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Policy

MENTAL HEALTH LEVELS OF CARE

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SUMMARY OF REVISION/REVIEW

PURPOSE – Language updated. PROCESS – I.A. – Section completely rewritten. I.B. – Language updated. I.C. – Language updated. I.D. – Language updated. I.E. – Language updated. I.F. – Language updated. I.G. – Language updated. I.H. – Language updated. I.I. – Language updated. II.A. – Section completely rewritten. II.B. – Language updated. II.B.2. – Language updated. II.G. – Language updated. II.H. – Language updated. III.A. – Section completely rewritten. III.B. – Section completely rewritten. III.E. – Language updated. III.F. – Language updated. III.H. – Language updated. IV.A. – Language updated. IV.B. – Language updated. IV.D. – Language updated. V. MH LOC (1) – OUTPATIENT TREATMENT SERVICES – Section completely rewritten. VI.A. – Language updated. VI.B. – Language updated. VI.D. – Language updated. VII.A. – Language updated. VII.B. – Language updated. Minor grammar changes throughout.

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PURPOSE

To establish policy for identifying the appropriate mental health (MH) level of care (LOC) for individuals sentenced to the Nebraska Department of Correctional Services (NDCS) and mental health resources needed specific to their determined LOC.

To ensure that mental health needs are identified and mental health treatment consistent with these needs is provided, each NDCS incarcerated individual will be assessed and assigned a LOC designation. Level of care determination depends on the individual treatment needs for incarcerated individuals and is reflected in an individualized treatment plan. LOC designations may remain the same, decrease or increase throughout an individual's incarceration, depending on the present needs of the individual as assessed by a Qualified Mental Health Professional (QMHP).

Mental Health treatment and services consistent with NDCS policies will be provided to each individual appropriate to their current LOC designation. LOC and the amount/type of intervention necessary will be provided to 90-Day evaluators and county safekeepers consistent with this policy. Because of their unique status, housing options are limited to skilled nursing facilities (SNF), acute mental health units (AMHU), reception center/unit general population housing units and restrictive housing consistent with Policy 210.01 *Restrictive Housing*. (ACI-6A-38, ACI-6A-39, ACRS-4C-15)

Crisis mental health services will be provided to all individuals by QMHPs regardless of the current LOC. Licensed Alcohol and Drug Counselors (LADC) may provide limited crisis services within the scope of their licensure, with any clinical concerns reported immediately to a QMHP who will determine if further assessment and interventions are necessary. (ACI-6A-38, ACI-6A-39)

Mental health residential treatment units are available for those incarcerated individuals with impairment in behavioral functioning associated with a serious mental illness and/or impairment in cognitive functioning. The severity of the impairment does not require inpatient care, but the incarcerated individual demonstrates a historical and current inability to function adequately in the general population. There should be a specific mission/goal of the program, sufficient qualified staff to meet needs of program, screening process for the program, individual treatment plans (ITP) for incarcerated individuals in the program, safe housing to meet the therapeutic needs of the incarcerated individual and transition plan upon discharge from the residential treatment unit. (ACI-6A-38)

An AMHU is for those who are in need of acute inpatient mental health treatment. These units should have 24-hour services to include on-site nursing and availability (either on-site or on-call) of a QMHP, behavioral health trained correctional officers), and clinical programming. An ITP shall define the types and frequency of contacts with mental health staff for incarcerated individuals in the program, the housing to meet the therapeutic needs of the incarcerated individual and the transition plan upon discharge from the inpatient care unit. (ACI-6A-39)

DEFINITIONS

For all health services definitions, see Policy 115.50 *Health Service Definitions.*

PROCESS

I. MH LOC (5) ACUTE/CRISIS STABILIZATION SERVICES

A. Individuals designated as MH LOC (5) are placed in an acute bed; however, each facility will have procedures in place to provide close observation and crisis intervention in a non-restrictive housing setting for up to 72 hours. During this 72-hour period, out of cell time will be at the discretion of the clinical team in collaboration with facility/custody staff. Designated housing includes the following:

1. The Skilled Nursing Facility (SNF) beds at the Reception and Treatment Center (RTC), Tecumseh State Correctional Institution (TSCI) and Nebraska Correctional Center for Women (NCCW) (female incarcerated individuals only) are for medical use. The authority for admittance to a SNF bed must be a physician, physician's assistant, or a nurse practitioner. SNF beds may be utilized for patients who require therapeutic restraints. A medical practitioner/designee will contact a facility QMHP or BHOD (after hours) to have the individual moved to a non-SNF housing option appropriate to their MH LOC.

2. Acute/Sub-Acute Mental Health Unit (ASAMHU) beds designated for MH LOC (5) are at the RTC, and NCCW. ASAMHU is mission specific housing for individuals designated as MH LOC (5).

   a. The ASAMHU at RTC is located in the H Unit and C Unit.

   b. The ASAMHU Cells #124, #125 in the Behavior Intervention and Programming Unit (BIPU) and the Strategic Treatment and Reintegration (STAR/C-2) Unit beds are designated for MH LOC (5) at the NCCW. ASAMHU Cells #124, #125 and identified STAR/C-2 beds are mission specific housing for individuals designates as MH LOC (5).

3. Individuals who decompensate to MH LOC (5) at the Community Corrections Center-Omaha (CCC-O), Nebraska Correctional Youth Facility (NCYF) or Omaha Correctional Center (OCC) may be temporarily assigned to the medical observation room at OCC for up to 72 hours under close observation (staggered checks not to exceed 15-minutes) pending transfer to a SNF or ASAMHU bed if LOC 5 persists.

4. Individuals who decompensate to MH LOC (5) at the Community Corrections Center-Lincoln (CCC-L), Nebraska State Penitentiary (NSP), Tecumseh State Correctional Institution (TSCI), or Work Ethic Camp (WEC) will be temporarily assigned to a designated observation room for up to 72 hours and will remain under close observation (staggered checks not to exceed 15 minutes).

5. Individuals sentenced to the death penalty (ISDP) who decompensate to MH LOC (5) will remain at TSCI and receive treatment consistent with the provisions described below. Exceptions to continued TSCI placement require the recommendation of the NDCS medical and mental health directors and approval of the agency director.

B. When transfer to an ASAMHU becomes necessary, the initiating QMHP will call the receiving QMHP and give report on the transferring patient and rationale for LOC 5 treatment. The initiating QMHP will document in Nebraska Inmate Case Management System (NICaMS) a contact note outlining the clinical circumstances and the discussion with the receiving QMHP on the same day. The discussion with the clinical scenario should include if the individual requires Plan A or Plan B precautions, consistent with Policy 115.30 *Suicide Prevention/Intervention*. The receiving QMHP may specify the use of a camera room and/or 15-minute checks and one-to-one observation if indicated. A QMHP will write an initial ITP upon receiving the incarcerated individual and completing an initial assessment. (ACRS-4C-16)

C. After the transfer to an ASAMHU of an individual requiring LOC 5 services, the receiving QMHP will assess the individual in person within 24 hours and document the assessment in NICaMS. The assessment will include the reason for transfer, a clinical update of the individual since arriving at the facility, relevant collateral information, current mental status examination, current diagnoses, and an initial treatment plan including safety precautions.

D. If an individual designated as MH LOC (5) is determined to be actively suicidal and/or are experiencing acute, debilitating symptoms, such will require placement on Plan A or B or observation status, assigned to a designated observation cell and be monitored consistent with Policy 115.30 *Suicide Prevention/Intervention*. (ACRS-4C-16).

If the individual is being placed on Plan A or B, the NDCS medical director and/or NDCS mental health director , the mental health director of nursing and chief psychiatrist must be notified by the receiving QMHP.

E. The initial ITP is developed by the receiving QMHP within 24 hours of initial contact and will include, at a minimum, specific information regarding the individual's capacity to safely participate in out-of-cell time, including the amount of time (daily) that is clinically recommended.

F. Individuals on MH LOC (5) will have baselines (Attachment A) completed daily to ensure staff monitor and track the patient's needs and progress. Baseline results will be entered into the treatment record in NICaMS.

G. Individuals designated as MH LOC (5) will be assessed daily by a QMHP and medical personnel. All required documentation will be completed daily and will be consistent with the ITP. Additionally, nursing staff shall be required to document an assessment a minimum of once per shift. ITP's will be reviewed or revised as clinically indicated.

H. All admissions to MH LOC (5) are reviewed weekly at a BHIT meeting to assess treatment recommendations and criteria for admission. If the assessment reveals that the acute episode has resolved, the individual may be changed to a lower level or care.

I. Refusals of treatment shall be clearly documented in the individual behavioral health treatment file.

II. MH LOC (4) SUB-ACUTE SERVICES

A. Individuals designated as MH LOC (4) are placed in designated beds. Individuals who are determined to require LOC 4 must be housed in the ASAMHU. Individuals who are determined to require LOC 4 may be housed in less restrictive mission specific mental health units. Each facility will have procedures in place to provide close observation and crisis intervention in a non-restrictive housing setting for up to 72 hours. During this 72 hour period, out of cell time will be at the discretion of the clinical team and facility/custody staff. Designated housing includes the following:

1. Acute/Subacute Mental Health Unit (A/SAMHU) beds are mission specific housing for patients designated as MH LOC 4 and are located at RTC and NCCW.

   a. The A/SAMHU at RTC is located in the H Unit and C-Unit.

   b. Behavior Intervention and Programming Unit (BIPU) and Strategic Treatment and Reintegration (STAR/C-2) beds are designed for MH LOC (4) at NCCW. BIPU and STAR/C-2 are mission specific housing for individuals designates as MH LOC 4.

2. Individuals who decompensate to MH LOC 4 at CCC-O, NCYF, or OCC may be temporarily assigned to the medical observation room at OCC for up to 72 hours under close observation (staggered checks not to exceed 15 minutes) and assessed daily by a QMHP and nursing staff pending transfer to a SNF or A/SAMHU bed if LOC 4 persists.

3. Individuals who decompensate to MH LOC (4) at CCC-L, NSP, TSCI, or WEC will be temporarily assigned to a designated observation room for up to 72 hours and will remain under close observation (staggered checks not to exceed 15 minutes) pending transfer to a SNF or ASAMHU bed if LOC 4 persists.

4. Individuals sentenced to the death penalty (ISDP) who decompensate to MH LOC (4) will remain at TSCI and receive treatment consistent with the provisions described below. Exceptions to continued TSCI placement require the recommendation of the NDCS medical and mental health directors and approval of the agency director.

B. If transfer to A/SAMHU s indicated, the initiating QMHP will call the receiving QMHP and give report on the transferring patient and rationale for LOC 4 treatment. The initiating QMHP will document in Nebraska Inmate Case Management System (NICaMS) a contact note outlining the clinical circumstances and discussion with the QMHP on the same day.

C. The receiving QMHP will assess the individual on the date of admission and will write an admission note by the next business day.

D. A QMHP will be assigned who will develop an ITP within three business days.

1. The ITP will, at a minimum, include specific information regarding the individual's capacity to safely participate in out-of-cell time, including the amount of time (daily) that is clinically recommended.

2. Individuals on MH LOC 4 will have baselines (Attachment A) completed daily to ensure staff monitor and track the patient's needs and progress. Baseline results will be entered into the treatment record in NICaMS.

E. Individuals designated as MH LOC (4) will be assessed weekly by a QMHP and medical personnel. All required documentation will be completed and will be consistent with the ITP.

F. Refusals of treatment shall be clearly documented in the individual behavioral health treatment file.

G. Individuals designated as MH LOC 4 who are stable enough to attend individual, group, and recreational activities with staff supervision may do so if indicated in the ITP.

H. All admissions to MH LOC (4) are reviewed weekly BHIT meeting to assess treatment recommendations and criteria for admission. If the assessment reveals that the acute episode has resolved, the individual may be changed to a lower level or care.

III. MH LOC (3) - CHRONIC/RESIDENTIAL SERVICES

A. Individuals designated as MH LOC 3 are placed in mission specific housing. Designated housing includes the following:

1. Chronic Care Mental Health Unit (CCMHU) beds designated for MH LOC (3) are at RTC and NCCW. CCMHU is mission specific housing for incarcerated individuals designated as MH LOC 3. At a minimum, individuals assigned to CCMHU shall be offered at least 4 hours out of cell time per day.

   a. The CCMHU at RTC is located on C1 center and C2.

   b. CCMHU beds at NCCW are located in the Behavior Intervention and Programming Unit (BIPU) and Strategic Treatment and Reintegration (STAR-C-2) unit.

2. Individuals who decompensate to MH LOC 3 at the CCC-O, NCYF, or OCC may be temporarily assigned to the medical observation room at OCC for up to 72 hours under close observation (1staggered checks not to exceed 15 minutes) and assessed daily by a QMHP and nursing staff pending transfer to a CCMHU or MHU bed.

3. Individuals designated as MH LOC 3 at CCC-L, NSP, TSCI, or WEC at the time of designation will be transferred as soon as possible to appropriate CCMHU or MHU bed. While transfer is pending, individual will remain under close observation (staggered checks not to exceed 15 minutes).

4. Individuals sentenced to the death penalty (ISDP) who decompensate to MH LOC (5) will remain at TSCI and receive treatment consistent with the provisions described below. Exceptions to continued TSCI placement require the recommendation of the NDCS medical and mental health directors and approval of the agency director.

5. These individuals will not be housed in restrictive housing.

B. If transfer to a CCMHU is indicated, the initiating QMHP will call the receiving QMHP and give report on the transferring patient and rationale for LOC 3 treatment. The initiating QMHP will document in Nebraska Inmate Case Management System (NICaMS) a contact note outlining the clinical circumstances and discussion with the QMHP on the same day..

C. The receiving QMHP will write an admission note by the next business day; however, the patient will be assessed by a QMHP within 24 hours.

D. A QMHP will be assigned who will develop an ITP within 7 days.

E. Each individual will be reviewed by a BHIT for re-evaluating the ITP and will progress through a levels/phase system to receive incentives and assess stabilization and progress. The ITP shall clearly specify group and individual therapy to allow for a minimum of 4 hours out of cell per day. Such plans are reviewed weekly by the assigned QMHP.

Individuals on MH LOC 3 will have baselines (Attachment A) completed daily to ensure staff monitor and track the patient's needs and progress. Baseline results will be entered into the treatment record in NICaMS.

F. Initial BHIT reviews for each patient in Chronic/Residential Care will occur within 7 days, with subsequent reviews every 60 days or sooner based on clinical need.

G. Refusals of treatments shall be clearly documented in the individual behavioral health treatment file.

H. CCMHU beds at NCCW are located in the BIPU and STAR/C-2. Individuals assigned to these beds shall receive 4 hours out of cell time per day.

IV. MH LOC (2) – INTENSIVE OUTPATIENT TREATMENT SERVICES

A. Individuals who are LOC 2 do not require placement in mission specific mental health beds but require more frequent monitoring if clinically indicated.

B. An SMI may be present but the individual is currently stable and capable of meeting the ordinary demands of prison.

C. A QMHP is assigned who will work with the individual to develop an ITP, which is updated with each patient/provider encounter. Mental health treatment shall be determined as clinically indicated and specified on the ITP.

D. Individuals designated as MH LOC (2) must be seen at least monthly by their assigned QMHP but may engage in more frequent monitoring if clinically indicated.

E. Individuals designated as MH LOC (2) will be assessed at least every 90 days by a psychiatric provider; assessments may occur more frequently if clinically indicated.

F. All reviews and assessments shall be documented by QMHPs and psychiatric providers. Refusals of treatments shall be clearly documented in the individual behavioral health treatment file.

V. MH LOC (1) – OUTPATIENT TREATMENT SERVICES

A. MH LOC (1) excludes all individuals with an SMI.

B. Individuals in this category may benefit from psychiatric services or supportive therapy, but can function in general population setting and manage any mental health needs on their own or via the Inmate Interview Request form process.

C. The individual does not currently require mental health treatment but has a history of self-injurious behavior, suicidal gestures or attempts, or mental health treatment within the past 2 years.

D. Individuals designated as MH LOC (1) who receive psychotropic medications are seen by a QMHP at least once every 6 months, and they will meet with a psychiatric provider every 6 months unless the medication management occurs by primary care medical providers.

VI. MH LOC (0) – No mental health treatment needs

A. Individuals designated as MH LOC (0) have no identified mental health treatment needs, and absent a change in circumstances or diagnosis, require no specific clinical intervention.

B. Individuals designated as MH LOC (0) do not have a mental health diagnosis and will be assessed by referral, request, or if clinically indicated.

C. Individuals designated as MH LOC (0) do not take psychotropic medications and, absent a change in circumstances or diagnosis, require no specific psychiatric treatment.

D. Individuals designated as MH LOC (0) may participate in other NDCS non-clinical programs.

VII. DOCUMENTATION

All patients with MH LOC 2-5 will have an ITP that is approved and/or reviewed with the patient at every encounter.

A. Documentation of all clinical treatment encounters is maintained in electronic health care records (ATG or NICaMS).

B. Documentation must be entered in NICaMS within the timeframe designated in policy (see Policy 115.03 *Health Care Records*).

C. Documentation of clinical encounters for individuals seen in a SNF and H-Unit must be made in the individual's electronic health care record (ATG or NICaMS) on the date seen.

REFERENCE

I. STATUTORY REFERENCE AND OTHER AUTHORITY

A. Neb. Rev. Stat. §48-120, §71-8403

II. ATTACHMENTS

A. ASAMHU/CCMHU BEHAVIOR BASELINE

III. NDCS POLICIES

A. Policy 115.03 *Health Care Records*

B. Policy 115.12 *Special Needs Patient Programs*

C. Policy 115.30 *Suicide Prevention/Intervention*

D. Policy 115.50 *Health Service Definitions*

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA)

A. Expected Practices for Adult Correctional Institutions (ACI) (5th edition): 5-ACI-6A-38, 5-ACI-6A-39

B. Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-15, 4-ACRS-4C-16