

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Transfer and Discharge of the Mental Health Caseload	Page 1 of 7 <hr/> SECTION: 67-MNH-04
RULE/CODE REFERENCE:	SUPERSEDES: 67-MNH-04 dated 02/19/15
RELATED ACA STANDARDS: 4-4399	EFFECTIVE DATE: January 22, 2016
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to ensure when inmates on the mental health caseload are transferred from one institution to another, or released to the community, the appropriate mental health records/information at the sending institution accompany the inmates to the receiving institution or to the community. It also establishes procedures for the clinically appropriate discharges from the mental health caseload of inmates who remain in the physical custody of the Department.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction and all inmates incarcerated in prisons operated by the Department. Specifically, this policy applies to all departmental mental health services staff and inmates who are mentally ill.

IV. DEFINITIONS

Independently Licensed Mental Health Professional (ILMHP) - Psychiatrists, Psychologists, Advanced Practice Nurse - Mental Health (APN-MH), Licensed Professional Clinical Counselors (LPCC), and Licensed Independent Social Workers (LISW), who by virtue of their training experience and state licensure laws are qualified to provide mental health care and have been specifically assigned identified tasks in this policy.

Intellectual and Developmental Disability (ID/DD) - Inmates that have been identified as having an intellectual and/or developmental disability per Department policy 67-MNH-22, Offenders with Intellectual Disabilities and Developmental Disabilities: Screening, Evaluation, Treatment and Reentry.

Intensive Treatment Program (ITP) – An intermediate level of mental health services between that of the RTU and general outpatient services. Basic requirements are a higher intensity and frequency of services. There are multiple treatment methods employed. Some programs may have a residential component, but it is not required. Inmates in the program could be housed in the unit or in general population.

Mental Health Administrator/Mental Health Manager (MHA/MHM) – Those who by position manage the Mental Health Departments at each of the institutions.

Mental Health Caseload - Consists of inmates with a mental health diagnosis who receive treatment by mental health staff and are classified as C-1 (Seriously Mentally Ill or SMI), or C-2 (Mental health caseload but not SMI), ID/DD, or on hold (no mental health classification) at a reception center (CRC, LorCI, ORW) or during the assessment phase of a comprehensive evaluation that will result in a diagnostic formulation.

Residential Treatment Unit (RTU) - A Residential Treatment Unit is a secure mental health treatment environment that has a structured clinical program. RTU placement is available for inmate patients of all custody levels. Currently, RTUs are operated at ACI, CRC, ORW, SOCF, and WCI.

Serious Mental Illness (SMI) - Adults with a serious mental illness are persons who are age eighteen (18) and over, who currently or at any time during the past year have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current Diagnostic and Statistical Manual of Mental Disorders and that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. These disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects.

Suicide Prevention Coordinator(s) - An ILMHP who, by virtue of their training and experience, is appointed by the Mental Health Manager/Mental Health Administrator (MHM/MHA) to serve as lead clinician in overseeing, coordinating, and implementing suicide risk assessment and prevention activities within each respective institution. The Suicide Prevention Coordinator will chair the Suicide Prevention and Review Team (SPART) and is a member of the Quality Improvement Team.

Treatment Plan (DRC5197) - The Bureau of Behavioral Health Services approved treatment planning format which outlines the course of treatment for the inmate receiving mental health services. The treatment plan includes diagnoses, specific problems, goals, measurable objectives, interventions, the name and discipline of the staff responsible for interventions, target dates, and outcomes.

Treatment Team - A multidisciplinary mental health team consisting of staff members involved in providing care to the inmate. Medical or other institutional staff should be included when clinically indicated.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to ensure the prompt and continuous delivery of mental health care to inmates on the mental health caseload when they are transferred from one institution to another and to ensure all inmates with mental illness receive appropriate

levels of mental health treatment. Inmates with mental illness remaining in the physical custody of the Department shall be discharged from the active mental health caseload when clinically appropriate.

VI. PROCEDURES

A. Guidelines for the Transfer of General Population Inmates on the Mental Health Caseload

1. The Mental Health Administrator/Mental Health Manager (MHA/MHM) shall be notified of all requests to transfer an inmate on the mental health caseload.
2. The MHA/MHM or designee shall be responsible for the completion of the Mental Health Transfer Summary in DOTS Portal (DRC5180) on all mental health caseload transfers only if the inmate is transferring to another institution. The MHA/MHM or designee (usually the MHL) responsible for the completion of the form shall sign the Mental Health Transfer Summary (DRC5180) in DOTS. The MHA/MHM, MHA3 or an ILMHP shall review and sign the second signature line of the Mental Health Transfer Summary (DRC 5180) for the following reasons: (1) RTU Admissions (2) RTU Discharges (3) Security Increases (4) Recent Crisis Precautions (within the last six months). All other Mental Health Transfer Summaries can be signed by the MHA/MHM or designee (usually the MHL) responsible for the completion of the form alone.
3. The MHA/MHM shall alert the Managing Officer's office the Mental Health Transfer Summary (DRC5180) has been completed in DOTS Portal.
4. The MHA/MHM shall ensure a copy of the Mental Health Transfer Summary (DRC5180) is maintained in the assessment section of the mental health file.
5. The MHA/MHM shall ensure the mental health staff at the receiving institution is informed of the transfer and this shall be documented in a progress note in the inmate's mental health file as soon as possible for those inmates on the mental health caseload who are classified as SMI or have been on suicide watch in the last six (6) months prior to the transfer. Documentation shall include who specifically was contacted at the receiving institution and what information was provided.
6. The sending institution's mental health staff shall package the inmate's mental health file(s) in a large sealed container marked CONFIDENTIAL. This file shall accompany the inmate's other institutional records and the inmate to the receiving institution.
7. All transferred inmates shall be screened at the receiving institution in accordance with Department policy 67-MNH-02, Mental Health Screening and Mental Health Classification.
8. Mental health staff at the receiving institution shall review the mental health record within one (1) working day of the inmate's arrival at the institution or as soon as the record becomes available (no later than three business days after the record has become available). At that time, the inmate shall be scheduled for appropriate continued mental health care.

9. MHA/MHM's or their designee shall notify the sending institution of any mental health record(s) that did not arrive at the receiving institution. If the mental health records cannot be located after contacting the sending institution, an Incident Report (DRC1000) shall be completed and routed to the Deputy Wardens of Special Services at the sending and receiving institutions and their Regional Behavioral Health Administrator. All efforts to locate mental health records shall commence. If mental health records are not available, the sending institution shall provide critical clinical information including risk factors to the receiving institution upon notification that the mental health record(s) are not available which shall be documented on an Interdisciplinary Progress Note (DRC5287) and placed in the inmate's file once it is located.

B. Guidelines for Transfer of Mental Health Caseload Inmates To or Between RTU or ITP Units/Programs

1. The MHA/MHM or designee of the institution requesting placement in an RTU or ITP shall follow the admission procedure in accordance with Department policy 67-MNH-23, Residential Treatment Unit and Intensive Treatment Programs, in addition to the procedures outlined in V.A above. A Specialized Mental Health Unit Consultation (DRC 5388) form shall be completed by the requesting institution for a specialized programming placement (RTU, SCDU, ITP) in accordance with Department policy 67-MNH-23, Residential Treatment Unit and Intensive Treatment Programs.
2. Inmates on Constant Watch, Close Watch or Mental Health Special Observation Status shall not be transported while on any crisis precaution watch status unless they are being transported to a Residential Treatment Unit (RTU), a psychiatric hospital, a medical facility for a medical emergency, or discharged from the Franklin Medical Center (FMC) to their parent institution. Under extenuating circumstances, this requirement may be waived utilizing the following process:
 - a. The MHA/MHM of the sending institution shall contact the Chief of BOBHS/designee to describe the behavior and treatment utilized to deter the behavior. Clear documentation must be provided to demonstrate that the continued crisis precaution has been due to secondary gain and not an unstable mental condition.
 - b. If warranted, the MHA/MHM shall be directed to set up a teleconference with the sending and receiving institutions and a representative from BOBHS.
 - c. The Suicide Prevention Coordinator shall ensure information is shared and coordinated when an inmate is being transferred between institutions while on watch or if the inmate has been on watch within the last seven calendar days, or if the inmate is under mental health follow up due to being on watch pursuant to Department policy 67-MNH-09, Crisis Management and Suicide Prevention.
 - d. The BOBHS Chief and appropriate Regional Director/designee(s) shall provide a signed memo to the Bureau of Classification to authorize the transfer.

- e. The inmate shall be transported by institutional staff and shall not be transported on the HUB.

C. Guidelines for Discharge of Inmates from RTU or ITP Unit/Programs to Receiving Institutions

The MHA/MHM shall ensure the mental health staff at the receiving institution is informed of the transfer and this shall be documented in a progress note in the inmate's mental health file as soon as possible for all inmates leaving from a RTU or ITP. Documentation shall include who specifically was contacted at the receiving institution and what information was provided.

D. Guidelines for Emergency Transfers

In the event an inmate on the mental health caseload is transferred for emergency purposes, the inmate's mental health file shall accompany the inmate during transport.

E. Interstate Compact Transfers

Upon request and with a Release of Information (DRC 5159), the MHA/MHM or designee shall provide a completed Mental Health Discharge/Treatment Summary (DRC5298) to the Adult Parole Authority staff for Interstate Compact Transfers. With the completion of the Release of Information form (DRC5159), the MHA/MHM or designee, shall inform the inmate this information is specifically entered into the Interstate Compact Database (ICOTS) and others will have access to this database.

F. Guidelines for Discharge of Inmates from the Mental Health Caseload

1. Inmates classified as SMI (Seriously Mental Ill) shall not be discharged from the mental health caseload.
2. If an inmate was believed to be SMI (C-1 MH Classification) and there is sufficient evidence to support the diagnosis was made in error, then the inmate may be re-classified to a C-2 MH Classification.
3. The offender reclassified from a C-1 to a C-2 MH Classification, shall be observed as a C-2 for at least six (6) months before being considered for re-classification to "N" status.
4. Inmates who have made a serious suicide attempt shall not be discharged from the mental health caseload for a minimum of six (6) months after the attempt.
5. Inmates classified as Non-SMI (Non-Seriously Mentally Ill) shall be discharged from the mental health caseload after consultation with an ILMHP when:
 - a. The discharge criteria on the inmate's Treatment Plan (DRC5197) have been achieved; and/or

- b. A course of treatment has been completed, and the inmate has been maintained off of any prescribed mental health medication, with mental health follow-up within thirty (30) calendar days; and/or
 - c. The inmate is appropriately classified as C2 and requests discharge; and
 - d. A relapse prevention plan is documented on approved Mental Health Treatment Plan Discharge Summary (DRC5298). Information on the relapse prevention plan must be provided to the inmate in verbal or written form.
6. Inmates classified as non-SMI (and who have not been classified as a C1 in the last six (6) months) who have not achieved discharge criteria may be discharged from the caseload after consultation with an ILMHP and appropriate clinical justification is documented on the Interdisciplinary Progress Note (DRC5287).
7. Documentation of Discharge
 - a. The Treatment Plan (DRC5197) shall document the progress and completion of goals. A progress note shall also be completed that documents progress toward goal attainment, reason for discharge and relapse prevention plan.
 - b. The relapse prevention plan shall be documented on the Mental Health Treatment Plan Discharge Summary, (DRC5298) and signed by the inmate and the mental health staff completing the form.
 - c. If the inmate has met the criterion in Section V.C.3 of this policy, and is removed from the institution's mental health caseload, the inmate shall be reclassified as "N" and DOTS Portal shall be updated accordingly.
8. Tracking of Discharged Inmates from the Mental Health Caseload

The MHA/MHM or their designee shall maintain a Bureau of Behavioral Health Services approved database of discharged inmates from the mental health caseload consisting of the inmate's name, number, diagnosis and date and reason for discharge.

G. Guidelines for Discharge from the Institution for Inmates on the Mental Health Caseload who will be on Supervision with the Adult Parole Authority

1. The MHA/MHM or designee shall collaborate with the ODMHAS Community Linkage staff per the ODRC/ODMHAS Partnership Agreement to ensure continuity of care.
2. If the Adult Parole Authority would like additional clinical information, the APA staff may contact the MHA/MHM at the institution.
3. If the inmate has refused Community Linkage involvement, the MHM/MHA or designee shall notify the Adult Parole Authority Regional Administrator and their Regional Behavioral Health Administrator within thirty (30) calendar days of release when an inmate who is classified as a C-1 is:

- a. On involuntary medications immediately prior to their release from the physical custody of the Department;
- b. Being released homeless;
- c. Likely to be problematic due to identified risk factors while in the physical custody of the Department in accordance with Department policy 07-ORD-11, Confidentiality of Medical, Mental Health, and Recovery Services Information; and/or
- d. Involved with a Duty to Warn as referenced in Department policy 67-MNH-26, Duty to Warn.

Related Department Forms:

Incident Report	DRC1000
Authorization for Release of Mental Health Information	DRC5159
Mental Health Transfer Summary	DRC5180
Mental Health Treatment Plan	DRC5197
Interdisciplinary Progress Note	DRC5287
Mental Health Discharge/Treatment Summary	DRC5298
Specialized Mental Health Unit Consultation	DRC5388