

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE 02/15/10	NUMBER 05.01.120
	SUBJECT ADAPTIVE SKILLS RESIDENTIAL PROGRAM	
SUPERSEDES 05.01.120 (06/29/09)		AUTHORITY MCL 791.203; 791.265
ACA STANDARDS 2-CO-4B-04, 4-4374, 4-4399		PAGE 1 OF 4

POLICY STATEMENT:

The Adaptive Skills Residential Program (ASRP) provides specialized housing and programming to Correctional Facilities Administration (CFA) prisoners who meet the criteria set forth in this policy.

RELATED POLICIES:

- 04.06.180 Mental Health Services
- 05.01.140 Prisoner Placement and Transfer

POLICY:

DEFINITIONS

- A. Chronic Brain Disorder: A mental disorder characterized by multiple cognitive defects, including memory impairment resulting from a medical condition or brain injury due to trauma or toxins.
- B. Developmental Disorder: A mental disorder usually manifesting before the age of 18 years that is characterized by severe and pervasive impairment in several areas of development (e.g., retardation; autism).
- C. Qualified Mental Health Professional: A psychiatrist, psychologist, social worker, registered nurse, or other 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, if licensure is not required, certified to practice within the scope of his/her training.

GENERAL INFORMATION

- D. The ASRP provides specialized programming in a supportive housing environment to prisoners who have significant limitations in adaptive functioning due to a developmental disability or chronic brain disorder. The ASRP is offered at designated housing units in the Richard A. Handlon Correctional Facility (MTU) and St. Louis Correctional Facility (SLF) for male prisoners and in designated housing units in the Women’s Huron Valley Correctional Facility (WHV) for female prisoners. The Program may be offered at other institutions as determined by the CFA Deputy Director.
- E. Male prisoners with a developmental disability or chronic brain disorder who have a Global Assessment Functioning (GAF) score of 60 or below shall be referred to the MTU ASRP Unit Chief or, if classified to security Level IV or higher, to the SLF ASRP Unit Chief to be evaluated for placement in the ASRP consistent with Paragraph G; female prisoners meeting this criteria shall be referred to the WHV ASRP Unit Chief. Any prisoner, however, who has a GAF score of 20 or below shall receive a comprehensive psychiatric evaluation prior to referral to rule out the need for treatment in an inpatient psychiatric unit.
- F. Except at a reception facility, the Warden of the referring facility shall ensure that the prisoner’s bed assignment is held for up to seven calendar days pending completion of the on-site ASRP evaluation. A prisoner not accepted into the Program shall be returned to the sending facility if the evaluation is completed within the seven day period or, if the bed is no longer available, to other appropriate placement in accordance with PD 05.01.140 “Prisoner Placement and Transfer”. Such prisoners shall

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be monitored and provided follow-up treatment as determined necessary by mental health services staff at the receiving facility; this shall include the development of a Mental Health Management Plan, using Form CHJ-177, if needed to provide direction to staff on how to address the prisoner's behavior and symptoms. In addition, the Unit Chief shall ensure that those prisoners believed to be in need of continuing mental health services are referred to an appropriate QMHP or mental health team.

SCREENING, REFERRAL, AND EVALUATION

- G. All prisoners received at a reception facility shall be screened by a QMHP while at that facility to identify those prisoners who meet the referral criteria set forth in Paragraph D. Prisoners in non-reception facilities who are identified as possibly meeting these criteria also shall be referred to a QMHP for similar screening. The QMHP shall explain to each prisoner identified as meeting the referral criteria the purpose of the ASRP and the housing, programs, and activities available in the Program.
- H. The QMHP shall send a completed Mental Health Evaluation/Admission Referral (CHJ-332) and other relevant documentation to the appropriate ASRP Unit Chief for each prisoner identified as meeting the referral criteria set forth in Paragraph D. The Unit Chief shall conduct a preliminary assessment of each case referred to determine if the prisoner should be evaluated on-site for placement in the ASRP. If approved for an on-site evaluation, the prisoner shall be transferred to the appropriate institution consistent with the requirements set forth in PD 05.01.140 "Prisoner Placement and Transfer". If the Unit Chief has questions regarding the appropriateness of the referral, s/he shall consult with the referring QMHP to resolve the matter; if it cannot be resolved at that level, it shall be referred through the appropriate chain of command to the Regional Psychological Services Director for the referring facility and the Regional Correctional Mental Health Program Manager for the ASRP for resolution.
- I. Each prisoner received in the ASRP unit shall be evaluated by the Unit Chief or designee to determine if the prisoner should be accepted into the Program. During this evaluation period, the prisoner's out-of-cell activities may be limited for up to three business days unless otherwise provided for in a current Mental Health Management Plan (CHJ-177). A prisoner shall be placed in the Program involuntarily only if the need for involuntary treatment is established under MCL 330.2001a, et seq. and consistent with the requirements set forth in PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners".

INTERDISCIPLINARY TREATMENT TEAM

- J. Each ASRP unit shall have an interdisciplinary treatment team under the leadership of a Unit Chief, who shall be a QMHP. The team shall consist of a psychologist, a Resident Unit Manager or Assistant Resident Unit Supervisor, and other housing and treatment staff designated by the Unit Chief or designee. The interdisciplinary treatment team shall be responsible for developing a Comprehensive Treatment Plan for each prisoner in the ASRP unit. The team shall monitor the prisoner's progress in achieving his/her behavioral objectives.
- K. At least annually, the appropriate interdisciplinary treatment team shall assess each prisoner in the ASRP unit to determine whether the prisoner should be continued in the Program. This shall include reviewing and updating as necessary the prisoner's Comprehensive Treatment Plan. If the prisoner will not be continued in the Program, the reason shall be documented in writing and a transfer from the ASRP Unit initiated in accordance with PD 05.01.140 "Prisoner Placement and Transfer".

PROGRAMMING

- L. Prisoners in the ASRP shall be provided the opportunity to participate in all general population programs offered at the security level of the facility in which the ASRP unit is located, including educational and suitable work assignments and leisure time activities, commensurate with any currently active Mental Health Management Plan (CHJ-177). Prisoners who are dually diagnosed shall be provided mental health services as needed to address both their developmental disability and mental illness.

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ASSAULTIVE/DISRUPTIVE BEHAVIOR

- M. If a prisoner in the ASRP becomes assaultive or disruptive, every effort must be made to manage the prisoner's behavior in the ASRP 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.
- N. Prisoners in the ASRP are subject to discipline for their behavior as set forth in PD 03.03.105 "Prisoner Discipline". In accordance with PD 03.03.105, however, whenever a prisoner in the ASRP receives a major misconduct, the Unit Chief or a QMHP shall determine prior to the hearing whether the prisoner is not responsible for his/her behavior due to his/her mental disability. This information shall be provided prior to any review with or notice to the prisoner. If the prisoner is determined to be not responsible for his/her behavior due to his/her mental disability, the major misconduct shall not be processed and the behavior instead documented in the health record and addressed therapeutically.
- O. If a prisoner in the ASRP continues to endanger himself/herself or others due to assaultive behavior after other interventions have been tried, including the use of restraints as set forth in PD 04.05.112 "Managing Disruptive Prisoners" or placement on observation status, the prisoner may be referred for placement in segregation in accordance with PD 04.05.120 "Segregation Standards" and PD 04.06.182 "Mentally Disabled Prisoners in Segregation".

REMOVAL FROM PROGRAM

- P. A prisoner may be removed from the ASRP for any of the following reasons, subject to the approval of the Unit Chief or designee:
1. The prisoner no longer wants to participate in the Program.
 2. The prisoner no longer has a need to participate in the Program.
 3. The prisoner is paroling or discharging.
- Q. The reason for removal from the ASRP shall be documented in writing and a transfer from the ASRP unit initiated in accordance with PD 05.01.140 "Prisoner Placement and Transfer". Prisoners removed from the ASRP for any reason other than parole or discharge shall be provided follow-up treatment as determined necessary by mental health services staff at the receiving facility, including the development and implementation of a Mental Health Management Plan (CHJ-177) if needed. The Unit Chief or interdisciplinary treatment team shall refer prisoners believed to be in need of continuing mental health services to an appropriate QMHP or mental health team. The Office of the Parole and Commutation Board shall be notified if a paroling prisoner requires aftercare or mental health services in the community; the Warden shall be notified if a prisoner discharging requires such services.

PROCEDURES

- R. The Administrator of the Bureau of Health Care Services shall ensure that a Department-wide procedure is developed 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 their existing procedures are revised or rescinded, as appropriate, if inconsistent with policy requirements or no longer needed.

AUDIT ELEMENTS

- S. A Primary Audit Elements List has been developed and is available on the Department's Document

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Access System to assist with self audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

APPROVED: PLC 02/02/10