MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure:	**MSP HS F-03.0 MENTAL HEALTH SERVICES**
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I. Purpose:

To identify the range of mental health services provided at Montana State Prison and clarify the process of requesting and receiving mental health services based on individual mental health needs in order to maintain the inmate's best level of functioning, ensure continuity of care, alleviate symptoms of serious mental disorders, and prevent relapses.

Mental health services are available for all inmates who require them. Montana State Prison employs QMHPs who provide treatment services to the inmate population. Treatment services minimally include on-site crisis intervention, individual and/or group therapy as clinically indicated, psychotropic medication management, and a mental health treatment unit.

II. Definitions:

Mental Disorder – Exhibiting impaired emotional, cognitive, or behavioral functioning that interferes seriously with an individual's ability to function adequately except with supportive treatment or services. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102.* Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

Mental Health Services – The sum of all actions taken for the mental well-being of the offender population, including a range of diagnostic, treatment, and follow-up services.

Mental Health Staff – Qualified health care professionals and others who have received special instruction and supervision in identifying and interacting with individuals who need mental health services, e.g., mental health technicians.

Qualified Health Care Professional (QHCP) – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for patients, including Department staff and contracted or fee-for-service professionals.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health technicians.

Restrictive Housing – A placement that typically requires an inmate to be confined to a cell for up to 22 hours per day for the safe and secure operation of the facility. The term includes cells designated

for pre-hearing or temporary confinement, disciplinary detention, administrative segregation, special management, and/or maximum-security offender housing.

Safety Management Plan (SMP) – An immediate response to an inmate's conduct that indicates an imminent danger of harm toward self, others, or the institution.

Secure Adjustment Unit (SAU) – A transitional housing unit within Montana State Prison which houses inmates who are separated from general population during their continued progression through the step-down program which prepares them for integration back into general population. This unit includes step down levels 3, 4 and 5 where the conditions of confinement do not require inmates to be confined to a cell for up to 22 hours a day.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

III. Procedures:

A. Access to Care

1. Information about the availability of, and access to, mental health services is communicated orally and in writing to inmates on their arrival at the facility, in a form and language they understand.
2. Signs explaining how to access mental health services are posted in the intake/processing area and throughout MDIU.
3. Within 24 hours of their arrival, inmates are given written orientation manuals (that have been approved by the mental health authority) about:
   a. how to access emergency and routine mental health services;
   b. availability of services, including the types of programs offered; and
   c. the grievance process for mental-health-related complaints.
4. Inmates that have difficulty communicating are assessed according to their needs and abilities and are given an interpreter or assistance accordingly.
5. Custody and support staff are able to refer inmates to mental health staff at any time during the inmate's incarceration. Inmates are able to use mental health service request forms to access mental health care at any time during their incarceration.
6. All inmates in all units have daily access to requesting mental health services at any time during their incarceration.

B. Receiving Screenings, Mental Health Assessments, and Mental Health Evaluations. (see MSP HS E-05.0)

1. All inmates received at Montana State Prison will be screened immediately by admissions officers and infirmary staff to ensure that emergent and urgent mental health needs are being met. Mental health staff will perform a Mental Health Screen on all new inmates within 14 days of admission or sooner.
2. Inmates coming to MSP with current prescriptions for psychiatric medicines will automatically receive a Mental Health Screening and Mental Health Evaluation. The inmate will be referred to the psychiatrist for medication management.

3. Inmates screened by admissions staff that endorse suicidal thoughts or are having serious emotional or mental problems will be referred emergently to mental health emergency services.

4. Inmates that endorse mental health problems on the Screen will be referred for a routine Mental Health Evaluation. The Evaluation will be completed within 30 days of the inmate's admission by a QMHP.

5. Release of information for records containing an inmate's psychological and/or psychiatric treatment will be sought by mental health services.

C. Treatment Programs and Placements

1. Appropriate treatment setting.
   a. Inmates identified as having a significant, active mental illness will be referred to an appropriate treatment setting.

2. Montana State Hospital
   a. Inmates may be considered for transfer or commitment to Montana State Hospital if they suffer from a serious mental illness resulting in imminent danger to self or others or are gravely disabled and treatment options have been exhausted.

3. Infirmary placement (see MSP HS I-01.0)
   a. Inmates may be admitted to the Infirmary for observation, evaluation, and treatment. Criteria for an infirmary admission: 1) Require 24-hour monitoring; 2) Need more intensive observation, treatment, and supervision than offered in other units; 3) Pose an imminent danger to themselves or others; 4) Are suicidal or self-harming.

4. Outpatient services
   a. Inmates identified as having mental health needs may be referred to a range of "outpatient" services to include, at a minimum:
   b. Identification and referral of inmates with mental health needs;
   c. Crisis intervention services;
   d. Psychotropic medication management, when indicated;
   e. Individual counseling;
   f. Group counseling and/or psychosocial/psychoeducational programs; or
   g. Treatment documentation and follow-up.
   h. Inmates receiving basic outpatient mental health services are seen as clinically indicated, at least every 90 days. Those inmates with a severe mental illness (SMI) are seen as prescribed in their individual treatment plans.
   i. Health education materials are available on a variety of mental health topics, including healthy lifestyle choices in the library or by requesting information from mental health staff.
   j. All inmates are encouraged to participate in programs that encourage healthy lifestyle choices.
   k. Prison suicide risk management procedures shall include the provision of mental health treatment and observation of inmates identified as exhibiting moderate to high suicide risk as identified in MSP 4.5.100, *Suicide Risk Management and Prevention*.

D. Treatment Plans

1. A QMHP will develop an individualized treatment plan for all SMI inmates and for any other inmates receiving services. The treatment plan will be updated no later than every 90 days, but sooner if necessary. Treatment plans shall include, at minimum, the following information:
   a. a statement of the nature of the inmate's mental health condition;
   b. a statement of the specific treatment needs of the inmate;
   c. an objective description of treatment goals, with a projected timetable for their attainment;
   d. measurable outcomes that will indicate the attainment of treatment goals;

e. a description and allocation of staff responsibility for attaining each treatment goal;
f. all recommended unstructured and structured activities to be provided to the inmate; and
g. a suicide safety plan with the input of the inmate, in cases where the inmate has shown signs that the inmate will engage in severe self-harm or attempt suicide.

2. If the inmate is housed in restrictive housing, the QMHP must follow the protocols set out in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program.* If an SMI inmate is housed in restrictive housing, the QMHP shall follow the protocols set out in MSP 3.5.1 *Restrictive Housing Operations and Step-Down Program.*

3. Overall development, implementation, and supervision of the treatment plan must be assigned to a QMHP.

4. SMI inmates have the right:
   a. To obtain a copy of their individual treatment plan;
   b. To ongoing participation, to the extent of the inmate's capabilities, in the planning and revision of those mental health services provided under the treatment plan;
   c. To a reasonable explanation by a QMHP, in terms and language appropriate to the inmate's condition and ability to comprehend:
      1. The inmate's general mental and physical condition;
      2. The objectives of treatment;
      3. The nature and significant possible adverse effects of recommended treatments;
      4. The reason why a particular treatment is considered appropriate;
      5. The reasons why access to certain visitors may not be appropriate; and
      6. Not to receive treatment pursuant to the treatment plan, in the absence of the inmate's informed, voluntary, and written consent to the treatment, except treatment during an emergency situation if the treatment is pursuant to the written opinion of a QMHP and as permitted by law.

E. Restrictive Housing Assessments

A QMHP will conduct rounds of all inmates in restrictive housing units weekly. A QMHP will conduct rounds 3 times a week on RHU and SAU. QMHPs will conduct one medical round per week in both RHU and SAU per week. QMHPs will conduct two mental health rounds per week in both RHU and SAU. QMHPs will conduct an additional round for SMI inmates in SAU per week. Documentation of rounds will be maintained on Guard 1 or individual logs and placed in the electronic health records.

1. Restrictive housing inmates with a Severe Mental Illness may be seen in therapy sessions with a QMHP as frequently as necessary, as determined by the QMHP.

2. If it is determined by the QMHP that an inmate is decompensating, based on the inmate's mental health, they can remove the inmate from restrictive housing unless written justification is provided by prison administration that it would be unsafe to do so, as set out in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program*.

3. All inmates in restrictive housing units have daily access to requests for mental health services.

4. Care of SMI inmates in restrictive housing is addressed in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program.*

F. Psychiatric Services

1. Inmates on psychiatric medications and/or those identified as having a mental health need may receive outpatient psychiatric evaluation, treatment, and medication management by a psychiatric provider as indicated.

2. Any inmate referred for psychiatric treatment should also be considered for a referral to individual or group psychotherapy as needed.

3. Involuntary and emergency psychotropic medications procedures are addressed in HS G-03.0 and HS G-03.1.

G. Psychological Testing

1. Inmates identified as having a mental health need which requires further psychological assessment may receive psychological testing administration and evaluations as indicated.
2. Assessment for intellectual functioning includes inquiry into history of developmental and educational difficulties and, when indicated, referral for application of standardized psychological intelligence tools as appropriate.
3. Inmates may be referred to additional testing as clinically indicated.

H. Mental Health Emergency Services and Crisis Management

1. Emergency mental health care is available 24 hours a day, 7 days a week, by a QMHP.
2. In the event of mental health emergencies when no mental health staff are on site, the QMHP on-call has the ability to consult with nursing staff regarding patient mental health information in the electronic health record.
3. QMHPs provide consultation, planning, and various crises management techniques.

I. Discharge Planning for Planned Discharges

1. Inmates identified as meeting criteria for a Severe Mental Illness will be referred for discharge planning before being released from MSP.
2. The Case Manager will create a discharge plan prior to the inmate's discharge or parole date in collaboration with the QMHP. The individualized discharge plan may include preparation needed to go before the Parole Board, arrangements made for follow-up in the community, preparing information packets to community programs, assisting inmates in their applications to various programs, and documentation of phone conversations with community providers. The discharge planner may be involved in arranging for psychiatric hospitalizations as needed.
3. The Qualified Health Care Professional, in collaboration with the psychiatrist, will arrange for a sufficient supply of medications to last until the inmate can be seen by a community mental health provider.
4. Arrangements or referrals are made for follow-up services with community prescribers, including exchange of clinically relevant information.
5. The facility has a process to assist inmates with health insurance applications prior to release.

J. Continuity of Mental Health Care during Incarceration

1. Evaluations and other specialty consultations (e.g., lab work, imaging procedures) are completed in a timely manner and evidence of the ordering clinician's review of the results is maintained in the inmate's electronic health record. If changes in treatment are indicated, the changes are implemented or clinical justification for an alternative course is noted. The clinician reviews the findings with the patient in a timely manner.
2. When an inmate returns from an emergency room visit involving mental health care, a QMHP will see the patient, reviews the ER discharge orders, and issues follow-up orders as clinically indicated. If a QMHP is not on site, mental health staff or infirmary staff will contact the QMHP on-call to review the ER discharge orders and follow up as appropriate.

3. When an inmate returns from Montana State Hospital, the QMHP will see the inmate, review the discharge orders, and issue follow-up orders as clinically indicated. If the QMHP is not on site, medical or mental health staff will immediately review the hospital's discharge instructions and contact the QMHP on-call for orders, as needed.
4. Diagnostic and treatment results are used by QMHPs to modify treatment plans as appropriate. If changes in treatment are indicated but not followed, clinical justification for an alternative course is noted in the clinical record.
5. The Clinical Services Mental Health Manager (a QMHP), or designee, will periodically review inmate charts to ensure the continuity of mental health care. Chart reviews, deliberations, and action taken as a result of the reviews are documented.

K. Interdisciplinary Collaboration

1. Mental health staff and medical staff coordinate inmate care when each discipline impacts the other. Consultations can occur between individual staff or within a group meeting setting. Documentation will be placed in the electronic health record.
2. The Substance Use Disorder and Sex Offender program manager and mental health staff will coordinate care when each discipline impacts the other. Consultations can occur between individual staff or within a group meeting setting. Documentation of these consultations will be maintained in electronic health records.
3. A QMHP will attend weekly Multi-Disciplinary Team meetings to assess the appropriateness of inmates being placed in administrative segregation or restrictive administrative segregation based on their mental health status and history. Documentation will be completed by the QMHP in the electronic health records.
4. A QMHP will advise nonclinical staff regarding an inmate's mental health needs that may affect admissions to and transfers from institutions by filling out the mental health portion of institutional transfer forms.
5. QMHPs advise the Contract Beds Placement Bureau on mental health holds. Inmates on a mental health hold will remain at MSP until their parole or sentence discharge date, or until such time as a QMHP determines the inmate may be released from the Mental Health Hold. SMI inmates are placed on mental health holds, unless deemed stable based upon an assessment by a QMHP.
6. A QMHP will be assigned to each housing unit at MSP. The QMHP will be the mental health liaison for the inmates in their assigned housing units and custody staff. Communication may occur regarding special accommodations and considerations for inmates with severe mental illness, suicidal intent or behavior, developmental disability, significant addiction, or other serious mental health problems.
7. Mental health staff routinely consults with disciplinary staff regarding inmate disciplinary infractions. Staff considers the inmate's mental health to ascertain when mental illness is a contributor to inmate misconduct. See *MSP 4.2.1 Institutional Discipline.*

L. Releases of Information

1. Mental health staff will provide mental health records to community providers with the appropriate release of information documentation to ensure confidentiality.
2. Mental health staff will obtain releases of information from inmates when collateral outside information enhances continuity of care.

M. Access to Custody Information

1. QMHPs and mental health staff have access to the inmate's custody information, including the Pre-Sentence Investigation (PSI) when it is available.

N. Mental Health Documentation

1. Mental health staff will maintain appropriate documentation of mental health evaluations, treatment plans, testing data, and treatment in the electronic health record.
2. The management of this documentation will be governed by standard practices to ensure confidentiality and appropriate use of mental health information.

IV. Closing

Questions about this operational procedure should be directed to the Mental Health Manager.