HEALTH SERVICES BULLETIN NO. 15.05.11

SUBJECT: PLANNING AND IMPLEMENTATION OF INDIVIDUALIZED MENTAL HEALTH SERVICES

EFFECTIVE DATE: 7/7/16

I. PURPOSE

To provide guidelines and requirements for the development and review of individualized mental health service plans for inmates receiving mental health services. These guidelines and requirements are designed to ensure access to mental health care, continuity of care, and clinical appropriateness of care.

II. POLICY

A. Each mentally disordered inmate who is receiving ongoing mental health services shall have a Biopsychosocial Assessment (BPSA) and Individualized Service Plan (ISP). The ISP shall be the outcome of the collaborative effort of the multidisciplinary services team (MDST) and the inmate who shall conjointly work on the development and implementation of the ISP.

B. The ISP shall be behaviorally written and individualized to reflect an inmate's current needs, strengths, limitations, goals, and interventions.

C. Timeframes in this HSB are in terms of calendar days, unless otherwise noted.

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

III. DEFINITIONS

A. Biopsychosocial Assessment (BPSA): The BPSA is a summary of factors essential to diagnosing mental disorders and includes information obtained by the Behavioral Health Specialist from a clinical interview(s) and a review of the inmate's classification and health records. It is prepared prior to the development of an individualized service plan and is the first step in the treatment planning process.

B. Case Management: Case management, in comparison to mental health treatment, is an assessment and monitoring process. The goal of case management is to determine fidelity of service delivery to the individualized service plan, rate of progress, and if modifications to treatment may be needed.

C. Individualized Service Plan (ISP): Based on the BPSA, the ISP is an outline of MH treatment elements and a review of progress developed by the Multidisciplinary Services Team (MDST), in collaboration with the inmate. The ISP also serves as the means of updating the BPSA.

D. Mental Disorder: A mental disorder is as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) and corresponding ICD code.

E. Mental Health Treatment: MH treatment is the engagement of the inmate in a therapeutic process with the goal of the inmate's satisfactory adjustment to incarceration, as well as pre-release planning for continuity of care and re-entry into the community.

F. Multidisciplinary Services Team (MDST): A group of staff representing different professions and/or disciplines, which has the responsibility for ensuring access to necessary assessment, treatment, continuity of care and services to inmates in accordance with their identified mental health needs, and which collaboratively develops, implements, reviews, and revises an "Individualized Service Plan," form DC4-643A, as needed.

G. Problem Index: The Problem Index (Appendix I) enumerates target elements referenced in the ISP. This index is for tracking mental health problems in the health record.

IV. GENERAL CASE MANAGEMENT

A. In developing mental health service plans, providers must be vigilant for indications of trauma experience and/or exposure in order to render services in a manner avoiding re-traumatization.

B. The Psychologist shall assign a Behavioral Health Specialist for all newly arriving S-2 through S-6 inmates. This assignment shall occur within three (3) business days of arrival, or assignment to a MH grade above S-1, with documentation via an incidental note and in OBIS. Any subsequent change of Behavioral Health Specialist shall be documented similarly.

C. All inmate requests for a change in Behavioral Health Specialist or complaints about the therapeutic relationship should be forwarded to the Psychologist for review and action as appropriate.

D. A BPSA must contain sufficient information for the MDST to arrive at a diagnosis of mental disorder.

E. The Behavioral Health Specialist is responsible for writing the BPSA and drafting the ISP with input from the inmate, and for coordinating with other team members to set up the MDST meeting to discuss, approve, and sign these documents within required timeframes.

F. The chair of the MDST is the Psychologist or Psychological Services Director at institutions that have more than one psychologist.

G. MDST meetings for diagnosis and treatment planning require full attendance in accord with the inmate's MH grade, as noted below.

H. When a diagnosis of mental disorder is assigned (or changed) the diagnosis shall be entered in OBIS. Assigning (or changing) a diagnosis of mental disorder requires – **without exception** – consensus among credentialed members of the MDST. When the MDST needs further information to assign a diagnosis, it shall designate those under consideration as "provisional" to permit additional examination and/or psychological testing for arrival at a formal diagnosis within 30 days. If a consensus cannot be reached by the MDST the case should be referred to the Regional Mental Health Director for review and resolution with documentation in an incidental note.

I. An ISP must clearly justify any diagnostic changes. Any change in service delivery requires revision of the ISP by the MDST.

J. Behavioral Health Specialists shall develop an ISP for all inmates with one or more diagnosed mental disorder(s) associated with impairment in adaptive functioning. For inmates requiring post-release continuity of care, the Behavioral Health Specialist shall revise the ISP in accordance with HSB 15.05.21, *Mental Health Re-Entry Aftercare Planning Services*.

K. The Behavioral Health Specialist must ensure that all elements of the ISP are carried out within required timeframes.

Service planning timeframes associated with the lower level of care shall apply in the event an inmate's level of mental health care is reduced (e.g., S4 to S3)

L. At a minimum, the ISP shall be reviewed and revised by the MDST in accordance with the timeframes in this HSB and include all necessary modifications based on the inmate's progress, or lack thereof. In addition, MDST members must remain vigilant for circumstances warranting adjustments to treatment, including, but not limited to, placement on SHOS, and should meet to revise ISPs accordingly.

M. The date an MDST approves an ISP marks the beginning of the next review interval.

V. DOCUMENTATION

A. Documentation must be in accordance with HSB 15.12.03, *Health Records*.

B. Documentation of the BPSA requires use of form DC4-643C, *Bio-Psychosocial Assessment*.

C. Form DC4-643A, *Individualized Service Plan*, must be completed each time the MDST reviews or revises the ISP.

D. Documentation of the initial service planning interview is via DC4-642B, *Mental Health Screening Evaluation*. If further interviewing is needed to develop an adequate BPSA and ISP, the Behavioral Health Specialist shall document using form DC4-642, *Chronological Record of Outpatient Mental Health Care*.

E. The ISP shall reflect the inmate's strengths and limitations which may influence adjustment to incarceration and the provision of mental health services.

F. Using the Problem Index (Appendix I), the Behavioral Health Specialist shall identify the targets of MH services by number and name.

G. The status of each problem listed on an ISP serves as the comparison baseline for the successive ISP.

H. When applicable to targets, estimates of intensity or severity shall use a scale that ranges from 0 (low) - 10 (high) and should include two (2) ratings: one by inmate self-report and the other by the clinician based on observation and collateral data.

I. ISP goals must specify target behaviors and measurement criteria. The timeframe for each goal is the next scheduled review date, which must also be specified in the ISP.

J. An ISP must indicate the frequency of each intervention, as well as the treatment team member responsible for providing the intervention.

K. An ISP must legibly identify providers by name and title.

L. An ISP should identify as "Deferred" problems that may require targeting after the attainment of primary goals. Deferred problems are to be listed in the ISP section "Other Treatment-Related Information."

M. Signifying their agreement with the service plan, all members of the MDST sign the ISP. Inmates sign the ISP at the time of the meeting (if they attend) or at their next clinical encounter. MDST meetings shall be documented as an incidental note, and address whether the inmate was present at the meeting.

N. If an inmate refuses to sign the ISP, the Behavioral Health Specialist shall so indicate on the inmate's signature line and document the reason for refusal via SOAP note at the time of the contact. The Behavioral Health Specialist must also document the refusal on form DC4-711A, *Refusal of Health Care Services*, in accord with rule 33-401.105 (3), F.A.C.

O. An ISP must address the following:

1. Active Diagnoses per the current DSM with corresponding ICD-10 codes;

2. Inmate strengths;

3. Inmate limitations;

4. Alerts reflecting history of trauma, self-harm, assaults, PREA incidents, and escape;

5. Institutional adjustment to include, at a minimum, current housing assignment (GP, DC, CM (level), MM, DR) and date of assignment, uses of force, number of DRs, and gain time awarded for the last six months and, if applicable, since the last ISP review;

6. Treatment goals and planned interventions (note that treatment goals should match the actual problems identified on the ISP and if a treatment intervention is listed in a patient's ISP, then it must be offered);

7. Treatment compliance, in ratio or percentage format, for each intervention listed on the ISP;

8. Progress toward treatment goals for each identified problem;

9. Updated BPSA information and any other new information relevant to treatment including dates of any SHOS, MHOS, CSU, TCU, or CMHTF admissions since the last ISP review;

10. Rationale for any changes in the service plan (e.g., diagnosis change, addition or removal of problem(s), change in frequency and/or type of intervention, change in level of care).

P. An ISP indicates termination of MH services in accordance with HSB 15.05.18, *Outpatient Mental Health Services*, and by including DC4-661, *Summary of Outpatient Mental Health Care*, in the Health Record.

VI. INDIVIDUALIZED SERVICE PLANNING FOR CLOSE MANAGEMENT INMATES

A. Service planning timeframes for inmates on the mental health caseload in Close Management must comply with rule 33-601.800, F.A.C. as follows:

1. An ISP shall be established within 14 days of CM placement of each inmate who suffers from mental impairment, or who is at significant risk for developing such impairment, as determined by mental health staff.

2. If an ISP exists at the time of CM placement, it shall be updated within 14 days of CM placement to reflect current problems, goals, services, and providers. The ISP shall also be updated within 14 days of an inmate's transfer between CM institutions.

3. The MDST shall review, and if indicated, revise the ISP as needed, but not less frequently than the following:

- Within three working days of the inmate's involvement in a critical event.
- Within 30 days of establishing or updating an ISP.
- 120 days after the initial 30 day review.
- Every 180 days after the 120 day review, until mental health staff determines that ongoing mental health care is no longer necessary, at which time the ISP shall be closed.

B. The ISP shall be developed based on the inmate's needs assessment and shall take into consideration the inmate's behavioral risk, as determined by the MDST, via the completion of the Behavioral Risk Assessment (BRA), form DC4-729.

C. The ISP shall incorporate mental health, programs, and other services required to address identified problems and to prevent the development or exacerbation of mental and other adjustment problems.

VII. CASE MANAGEMENT FOR OUTPATIENT SERVICES

A. The minimum staff comprising the MDST in Outpatient MH is as follows:

1. S-2 inmates – Behavioral Health Specialist and Psychologist.

2. S-3 inmates - Behavioral Health Specialist, Psychologist, Psychiatric Provider, and MH Nursing Representative.

B. When MH services are initiated (not restarted) by change from S-1 to a higher level of care:

1. The Behavioral Health Specialist must interview the inmate for the initial service planning interview within 14 days of the MH grade change.

2. The MDST must approve the BPSA and ISP within 30 days of the MH grade change.

3. After approving the initial ISP, the MDST shall review the subsequent ISP at least every 180 days.

C. When MH services are restarted (via S-Grade $\geq$ 2) after having been terminated (with reduction to S-1), the Behavioral Health Specialist must conduct a service planning interview within 14 days. In these cases, the Psychologist and Behavioral Health Specialist shall determine if there is need to rewrite the BPSA because of significant changes, or if BPSA update via ISP shall be adequate.

1. The MDST must approve updates of the BPSA (if a new one is needed) and the ISP within 30 days of the MH grade change.

2. After approving the initial ISP, the MDST shall review the ISP at least every 180 days.

D. When an inmate receiving MH services is transferred to a new institution (including transient inmates at reception centers):

1. The assigned Behavioral Health Specialist at the receiving institution shall conduct a service planning interview within 14 days with documentation on DC4-642B.

2. The receiving institution shall amend the standing ISP to identify new MH providers within 14 days.

3. The next scheduled ISP shall follow the review interval in effect prior to the inmate's transfer; or shall occur as dictated by changes in the inmate's clinical status.

4. In the event an ISP is due at any time within 30 days of the inmate's arrival, the receiving institution shall be in compliance by completing the ISP within 30 days of arrival.

5. Unless the receiving MDST revises the ISP, it shall provide the mental health services stipulated in the active ISP and maintain appointment schedules set by the sending facility.

E. For inmates initially identified at a reception center as needing ongoing mental health services:

1. Reception center R&O MH staff shall develop BPSAs and ISPs in accord with the provisions above concerning the initiation (not restarting) of mental health services; 14 days for initial Behavioral Health Specialist interview, 30 days for MDST approval of BPSA and ISP.

2. If a new intake transfers to a permanent institution before the allotted 30 days to complete the BPSA and ISP, the reception center is in compliance with this HSB if it provides documentation of timely initial interviewing in the record via form DC4-642B, Mental Health Screening Evaluation.

F. When an inmate transfers from Inpatient care to Outpatient care:

1. The Behavioral Health Specialist shall conduct an initial interview within seven (7) days of case assignment.

2. MDST approval of the new outpatient ISP is due within 30 days of transfer and shall include all active problems from the inpatient ISP unless the clinical rationale for discontinuing the problem is clearly documented. Thereafter, ISP updates are due at least every 180 days.

VIII. CASE MANAGEMENT FOR INPATIENT SERVICES

A. The minimum staff comprising the MDST in Inpatient MH is: Behavioral Health Specialist, Psychologist, Psychiatric Provider, MH Nursing Representative, Behavioral Health Technician, Security Representative, and Classification Officer.

B. When inmates transfer at the same level of care to other inpatient units, the receiving MH unit shall maintain the active service plan and schedule of reviews and services, unless the receiving MDST finds reason to make ISP revisions.

C. S-4 Inmates in Transitional Care Units (TCU):

1. Within 14 days of admission, the Behavioral Health Specialist shall develop a BPSA if there is not an active one on record. Within this same timeframe, the MDST shall develop and approve an initial ISP.

2. The MDST shall meet regarding the ISP at the following intervals: 30 days after the initial ISP was approved, and thereafter at least every 90 days for the first year of continuous mental health service at TCU-level care.

3. For inmates in need of TCU-level care beyond one (1) year, the MDST shall meet and review the ISP at least every 180 days.

D. S-5 Inmates in Crisis Stabilization Units (CSU):

1. Within seven (7) days of admission, the Behavioral Health Specialist shall develop a BPSA if one is not on record. Within the same timeframe, the MDST shall formulate and approve the initial ISP. Thereafter, the MDST shall revise the ISP at least every 14 days.

E. S-6 Inmates in a Corrections Mental Health Treatment Facility (CMHTF):

1. The MDST shall develop and approve an initial ISP within seven (7) days of admission and thereafter shall revise the ISP at least every 30 days.

Appendices:

I Problem Index

Assistant Secretary for Health Services Date

This Health Services Bulletin Supersedes: HSB 15.05.11 dated 11/9/95, 10/19/98 and 8/23/12.