

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT:	PAGE <u> 1 </u> OF <u> 8 </u>
Mental Health Treatment	NUMBER: 67-MNH-15
RULE/CODE REFERENCE:	SUPERSEDES: 67-MNH-15 dated 02/05/15
RELATED ACA STANDARDS: 4-4368; 4-4371; 4-4372	EFFECTIVE DATE: February 8, 2016
	APPROVED: <i>Day MMA</i>

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 establish a standard procedure for the development of a mental health treatment plan and establish a system of progressively intensive treatment based on increased need.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction (DRC), and specifically to mental health staff and all inmates receiving mental health services who are incarcerated in DRC institutions.

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 and experience and state licensure laws, are qualified to provide mental health care and have been specifically assigned identified tasks in this policy.

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

Mental Health Liaison – Select Mental Health Professionals – A MHP assigned by the MHA/MHM or designee as the primary contact and staff member responsible for coordination of care.

Mental Health Professionals (MHP) - Those persons who, by virtue of their training and experience, are qualified to provide mental health care within the provisions of the state’s licensure laws, policies and guidelines including Psychology Assistants, Licensed Professional Counselors (LPC), Licensed Social Workers (LSW), Registered Nurses (RN), and Activity Therapists (AT).

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 (DRC5197) includes the diagnosis, specific problems, goals, measurable objectives, interventions, the name and discipline of the staff responsible for interventions, target dates and outcomes.

Treatment Team – A multidisciplinary team consisting of the inmate and staff members involved in providing care to the inmate. Medical, recovery services, unit, custody, education, religious services or other institution staff should be included when clinically indicated. The inmate shall be offered an opportunity to attend and participate in the planning of his/her treatment at the time of the treatment team meeting. If the inmate refuses to attend or is not able to attend, clear explanation shall be written in the Interdisciplinary Progress Notes (DRC5287). All members in attendance of the actual treatment team meeting name and title shall also be included in the progress note.

Regional Behavior Health Administrator – Assigned by region as the BOBHS primary staff member responsible for technical assistance and site visit monitoring.

Utilization Review Administrator- Assigned BOBHS staff member responsible for reviewing specialized Mental Health Consult requests and coordinating transfers with the sending institution, receiving institution, the associated BHA, and classification.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to ensure all inmates on the mental health caseload have treatment that is driven by a written treatment plan based on the inmate's diagnosis and need.

VI. PROCEDURE

A. Open Office Hours

The MHA/MHM shall establish coverage during business days Monday – Friday for a minimum of four (4) hours each day for inmates to access Mental Health Services.

1. Annually the MHA/MHM shall review the written plan with their respective Deputy Warden and Managing Officer. The plan shall be signed by all mentioned parties and submitted to their Regional Behavioral Health Administrator by October 15.
2. The plan shall be made available to the inmate population by posting in the housing units, inclusion in the inmate handbook and notices on the JPay system.

B. Mental Health Liaison

1. The Mental Health Manager (MHM) or Mental Health Administrator (MHA) or designee shall ensure all inmates on the mental health caseload are assigned a Mental Health Liaison (MHL).
2. The MHL can be any mental health professional listed in the definition above.

3. The MHL is the primary contact person for the assigned mental health caseload inmate. The duties shall include, but are not limited to:
 - a. Notifying the inmate of treatment team meetings;
 - b. Acting as the first contact for institutional staff during a crisis;
 - c. Contact for family inquiries regarding mental health treatment;
 - d. Responding to requests for mental health services for inmates while they are in segregation;
 - e. Responding to kites;
 - f. Completing the mental health assessment for the Rules Infraction Board (RIB) in DOTS Portal.
 - g. Completion of Prescreen for SSI/SSDI benefits (DRC5322) as assigned by the MHA or designee.
4. The MHL is responsible for coordinating the treatment team and the lead for development and monitoring of the Treatment Plan (DRC5197) goal completion and the subsequent treatment plan reviews.
5. The role of the MHL is not an intervention for the treatment plan. The MHL is the primary contact and responsible for coordination of care. The MHL may also have individual or group interventions assigned on the treatment plan (e.g. 1:1 counseling or anger management group).

C. Treatment Plan

1. A Treatment Plan (DRC5197) is required for every inmate on the mental health caseload.
2. A Treatment Plan (DRC5197) is developed based on the assessment generated within twenty-one (21) calendar days of the mental health evaluation process being completed. The entire process shall not exceed thirty-five (35) days of the MHP recommendation to add the individual to the mental health caseload. The Treatment Plan (DRC5197) shall identify the diagnosis, problem areas, treatment interventions, and who shall provide the service. The Treatment Plan (DRC5197) shall delineate the type of treatment, frequency of contacts, and date of follow up review.
 - a. If an inmate is transferred to a different institution, the treatment plan shall be updated within fourteen (14) days of arrival at the new institution.
 - b. The treatment plan shall be updated annually unless circumstances change requiring an update sooner (e.g. diagnosis change or interventions added).
3. Inmates who are prescribed psychotropic medication shall have Treatment Plans (DRC5197) that include specific interventions addressed in Department Policy 67-MNH-07, Psychotropic Medication. Mandated medication shall be listed as an intervention on the treatment plan
4. Each Treatment Plan (DRC5197) shall identify the inmate's presenting problems in behavioral terms. Goals and objectives for each problem need to be focused and measurable. Interventions shall address each presenting problem and shall be time limited. The treatment plan shall focus on short term goals written in terms the inmate understands.

5. Individual and Group interventions shall be listed under a specific problem and are prescribed to minimize or resolve the problem.
6. A treatment plan review shall not exceed every ninety (90) calendar days to assess the progress of the treatment goals and shall be documented in the inmate's Interdisciplinary Progress Note (DRC5287).
 - a. The progress must be indicated on the treatment plan at the time of the review and dated. All the treatment team members that were present shall be listed in the interdisciplinary progress note. If electronic health record has been implemented, present treatment team members shall sign the treatment plan signature page. Those not in attendance shall review the treatment plan at a later date and complete an addendum.
 - b. A new treatment plan must be developed if the diagnosis, problems, and/or goals change prior to the next review.
 - c. The review shall clearly be documented using the SOAP template or in the Interdisciplinary Progress Notes (DRC5287) in SOAP format. Each problem shall be listed with a description of the progress or lack thereof.
7. The Treatment Plan (DRC5197) shall articulate follow-up plans for crisis precautions (e.g. suicide watch follow-up) or for any other follow-up planning.
8. The convening of a treatment team is required for each individual on the Mental Health Caseload, including initial plan and subsequent reviews.
9. Mental health services shall convene a treatment team when there are complex treatment issues or issues that affect the safety of the inmate, staff, or institution interests at the time of the event. The treatment team shall give consideration to invite other interested parties to discuss the treatment issues (e.g. medical, recovery, unit management).
10. All Treatment Plans (DRC5197) shall be signed by the inmate and all providers involved in treatment. If an inmate refuses to sign the Treatment Plan (DRC5197), his/her refusal and reason for refusal must be documented in the Interdisciplinary Progress Note (DRC5297). Staff members who have interventions assigned but were not present at the actual treatment team shall sign the plan but clearly document their agreement or disagreement with the recommended treatment course in the Interdisciplinary Progress Notes (DRC5287).
11. Any encounter with an inmate for the purpose of treatment planning shall be conducted in a setting that respects the inmate's privacy.
12. If it is determined an inmate's diagnosis requires clarification, updating, or the treatment team members' working diagnoses require reconciliation, then:
 - a. A treatment team shall be convened to discuss the differential diagnostic opinions;
 - b. The treatment plan shall be updated if the diagnosis is changed;
 - c. Department Policy 67-MNH-02, Mental Health Screening and Mental Health Classification, shall be adhered to when updating diagnosis.

D. Follow Up Scheduling for Treatment Interventions

The MHL shall follow up regarding treatment interventions according to the following guidelines:

1. Good symptom management – not to exceed ninety (90) calendar days;
2. Fair symptom management – shall not exceed every sixty (60) calendar days;
3. Poor symptom management – patients shall be seen as necessary, but no less than every thirty (30) calendar days until symptoms improve;
4. RTU level of care follow ups shall align with RTU schedule per Department Policy 67-MNH-23, Residential Treatment Units and Intensive Treatment Programs;
5. Seriously Mentally Ill Inmates that are in a restrictive housing unit shall comply with Department Policy 67-MNH-31, Mental Health Rounds in Special Management and Death Row Housing Units.

E. Crisis Treatment Planning

Shall comply with 67-MNH-09.

F. Trauma Treatment for Victims of Human Trafficking

1. In accordance with 67-MNH-02, Mental Health Screening and Mental Health Classification, inmates identified as victims of human trafficking by the Initial Human Trafficking Screening (DRC5185) or the Human Trafficking Screening Tool (DRC5193) and further evaluation, may be transferred to an institution identified by the Bureau of Behavioral Health Services as a provider in the Trauma Service Delivery Network to receive trauma treatment if the current needs cannot be addressed through other means at the current institution.
2. A Treatment Plan (DRC5197) shall be developed addressing these needs.

G. Documentation of Treatment Planning

Documentation of treatment planning shall be maintained in every mental health file for inmates on the mental health caseload and shall include the following:

1. Treatment Plan (DRC5197);
2. An interdisciplinary progress note (DRC5287) or SOAP template shall also be written to identify each problem listed with a description of the progress or lack thereof.

H. Types of Mental Health Treatment

1. Institutional mental health programs include at a minimum:
 - a. Screening for mental health problems;
 - b. Outpatient services for the detection, diagnosis, and treatment of mental illness;
 - c. Crisis intervention and the management of acute psychiatric episodes;

- d. Stabilization of the mentally ill and the prevention of psychiatric episodes;
 - e. Elective therapy services and preventive treatment inclusive of various mental health treatment groups and individual therapy;
 - f. Development of an overall treatment/management plan with appropriate referral to include transfer to other facilities for inmates whose psychiatric needs exceed the treatment capability of the current facility.
2. All treatment shall be governed by the Treatment Plan (DRC5197) and each intervention should address a specific diagnosis.
 3. Treatment shall include, but is not limited to, psycho-educational groups, individual therapy, group psychotherapy, psychotropic medication, and activity therapy.
 4. If an inmate is SMI/ C-1 and refuses treatment, the treatment team shall determine if higher level of care is required.
 5. If an inmate has a Serious Mental Illness (C-1), he or she shall remain a C1 for the duration of their sentence.
 6. If an inmate was believed to be a SMI/C1 and there is sufficient evidence to support that diagnosis was made in error, then the inmate may be reclassified to a C2.
 7. The offender shall be observed as a C2 for at least six (6) months before being reclassified to an N status.
 8. Inmates on the mental health caseload classified as non-SMI (who have not been classified as a C1 in the last six (6) months) and 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)
 9. Non-caseload inmates who have made a serious suicide attempt shall be assessed by an ILMHP for further Mental Health Services.

I. Treatment Planning Process

Type of Plan	Timeframe of initial Treatment Plan	Required Signature on Treatment Plan and/or Required for Treatment Team (if applicable)	Frequency of Review
Outpatient	Within 35 days of being placed on the mental health caseload. Within 14 days of transfer to a new parent institution.	Inmate, MHL, and all treatment team members present and those assigned treatment-interventions. If the treatment member responsible for interventions is not present during the treatment team they shall review and complete an addendum.	As needed not to exceed 90 calendar days or upon a change in treatment
Crisis	Refer to policy 67-MNH-09		
RTU	Within 7 days of admission	Inmate, MHL, Psychiatrist/APN-MH, Psychologist, Psychiatric	Level 1: every 7 calendar days Level 2: every 14 calendar days Unless otherwise determined by the treatment team.

		Nurse, a Correction Officer and/or psychiatric attendant, Activity Therapist, or any other active agents of treatment for the individual,	Level 3: every 30 calendar days. Level 3 chronic: not to exceed 90 days Level 4: as determined by the treatment team not to exceed 60 days.
SMI/C1 in Restrictive Housing	Refer to policy 67-MNH-31		
RTU Discharge	Within 7 days of placement in lower level of care (e.g. ITP, Outpatient)	Inmate, MHL, and all treatment team members present and those assigned treatment-interventions. If the treatment member responsible for interventions is not present during the treatment team they shall review and complete an addendum.	As needed not to exceed 90 calendar days or upon a change in treatment

J. Progressively Higher Levels of Care

Level of treatment shall be commensurate with the need as assessed by the mental health evaluation process. As the treatment is deemed inadequate at the current level of care, a treatment team is convened to explore a higher level of treatment. The following services are available for the inmate as clinically indicated:

1. Outpatient Treatment/day treatment;
2. Intensive Treatment Program (ITP - Residential and Non-Residential);
3. Residential Treatment Units-Level One: Crisis and Assessment;
4. Residential Treatment Units-Levels 2-4.

K. Treatment Planning for Inmates Preparing to Reenter the Community

1. A treatment team shall be convened for all inmates on the mental health caseload no less than sixty (60) days from discharge into the community.
 - a. If the inmate is classified as a SMI/C1, the community linkage worker shall be invited to attend the treatment team.
 - b. If the inmate is being released under the supervision of the Adult Parole Authority, a representative of the APA shall be invited to the treatment team.
 - c. Utilization of Jabber or video conferences to collaborate on transitional planning is encouraged.
 - d. If the inmate being released is a SMI/C1:
 - i. On involuntary medication;
 - ii. Likely to be released homeless;
 - iii. A sex offender;
 - iv. Has a duty to warn in accordance with Department Policy 67-MNH-26, Duty to Warn.
2. The MHA/MHM or designee shall collaborate with the APA on transportation arrangements and transition planning.

- a. The treatment team shall discuss the needs of the inmate upon entering back into the community. This may include, but is not limited to, deciding if treatment will be needed in the community, if benefits are in place (e.g. SSI, Medicaid), ACT, or Returning Home Ohio.
- b. The Mental Health Treatment Plan (DRC5197) shall be updated to reflect the goals for the inmate's transition, if necessary.
- c. The Mental Health Treatment Plan Discharge Summary (DRC5298) shall be completed as a result of this treatment team and updated as necessary. The Mental Health Treatment Plan Discharge Summary (DRC5298) shall be clearly marked in the discharge summary narrative section to indicate this is the inmate's plan for release to the community.
 - i. In the discharge summary narrative section, the form shall clearly indicate if the inmate has been serviced by a community linkage worker, an appointment scheduled in the community, benefits secured, and a plan for release.
 - ii. The form shall include the inmate's current medication and the level of compliance with taking the medication. A plan for the continuance of that medication upon release shall be written in the discharge summary narrative section.
 - iii. The Mental Health Treatment Plan Discharge Summary (DRC5298) may be updated several times prior to release.

Related Department Forms:

Initial Human Trafficking Screening	DRC5185
Human Trafficking Screening Tool	DRC5193
Treatment Plan	DRC5197
Interdisciplinary Progress Note	DRC5287
Mental Health Treatment Plan Discharge Summary	DRC5298