (CFA) institution and reception center, except the Camp Program. If a prisoner in the Camp Program exhibits behavior which may be related to mental illness, facility staff shall contact appropriate BHCS staff who shall determine how to proceed. If necessary, a Camp Program prisoner shall be immediately transferred to a location where mental health services are available.
- J. The CMHP shall provide a continuum of mental health services for prisoners diagnosed as seriously mentally ill. This continuum includes the following:
1. Outpatient Mental Health Teams (OPMHT), which provide mental health treatment to prisoners who reside in CFA facilities.
  2. Treatment in a special residential unit in a department facility, such as a Protected Environment (PE), Intermediate Care Programs (ICP), and Residential Treatment Programs (RTP).
  3. Hospital (inpatient) psychiatric services at the Duane L. Waters Hospital psychiatric unit, the DMH Center for Forensic Psychiatry, and the Huron Valley Center, which includes a rehabilitative treatment division (formerly known as Chronic Care Unit).
- K. The BFMHS also shall operate a Crisis Stabilization Program (CSP) at selected facilities, which shall provide emergency services to prisoners whose behavior is grossly inappropriate due to mental illness and demonstrates a high risk for immediate danger to self or others, or serious destruction of property. Procedures for placement in the CSP shall be developed by DMH in cooperation with the Department.
- L. BHCS shall ensure that a program statement is developed for each of the services described in paragraphs J and K and which define the program components and standards of service for each of these levels of care. These programs shall be conducted pursuant to the approved program statement.
- M. BHCS staff shall provide the following psychological services:
1. Reception center psychological assessments;
  2. Crisis intervention;
  3. Monitoring psychological status of prisoners confined in segregation units;
  4. Assessment of potential for suicide;
  5. Identification and referral of prisoners;
  6. Individual and group psychotherapy;

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7. Reduced custody screening;
  8. Parole Board psychological evaluations;
  9. Services to developmentally disabled prisoners including, but not limited to, assessment, referral and consultation;
  10. Consultation services to housing unit staff; and
  11. Behavior management programs, (e.g., for the Self Mutilation Prevention Unit as set forth in PD 04.05.120, Segregation Standards).
- N. CFA shall operate the Social Skills Development Unit which provides housing and services for selected developmentally disabled prisoners as set forth in PD 05.01.120, Social Skills Development Unit.
- O. Prisoners received by the Department who have been found Guilty But Mentally Ill (GBMI) shall be given an intake psychiatric evaluation as defined in OP-BHC-42.03, Psychiatric Evaluation of Prisoners Committed as Guilty But Mentally Ill (GBMI).

#### REFERRAL AND TREATMENT FOR MENTALLY ILL PRISONERS

- P. Staff who suspect that a prisoner's behavior may be related to mental illness shall request evaluation of the prisoner by a QMHP designated by the CMHP, which may include a QMHP from BHCS Psychological Services. A prisoner also may request an assessment by a QMHP. The QMHP shall determine whether a QMHP evaluation is necessary and, if it is determined to be necessary, the evaluation shall be completed within two work days. If it is determined that the prisoner may be suffering from a serious mental illness/severe mental disorder, the QMHP shall refer the prisoner to a psychiatrist in the CMHP for possible admission to the program, as set forth in PD 04.06.183, Voluntary and Involuntary Treatment of Mentally Ill Prisoners.
- Q. Admission and discharge criteria shall be developed for each level of care described in paragraph J. An initial decision to admit and subsequent decision to discharge a prisoner from the CMHP shall be based on these criteria and the findings of a comprehensive psychiatric evaluation. Transfers within the CMHP shall be based on these criteria and the concurrence of the attending treatment team.
- R. Transfers within the CMHP shall be made in compliance with applicable Department policies and procedures, including PD 05.01.140, Prisoner Placement and Transfer and OP-DWA-34.02, Inter-Institutional Prisoner Transfers For Health Care Reasons.
- S. An individualized treatment plan shall be developed and entered in the integrated health record for each prisoner admitted to the CMHP. The 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.
- T. The recommended treatment modalities shall be indicated in the prisoner's treatment plan and may include: pharmacotherapy; psychotherapy (individual and group); judicious use of medical seclusion and/or restraints; social work services, including family involvement in treatment; chaplaincy services; adjunctive therapies (i.e., recreational, occupational, music, activity, etc.); educational programs and health education; planning for discharge and aftercare.
- U. During the course of treatment within the CMHP, a physician/psychiatrist may prescribe psychotropic medication. These medications will be ordered, administered and monitored in accordance with PD 04.06.183, Voluntary and Involuntary Treatment of Mentally Ill Prisoners, and appropriate BFMHS guidelines.

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- V. Involuntary treatment for mental illness shall be provided in accordance with PD 04.06.183, Voluntary and Involuntary Treatment of Mentally Ill Prisoners. Voluntary treatment shall comply with the requirements of PD 03.04.105, Consent to Treatment.

#### PROTECTION FOR PRISONERS RECEIVING SERVICES

- W. Within seven days after admission to the CMHP, a prisoner shall be provided with the CMHP guidebook containing rights information and offered an opportunity to consult with a field investigator from the Office of the Legislative Corrections Ombudsman.
- X. Prisoners who are receiving psychological services and those in the CMHP, except those housed in a facility operated by or under contract with DMH, shall be subject to Department policies, procedures and rules. Prisoners in a DMH operated facility shall be governed by DMH policy and rules, except where specifically noted in Department policy.
- Y. Except at the HVC and CFP, the Prisoner Affairs Unit of the Office of Program Services shall be primarily responsible for ensuring that prisoners rights are not violated. Prisoners shall be specifically informed of their right to file a grievance with the institutional grievance coordinator.
- Z. Any QMHP shall report suspected abuse of prisoners to the BHCS Regional Manager, DMH Administrator or designee and warden immediately upon knowledge, suspicion, or accusations reasonably believed to be true. If the abuse is an assault, a homicide or criminal sexual conduct, the Michigan State Police (MSP) shall be notified immediately and a written report shall be submitted to the MSP within 72 hours. This reporting requirement is in addition to the requirements contained in PD 01.05.120, Critical Incident Reporting.

#### DUTY TO WARN

- AA. Although information obtained from a prisoner during treatment is often privileged, if a QMHP is treating a prisoner who threatens physical violence against another person, the QMHP shall immediately advise the warden of that threat if:
1. The person against whom the threat is made is reasonably identifiable; and
  2. The prisoner has the apparent intent and ability to carry out that threat in the foreseeable future.
- BB. The QMHP shall provide the name and prison number of the prisoner who made the threat. S/he also shall provide the name and any other available identifying information regarding the person who has been threatened, and the precise nature of the threat. This information shall be conveyed in a memorandum to the warden.
- CC. The warden shall ensure that the following actions are taken as soon as possible:
1. Pursuant to PD 03.03.110, Special Problem Offender Notification, a SPON shall be placed in the file of the prisoner who made the threat, which ensures notification of the following upon parole, release, escape or discharge:
    - a. The threatened individual;
    - b. Local law enforcement or the county Sheriff in the area where the threatened person resides;
    - c. If the threatened individual is a minor or is incompetent, the threat shall be communicated to the Department of Social Services in the county where the minor resides and to the parent or legal guardian.

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2. In addition, if the threatened individual is another prisoner or a staff person, s/he shall be verbally advised of the threat.
3. If the threatened individual is a member of the public, s/he shall be notified in writing of the threat and advised that a SPON has been placed in the prisoner's file to ensure notification upon release of the prisoner.

DD. Provision of notice under this section is not a violation of patient confidentiality as this notice is specifically required by State statute.

#### DOCUMENTATION OF MENTAL HEALTH SERVICES

- EE. All health care providers shall comply with the health record documentation requirements outlined in the Health Record Management Standards Manual. All services shall be documented promptly in the prisoner's integrated health record.
- FF. The BHCS shall coordinate a computerized mental health record (MHR) system to enable mental health care personnel to identify and track prisoners with mental disorders who receive mental health treatment through all levels of the mental health services delivery system. This system shall provide summary output reports containing both individual case and aggregate information regarding patient characteristics and diagnostic groups and service utilization. MHR 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 MHR output reports shall be made available to mental health treatment teams, health record offices, BHCS Central Office, BFMHS and DMH Central Office.
- GG. By contractual agreement with the DMH, the mental health tracking system shall be operated by the BFMHS. The BHCS shall operate that portion of the tracking system related to psychological services. Operation of the tracking system shall include data entry, error corrections, audits, data based decision making, health maintenance information system (HMIS) compliance, etc. Maintenance of the overall tracking system shall be the responsibility of the Department and shall include placement of telephone lines, addressing problems with programs and similar concerns.
- HH. The designated QMHP shall bear full responsibility for making available to key entry personnel the clinical or mental health care information required on the Mental Health Record Data (CHJ-194) form for the MHR system.
- II. Computer key entry of (CHJ-194) information into the MHR system shall be the responsibility of trained health record personnel. MHR data entry staff shall enter information from (CHJ-194) forms and perform other required system operations (e.g., inquiry, change, update and delete) in accordance with HMIS Operators Manual MHR procedures.
- JJ. There shall be documentation of MHR audit report review and completion of any required error corrections. Signed and dated MHR audit reports shall be retained in a secure fashion for one (1) year for auditing purposes.

#### OPERATING PROCEDURE

- KK. Wardens and Regional Health Care Administrators shall ensure operating procedures to implement this policy are developed in consultation with Regional CMHP Directors and forwarded to the appropriate Regional Prison Administrator, CFA and Administrator of the BHCS within 60 days of the effective date of this policy.

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### AUDIT ELEMENTS

- LL. A primary audit elements list has been developed to ensure compliance with this policy by providing staff with a tool for self auditing. The list shall be used by the Bureau of Health Care Services for auditing purposes on an annual basis unless more frequently required by the Director or Deputy Director and shall be retained on-site and in accordance with the retention and disposal schedule or for three years if not addressed in the retention and disposal schedule and made available to the internal auditor when requested.

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