DEPARTMENT OF CORRECTIONS

Policy Number:	**500.302**
Title:	**Mental Health Continuity of Care**
Effective Date:	**3/25/26**

PURPOSE: To ensure continuity of incarcerated person/resident mental health care through admission, transfer, and release.

APPLICABILITY: All facilities

DEFINITIONS:

Tele-Mental health – the practice of mental health services at a distance via telecommunications technologies.

Telepsychiatry – the practice of psychiatric services at a distance via telecommunications technologies.

PROCEDURES:

A. Admission

1. Within 24 hours of admission, a corrections officer and a qualified health services staff person must interview the incarcerated person/resident to determine urgent mental health needs and existing mental health treatment.

2. The qualified health services staff person must complete the sexual violence prevention (PREA) checklist, notify mental health staff of any existing treatment and urgent mental health concerns, and offer a referral for mental health services to any incarcerated person/resident with a potential sexual violence vulnerability or an affirmative response to identified checklist questions.

3. If the incarcerated person/resident accepts the offer, staff must complete a Referral to Mental Health Service form (attached and available in the electronic health record for health services staff or on the general Behavioral Health iShare site for security staff). The sexual violence prevention checklist is maintained in the correctional operation management system (COMS). For juvenile residents, the Massachusetts Youth Screening Instrument (MAYSI) – Version 2 is also used to determine urgent mental health needs.

4. A qualified mental health professional must conduct a brief mental health assessment within 14 days of the incarcerated person's/resident's admission and provide follow-up services to incarcerated people/residents referred due to a potential sexual violence vulnerability.

5. Behavioral health staff must request prior mental health records, as appropriate, to assess the incarcerated person's/resident's needs and provide continued care.

B. Transfer

1. Prior to incarcerated person/resident transfer, the sending facility's mental health staff must review the mental health record of the incarcerated person/residents being transferred and inform the receiving facility's behavioral health staff of the information listed below via the Mental Health Transfer note in the electronic health record. In cases of incarcerated person transfer to a county jail, an entry describing the incarcerated person's currently known mental health concerns must be placed in the COMS mental health profile for inclusion in the transportation report. The entry must include;
   a) The name and identification number (OID) of the incarcerated person;
   b) The date of transfer; and
   c) Whether the incarcerated person has ongoing mental health concerns.

2. If the incarcerated person has urgent mental health concerns, the psychological services director/designee at the sending facility must communicate directly with the mental health services director/designee at the receiving facility prior to transfer. This communication must be documented in the incarcerated person's electronic health record.

3. When an incarcerated person/resident has a physical mental health file, transportation staff must transfer the files in a separate secure container to the receiving facility's mental health services unit. If the mental health file is not transferred with the incarcerated person/resident, it must be forwarded to the receiving facility within 72 hours.

4. If an incarcerated person/resident is transferred to a facility outside the department, behavioral health staff must provide the receiving facility with sufficient mental health information for continuity of mental health care. Mental health staff must also update electronic health information that populates the COMS mental health profile. Incarcerated person/resident consent is not required for this release of information.

5. Behavioral health staff must inform the transporting officers of any existing continuing observation order or other mental health concerns of importance during transport.

C. Tele-Mental Health and Telepsychiatry

1. Behavioral health staff must ensure that the standard of care provided through tele-mental health and telepsychiatry is equivalent to the quality of care provided in face-to-face encounters.

2. Requests by incarcerated people/residents for face-to-face services must be honored whenever possible. Incarcerated people/residents receiving tele-mental health or telepsychiatry services must be asked to provide informed consent prior to receiving those services.

3. Tele-mental health and telepsychiatry services are subject to the same data security procedures outlined in Policy 500.3071, "Behavioral Health Data Practices."

4. Tele-mental health and telepsychiatry services are subject to the same documentation requirements as outlined in DOC Policy 500.307, “Mental Health Records.” Documentation from tele-mental health and telepsychiatry encounters must be integrated into the electronic health record in the same manner as face-to-face encounters.

5. For telepsychiatry encounters, behavioral health staff must schedule the appointments, and work with the facility to ensure that they are conducted in a safe and secure location. Behavioral health staff must be available to consult with the psychiatric provider and provide information about recent incarcerated person/resident behavior.

D. Release

1. Behavioral health release planners must determine (no less than 120 days prior to projected release) whether an incarcerated person/resident has a serious and persistent mental illness (SPMI) as defined in Minn. Stat. § 245.462, subd. 20(c). If the incarcerated person/resident has an SPMI, the release planner offers DOC mental health release planning services. If the incarcerated person/resident agrees to participate in mental health release planning, a mental health release planner develops a release plan in compliance with Minn. Stat. § 244.054. The release plan must be entered in the incarcerated person’s/resident’s electronic health record, as well as on the release planning iShare page.

2. If an incarcerated person/resident has a mental disorder (but does not meet statutory criteria as having an SPMI) and the incarcerated person (or the resident’s guardian) is incapable of arranging for community follow-up care, the release planner, case manager, or primary behavioral health provider may assist the incarcerated person or the resident’s guardian as necessary to arrange mental health follow-up appointments and the transfer of mental health file information to a community provider. With appropriate consent, current mental health treatment information may be provided to the incarcerated person’s/resident’s community provider free of charge.

3. Nursing staff provide the incarcerated person or the resident’s guardian with a supply of psychiatric medications if the incarcerated person/resident is currently being prescribed medications (refer to Policy 500.203, "Release Medications"). The treating psychiatrist may provide the incarcerated person/resident a written prescription for additional psychiatric medication, as appropriate.

4. In cases where an incarcerated person is civilly committed as mentally ill, or mentally ill and dangerous, behavioral health staff may refer to Minn. Stat. § 253B.064 through §253B.066, “Court-Ordered Early Intervention,” for involuntary medication in the community, and to Minn. Stat. § 253B.18 “Persons Who Are Mentally Ill and Dangerous to the Public,” for civil commitment of the offender.

STATE CORRECTIONAL FACILITY SECURITY AUDIT STANDARDS: None

INTERNAL CONTROLS:

A. Information concerning an incarcerated person's/resident's currently known mental health concerns is available in COMS Mental Health Profile.

B. Release plans are entered and retained in the incarcerated person's/resident's electronic health record, as well as on the release planning iShare page.

REFERENCES: Minn. Stat. §§ 241.021; 241.06; 244.03; 244.054; 245.462; 253B.064 through 253B.066; and 253B.18
Prison Rape Elimination Act (PREA), 28 C.F.R. §115 (2012)
Policy 500.203, "Release Medications"
Policy 500.3071, "Behavioral Health Data Practices"
Policy 500.307, "Mental Health Records"

REPLACES: Policy 500.302, "Mental Health Continuity of Care," 12/3/19.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Referral for Mental Health Services Form (500.302A)
Health Services Release Plan Template (500.187A)

APPROVALS:
Commissioner of Corrections