I. AUTHORITY

Ohio Revised Code 5120.01 authorizes the Director of the Department of Rehabilitation and Correction, as the executive head of the department, to direct the total operations and management of the department by establishing procedures as set forth in this policy.

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 (ODRC), and specifically to Mental Health staff and all incarcerated individuals receiving mental health services who are incarcerated in ODRC institutions.

IV. DEFINITIONS

The definitions for the below listed terms can be found at the top of the policies page on the ODRC Intranet at the following:

Definitions Link

- Credentialed Mental Health Professional (CMHP)
- Electronic Health Record (EHR)
- Extended Restrictive Housing (ERH)
- Health Care Administrator (HCA)
- Independently Licensed Mental Health Professional (ILMHP)
- Limited Privilege Housing (LPH)
- Mental Health Administrator/Mental Health Manager (MHA/MHM)
- Mental Health Liaison (MHL)
- Mental Health Professionals (MHP)
- Multidisciplinary Treatment Team (MTT)
- Regional Behavior Health Administrator (RBHA)
V. POLICY

It is the policy of the ODRC to ensure all incarcerated individuals on the mental health caseload have treatment that is driven by a written treatment plan based on the individual’s diagnosis and need.

VI. PROCEDURES

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 incarcerated individuals to access Mental Health services.

1. Annually, the MHA/MHM shall review the open office hours written plan with the respective deputy warden and managing officer.

2. The plan shall be made available to the incarcerated individual population by posting in the housing units, inclusion in the incarcerated individual handbook, and notices on the JPay system.

B. Participation in Holistic Programming (Behavioral Health Protocol I-17, Mental Health Treatment)

Treatment providers under the Office of Correctional Healthcare (OCHC) shall collaborate to offer education surrounding health care issues to support treatment objectives.

1. Mental Health services shall participate in a holistic family event at a minimum on a quarterly basis. Each quarter, a service area under the Office of Holistic Services (OHS) shall be responsible for coordinating the event.

2. Mental Health services shall also, on a regular basis determined by the institution, but no less than monthly, be available for a minimum of three (3) hours in the Visiting Room during normal visiting hours, which shall include some weekend and evenings.

C. Mental Health Liaison

1. The MHM/MHA or designee shall ensure all incarcerated individuals on the mental health caseload are assigned an MHL. The exception for this would be individuals at a reception facility awaiting transfer to another institution.

2. The MHL can be any MHP that acts as the primary contact for the assigned mental health caseload individual.
3. The MHL may have individual or group interventions assigned on the treatment plan (e.g., MHL contacts, supportive counseling, individual therapy, or anger management group).
   
a. MHL contacts may be an individual intervention on the treatment plan reflective of meaningful engagement.
   
b. MHL contacts that are utilized for more of a brief check-in shall not be designated as an individual intervention.

4. Individuals on the caseload, whether Seriously Mentally Ill (C1) or Mentally Ill (C2), shall be seen for MHL contacts according to the guidelines outlined in Behavioral Health Protocol I-17, Mental Health Treatment. A MHL contact shall not occur at the same time or on the same date as the incarcerated individual’s treatment plan review.

D. Treatment Plan

1. A treatment plan is required for every incarcerated individual on the mental health caseload. When referenced in this policy, a treatment plan shall be documented on the EHR MH Treatment Plan (DRC5197).

2. Incarcerated individuals at reception facilities awaiting transfer shall be given a short-term treatment plan at the end of the mental health evaluation in lieu of the multidisciplinary treatment team meeting and EHR MH Treatment Plan (DRC5197).

3. A treatment plan is developed based on the assessment generated and shall be completed within thirty-five (35) calendar days of diagnosis and placement on the caseload.

   If an incarcerated individual is transferred to a different institution, the EHR Mental Health Treatment Plan (DRC5197) shall be updated within fourteen (14) calendar days of arrival at the new institution.

4. There shall be a minimum of two (2) interventions on the plan. Interventions shall address each presenting problem and shall be time limited. The treatment plan shall focus on short-term goals written in terms the individual understands.

5. 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 incarcerated individual’s EHR.

6. The frequency of treatment plan reviews in the RTU shall be completed in accordance with Section I. of this policy and the Behavioral Health Protocol I-9, Residential Treatment Unit Admission, Treatment and Discharge.

7. Any MHP who has interventions listed on the treatment plan shall sign an append within fourteen (14) calendar days of the encounter if they were not present for review of the plan.
8. If it is determined an incarcerated individual’s diagnosis requires clarification, updating, or the treatment team members’ working diagnoses require reconciliation, then:

   a. Follow guidance outlined in ODRC Policy 67-MNH-02, Mental Health Screening and Mental Health Classification (VI.E.8), when updating the diagnosis.

   b. The EHR MH Treatment Plan (DRC5197) shall be rewritten if the diagnosis is changed.

9. No less than 120 calendar days prior to estimated release, all Mental Health Treatment Plans (DRC5197) for C1 and C2 classifications shall include a goal and intervention that addresses re-entry needs.


E. Treatment Team Meetings

1. Treatment team is required according to the following guidelines:

   a. Serious Mental Illness (C1)

      i. Treatment team shall convene for all incarcerated individuals classified as C1 to discuss the initial treatment plan and all subsequent reviews.

      ii. All C1 individuals shall have a treatment team meeting for the purpose of release planning as outlined in Behavioral Health Protocol I-11, Release Planning for Inmates on the Mental Health Caseload.

   b. Incarcerated Individuals with Mental Illness (C2)

      i. MHL and incarcerated individuals shall develop the initial treatment plan.

      ii. Treatment team shall convene when a C2 individual presents with complex or unique treatment needs, including issues that affect the safety of the incarcerated individual, staff, or institution interests at the time of the event.

      iii. Treatment team shall convene for a C2 individual who is being seen for follow up with an advanced level practitioner (ALP) more frequently than ninety (90) calendar days, as recommended by the ALP or MHL.

   c. MHL shall include identified next of kin and/or support persons in treatment team meetings as clinically appropriate.

      i. Releases of information shall be signed prior to including any person other than the next of kin in the treatment team meeting.
ii. MHL shall document inclusion of next of kin and/or support person utilizing the EHR MH Telephone Note and in attendance section on treatment plan summary.

d. Residential Treatment Unit (RTU) incarcerated individuals will follow treatment team scheduling according to Behavioral Health Protocol I-9, Residential Treatment Unit Admission, Treatment and Discharge.

e. All treatment shall be governed by the EHR MH Treatment Plan (DRC5197), and each intervention should address a specific diagnosis or identified problem.

f. Treatment shall include, but is not limited to, psycho-educational groups, individual therapy, group psychotherapy, psychotropic medication, or activity therapy.

g. If an incarcerated individual is classified Seriously Mentally Ill (C1) and refuses treatment, the treatment team shall determine if higher level of care is required.

F. Wellness Planning

1. An EHR Wellness Plan (DRC5061) is a behavioral health tool developed with the input of the incarcerated individual with support from the MHL to be utilized to promote engagement in interventions that the individual identifies as supportive.

2. An EHR Wellness Plan (DRC5061) is required for all incarcerated individuals on the mental health caseload. An initial wellness plan shall be created in conjunction with the initial treatment plan. Any time the wellness plan is created or updated a copy should be offered to the individual.

3. An EHR Wellness Plan (DRC5061) shall be reviewed and updated as indicated within fourteen (14) calendar days of transfer during a face-to-face encounter with the assigned MHL.

4. An EHR Wellness Plan (DRC5061) shall be reviewed and updated as indicated for individuals on crisis precautions.

5. An EHR Wellness Plan (DRC5061) shall be updated at a minimum annually, or as indicated during a face-to-face encounter with the MHL.

G. Trauma Treatment for Victims of Human Trafficking

1. In accordance with ODRC Policy 67-MNH-02, Mental Health Screening and Mental Health Classification, incarcerated individuals identified as victims of human trafficking by the Initial Human Trafficking Screening Tool (DRC5185), or the Human Trafficking Screening Tool (DRC5193), and further evaluation may be referred to receive trauma treatment if appropriate.

2. An EHR MH Treatment Plan (DRC5197) shall be developed addressing these needs.
H. Types of Mental Health Treatment (Refer to Behavioral Health Protocol I-17, Mental Health Treatment)

Institutional Mental Health programs include at a minimum:

1. Short-term treatment for non-caseload individuals.
2. Screening for mental health problems.
3. Outpatient services for the detection, diagnosis, and treatment of mental illness.
4. Crisis intervention and the management of acute psychiatric episodes.
5. Stabilization of the mentally ill and the prevention of psychiatric episodes.
6. Elective therapy services and preventive treatment inclusive of various mental health treatment groups and individual therapy.
9. Progressively higher levels of care inclusive of day treatment programs, residential treatment units and hospital level services.

I. Treatment Planning Process

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>Timeframe of Initial Treatment Plan</th>
<th>Required Treatment Team Participants (if applicable)</th>
<th>Frequency of Review</th>
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</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>Within 35 calendar days of diagnosis and placement on the mental health caseload Within 14 calendar days of transfer to a new parent institution.</td>
<td>Incarcerated individual, MHL, and all treatment team members and/or staff assigned treatment interventions. Participants not present during the treatment team shall review and complete an append within 14 days of the encounter.</td>
<td>As needed, not to exceed 90 calendar days, or upon a change in treatment.</td>
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<td>Crisis</td>
<td>Refer to policy 67-MNH-09</td>
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<tr>
<td>RTU</td>
<td>Within 7 calendar days of admission</td>
<td>Incarcerated individual, MHL, Psychiatrist/APN-MH, Psychologist, Psychiatric Nurse, a Correction Officer and/or Psychiatric Attendant, Activity Therapist, or any other active agents of treatment for the individual. Participants not present during the treatment team shall review and complete an append within 14 calendar days of the encounter.</td>
<td>Level 1: every 7 calendar days Level 2: every 14 calendar days unless otherwise determined by the Treatment Team. Level 3: every 30 calendar days. Level 3 chronic: not to exceed 90 calendar days Level 4: as determined by the Treatment Team, not to exceed 60 calendar days.</td>
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<tr>
<td>SMI/C1 in Restrictive Housing</td>
<td>Refer to policy 67-MNH-31</td>
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<tr>
<td>RTU Discharge</td>
<td>Within 7 calendar days of placement in lower level of care (e.g., DTP, Outpatient)</td>
<td>Incarcerated individual, MHL, and all treatment team members and/or staff assigned treatment interventions. Participants not present during the treatment team shall review and complete an append within 14 calendar days of the encounter.</td>
<td>As needed, not to exceed 90 calendar days, or upon a change in treatment</td>
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</tbody>
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J. Progressively Higher Levels of Care

1. Level of individualized treatment shall be commensurate with the need as assessed by the mental health evaluation process, or as determined by the MTT and approved by OSC.

2. Referrals for higher levels of care shall be facilitated in accordance with ODRC Policy 67-MNH-23, Residential Treatment Units and Day Treatment Programs.

3. Individuals pending transfer to a higher level of care shall receive treatment at current facility as clinically indicated.

K. Confidentiality

All Mental Health encounters shall occur in an environment that ensures the maintenance of privacy and confidentiality.

The procedures contained within this policy shall always be executed in accordance with ODRC Policy 67-MNH-24, Mental Health Documentation and Information Maintenance.

Referenced Protocols:

I-9 Residential Treatment Unit Admission, Treatment and Discharge
I-11 Release Planning for Inmates on the Mental Health Caseload
I-17 Mental Health Treatment

Referenced ODRC Policies:

67-MNH-02 Mental Health Screening and Mental Health Classification
67-MNH-23 Residential Treatment Units and Day Treatment Programs
67-MNH-24 Mental Health Documentation and Information Maintenance

Referenced Forms:

EHR Wellness Plan DRC5061
Initial Human Trafficking Screening Tool DRC5185
Human Trafficking Screening Tool DRC5193
Mental Health Treatment Plan DRC5197