

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: MAR 09 2010	POLICY NO.: COR.10.1G.04
		SUPERSEDES (Policy No. & Date): (NEW)	
SUBJECT: MENTAL HEALTH SERVICES		Page 1 of 5	

1.0 PURPOSE

To provide guidelines to staff that provide mental health services to patients with symptoms of serious mental disorders. The level of service provided to patients shall be aimed at assisting the patient in maintaining the best level of functioning in the environment.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes: Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. Standards for Health Services in Prisons , National Commission on Correctional Health Care, (2008).
- c. Hawaii Revised Statutes: Section 334-59 to 62 and Section 334-74.

.2 Definitions

- a. Treatment Plans: Comprehensive Treatment Plans (CTP's) are individualized plans developed by mental health staff that outlines the intended treatment and treatment goals for each specific mental health problem the detainee presents. The scope of the CTP is dependent upon the level of mental health care required by the inmate.
- b. Serious Mental Illness (SMI): A diagnosable mental disorder characterized by alterations in thinking, mood, or impaired behavior associated with distress an/or impaired functioning; primarily inclusive of schizophrenia, severe depression and bipolar disorder, and severe panic disorder, obsessive compulsive disorder, and post-traumatic stress disorder.
- c. Serious and Persistent Mental Illness (SPMI): Diagnostic and functional level eligibility criteria established by the Department of Health, Adult Mental Health Division (AMHD)(see Attachment I).

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3.0 POLICY

- 1 Mental Health Services shall be available to all inmates in the system with serious mental disorders. The services shall include:

- a. Short-term Crisis Residential Services

Services: Crisis Stabilization / Brief Treatment or Intervention
 Suicide/Safety Watch
 Restraint
 Seclusion
 Assessment / Observation / Evaluation
 Medication Management, as indicated
 Treatment Planning, as indicated
 Discharge / Transition Planning, as indicated

Criteria: Inmates requiring emergent or urgent intervention who are: (1) exhibiting symptoms of psychic distress; (2) suspected of having a primary mental illness with an associated situational crisis or (3) for whom there is a significant diagnostic uncertainty qualify for Brief Treatment Services. Examples include: inmates who engage in suicidal behavior without a qualifying SMI diagnosis; individuals remanded to the facility for a court ordered competency and criminal responsibility evaluation; individuals who have substance induced psychosis that is stabilized within 30 days with no other evidence of a serious mental illness; individuals placed in seclusion and / or restraint that present a diagnostic uncertainty, etc. ASAM Level III.5-7 best describes inmate's functional level criteria.

Supervision: Intensive, continuous observation, evaluation and treatment on a Mental Health Module until resolved or diagnosed.

- b. Outpatient Services

Services: Treatment Planning
 Case Management
 Discharge / Transition Planning, as indicated
 Medication Management

Criteria: Inmates diagnosed with a Serious Mentally Illness, who

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can be maintained in the general population with ongoing monitoring.

Supervision: Monthly Medication Monitoring. Psychiatric Social Worker supportive counseling as required / requested, as frequently as once per week.

c. Residential Rehabilitation / Treatment

Services: Treatment Planning
Case Management
Discharge Planning
Psychosocial Rehabilitation
Medication Management
Group and/or Individual Therapy
Therapeutic Recreation

Criteria: Inmates diagnosed as Seriously and Persistently Mentally Ill (SPMI) who require continuing psychiatric stabilization and psychosocial rehabilitation. Diagnostic criteria comport with the criteria established by the Department of Health, Adult Mental Health Division (AMHD). In addition, ASAM Level III.1-3 best describes inmate's functional level criteria.

Supervision: Routine, continuous services on a Mental Health Module until improved and discharged to general population or community.

- .2 With the exception of short-term crisis services, individuals residing on the mental health modules will meet the criteria for SPMI. Inmates with other behavioral, organic and/or medical conditions are considered inappropriate for the programs/interventions offered.
- .3 Mental Health Services shall not be forced on a patient without his or her implied, verbal or written consent except in an emergency or by court order, when a clear threat of harm to self or others exists, or when behavior is so disruptive that the ability to render health services is interrupted or security is compromised. An example of an implied consent is the patient presenting him or her self to the provider for treatment. All exceptions shall be documented in the Medical Record.
- 4 An inmate shall not be denied access to work, recreation, education, or other

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program opportunities because of his or her mental disorder, unless these services are clinically contraindicated. Orders that deny the placement of an inmate on a work line or into a program must be conducive to his or her continued good health and must be documented in the medical record progress notes.

4.0 PROCEDURES

- .1 Under the direction of the MHBA or designate Mental Health Section Administrator (MHSA), mental health or health care staff shall provide support services to those facilities with limited on-site mental health services.
- .2 Treatment Plans (CTP's) will be developed for Inmates with Serious Mental Illness based on the intensity and duration of their mental health disorder consistent with COR.10.1G.16 (Mental Health Treatment Planning).
- .3 Inmates experiencing acute exacerbations of mental illness and/or psychiatric/emotional crises, and chronic mentally ill inmates who cannot be managed at a facility shall be transferred within the system to an appropriate correctional facility mental health module or externally the Hawaii State Hospital (DOC 0461: MH-9 Transfer Request – Prisoner in Need of Treatment).
- 4 Mental Health staff shall share appropriate information with substance abuse counselors and other correctional staff involved in program planning, education, job placement, transfers and institutional treatment plans that will assist the inmate to successfully complete treatment and to integrate back into general population within the facility or the community upon discharge.
- 5 An inmate with dual diagnoses of substance use and a serious mental disorder in therapeutic treatment communities or modules shall have his or her treatment plan reviewed by the psychiatric social workers at least every month. Referrals shall be made to the psychologist or the psychiatrist when appropriate to amend treatment plans.
- 6 Physicians other than psychiatrists may assist in the pharmacology and treatment of psychiatric patients in an adjunct capacity to a Department psychiatrist or in an emergency or when on call.
- .7 Inmates have the right to refuse medications or treatment, with exception of

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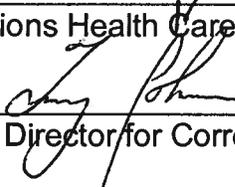
those from whom the court has ordered involuntary treatment. Mental health staff shall monitor and counsel the patient on the benefits of the medication or treatment. Inmates who refuse medication or treatment shall be assessed on a regular basis but not to exceed three (3) month intervals.

- 8 Specific housing units or modules will be designated to temporarily house inmates who cannot be housed with the general population. Housing units or modules also may be used to permit inmates with serious mental illness to take a respite from general population to ensure stability.
- .9 Facilities without mental health housing units or modules that have seriously mentally ill inmates beyond the scope of the facilities ability to treat, shall obtain approval from the treating psychiatrist or the Mental Health Branch Administrator to transfer the inmate to a facility with an appropriate unit. Upon approval, the nursing staff from the requesting facility shall arrange for transport of the inmate.

5.0 SCOPE

This policy and procedure applies to all branch facilities and their assigned personnel.

APPROVAL RECOMMENDED:

	3/2/10
_____ Medical Director	_____ Date
	3/2/10
_____ Corrections Health Care Administrator	_____ Date
	3/8/10
_____ Deputy Director for Corrections	_____ Date

APPROVED:

	
_____ Director	
3/9/10	
_____ Date	

MH-9 TRANSFER REQUEST – PRISONER IN NEED OF TREATMENT

Date: _____

TO: Director of Health

FROM: Director of Public Safety

SUBJECT: Application For Transfer Of Resident Of A Correctional Facility To Hawaii State Hospital: Certification Of Psychiatrist/Psychologist

(Inmate's full name) (DOB) (Facility)

Pursuant to HRS Section 334-74, your approval is requested for the transfer of the above named person an inmate under the custody of this Department to the Hawaii State Hospital, Department of Health.

The inmate is under the correctional custody of the Director of Public Safety for the period ending _____.
(Date)

The certificate of a psychiatrist/psychologist employed by the Department of Public Safety is provided below:

Signed: _____
(Officer in Charge)

CERTIFICATE OF PSYCHIATRIST/PSYCHOLOGIST

I, _____, a psychiatrist/psychologist
(Name)

employed by the Department of Public Safety, Health Care Division, hereby certify that I have examined the above-named resident and recommended his/her transfer to the Hawaii State Hospital, Department of Health, because

Signed: _____ DATE: _____
(Certifying Psychiatrist/Psychologist)

APPROVED: _____ DATE: _____
(Director of Health or Designee)