

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO. **15.05.08**

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SUBJECT: MENTAL HEALTH SERVICES FOR INMATES WHO ARE
ASSIGNED TO CONFINEMENT, PROTECTIVE MANAGEMENT OR
CLOSE MANAGEMENT STATUS

EFFECTIVE DATE: 07/18/2021

I. PURPOSE:

The purpose of this Health Service Bulletin (HSB) is to ensure that inmates who are assigned to administrative confinement (AC), disciplinary confinement (DC), protective management (PM), close management (CM) or maximum management (MM) status shall have access to necessary mental health care. Necessary mental health care includes but is not limited to: a) clinical interviews, response to inmate requests, mental health emergencies, and staff referrals, b) treatment and services required on the individualized services plan (ISP); and; c) mental status examinations as required in Section II of this HSB. Mental health evaluation, treatment and services will be conducted in a setting that affords confidentiality.

These standards and responsibilities apply to both the Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. PROCEDURES:

- A. In accordance with Procedure 403.003 *Health Services for Inmates in Special Housing*, health care staff will conduct a special housing health assessment on an inmate prior to his/her placement in special housing. For each S-2 and S-3 inmate, health care staff will, at a minimum, perform the following:
1. Determine whether the inmate has an active prescription for psychotropic medication and, if s/he does, ensure the medication continues to be available during his/her placement.
 2. Provide same day notification of the inmate's placement in special housing, via the DC4-529 *Staff Request/Referral*, to mental health staff.
- B. Mental health staff will interview each S-3 inmate within five (5) calendar days of placement into special housing and every 30 calendar days thereafter to assess mental status.
- C. Mental health staff will interview each S-1 and S-2 inmate within 30 calendar days of placement into special housing to assess mental status. Follow-up evaluations of mental status will occur at least every 60 calendar days for S-2 inmates and at least every 90 calendar days thereafter.
- D. Mental health staff will interview those inmates with designated mental health impairments, SY-Y or SY-D, on the next business day after placement into special

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housing to assess mental status. Behavioral issues related to mental health impairments may necessitate an increase in S-grade, consideration for a residential mental health unit, or transfer to a higher level of care. Those with the SY-D designation will be referred to, at a minimum, TCU level of care.

- E. Prior to placement on close management status, classification will refer inmates to mental health for screening using the DC6-128 *Close Management Referral Assessment*. This form may be completed in conjunction with routine mental health assessments but must be returned to the Classification Supervisor within 5 working days of receipt.
- F. When assigned to confinement, protective management, or close management status, any inmate who is in need of mental health care will receive a level of treatment and/or monitoring that is sufficient to meet his/her needs. This may include, but not be limited to, case management (defined in HSB 15.05.18 *Outpatient Mental Health Services*), pharmacotherapy, individual therapy, and/or group therapy when the inmate can safely participate in such activities.
- G. Inmates who are assigned to confinement, protective management, or close management and who report or display signs of rapid change in their mental or behavioral functioning, who exhibit abnormal behavior, or who exhibit or report thoughts/threats to harm themselves shall be referred to MH staff immediately or to medical staff in the absence of MH staff. Urgent or routine referrals will be completed via DC4-529 *Staff Request/Referral* and will be placed in the health record under sub-divider *Other Mental Health Related Correspondence* once answered. Emergency referrals will be treated as staff initiated psychological emergencies and will be treated in accordance with Procedure 404.001 *Suicide and Self-Injury Prevention*.
- H. Rounds will be performed weekly by mental health staff to ensure that inmates are receiving the appropriate services and gauge whether the inmate has any mental health-related problems. Since this encounter does not constitute an assessment, the observation and inquiry can be performed at the cell front. If problems are observed or reported, the inmate will be scheduled for a timely follow-up. The documentation will be as follows:
 - 1. Mental health staff will initial/name stamp arrival and departure times to the confinement unit on DC6-228 *Inspection of Special Housing Record*.
 - 2. Mental health staff will enter the outcome of rounds for each inmate **in code format** on DC6-229 *Daily Record of Segregation* or DC6-235 *Record of Protective Management* to avoid breach in confidentiality:

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- a. Code number MH1 (referred to medical for follow-up of physical health-related complaints).
 - b. Code number MH2 (immediate mental health care services needed due to urgent or emergent concerns).
 - c. Code number MH3 (no action required as no problems reported/observed).
 - d. Code number MH4 (schedule for nonemergent follow-up by mental health).
 - e. Code number MH5 (evaluation and/or treatment provided).
3. If a code other than number MH3 is entered on DC6-229, mental health staff will document the reasons via an incidental note in the health record on the DC4-642 *Chronological Record of Outpatient Mental Health Care*.
- I. Mental status examinations in special housing will be documented on the DC4-642B *Mental Health Screening Evaluation* or the DC 4-642D *Outpatient Mental Health Case Management* and placed in *Mental Health* section of the inmate's health record. In addition, the DC4-528 *Mental Status of Confinement Inmates* will be completed and sent to the institutional classification team for review. A copy will be filed in the health record under sub-divider *Other Mental Health Related Correspondence*.
 - J. All interventions prescribed in an ISP should be considered necessary health care and every effort should be made to provide the prescribed intervention. This includes, but is not limited to, case management, individual therapy, and group counseling. Should the provision of any intervention not be feasible, an alternative intervention must be substituted. For example, if group counseling is not feasible then individual sessions may be substituted. The documentation for the substituted intervention will include the clinical justification or reasoning for the substitution.
 - K. Security will not be present in the room during clinical encounters with mental health clinical staff unless requested by the Clinician. Any request by the clinician must be documented via an incidental note explaining the reason for the request in addition to the clinical documentation for the encounter.
 - L. For those inmates with a close management status currently receiving regular mental health services, Problem #507 Limited Social/Environmental Stimulation will be added to their ISP with weekly groups provided and documented monthly in accordance with HSB 15.05.18 *Outpatient Mental Health Services*.

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IV. RELEVANT FORMS AND DOCUMENTS:

- A. DC4-528, *Mental Status of Confinement Inmates*
- B. DC4-642, *Chronological Record of Outpatient Mental Health Care*
- C. DC4-642B, *Mental Health Screening Evaluation*
- D. DC4-642D, *Outpatient Mental Health Case Management*
- E. DC6-228, *Inspection of Special Housing Record*
- F. DC6-229, *Daily Record of Segregation*
- G. DC6-235, *Record of Protective Management*
- H. HSB 15.05.18, *Outpatient Mental Health Services*
- I. FDC Procedure 403.003 *Health Services for Inmates in Special Housing*
- J. FDC Procedure 404.001 *Suicide and Self-Injury Prevention*

Director of Health Services

Date

This Health Services Bulletin Supersedes:

TI 15.05.08 dated 4/10/91, 7/3/96, 7/9/02,
HSB dated: 06/26/2019, AND 07/10/2020
