DEPARTMENT OF CORRECTIONS

Policy Number: 500.302
Title: Mental Health Continuity of Care
Effective Date: 12/3/19

PURPOSE: To ensure continuity of offender/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 interview the offender/resident to determine urgent mental health needs and existing mental health treatment. The qualified health services staff person completes the sexual violence prevention (PREA) checklist and notifies mental health staff of existing treatment and any urgent mental health concerns, and must offer a referral for mental health services for an offender with a potential sexual violence vulnerability or an affirmative response to any checklist question. If the offender accepts the offer, staff must forward a referral to mental health service (available on the general Behavioral Health iShare site), if applicable. The sexual violence prevention checklist is maintained in the correctional offender management system (COMS).

2. A qualified mental health professional conducts a brief mental health assessment within 14 days of the offender's/resident's admission and provides follow-up services for offenders/residents who were referred for services due to a potential sexual violence vulnerability.

3. Behavioral health staff request prior mental health records, as appropriate, to assess and provide continued care for the offender/resident.

B. Transfer

1. Prior to offender/resident transfer, the sending facility's mental health staff reviews the mental health record of those offenders/residents being transferred, and must inform the receiving facility's nursing and behavioral health staff of the information listed below. In cases of offender transfer to a county jail, an entry describing the offender'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 offender identification number (OID) of the offender;
   b) The date of transfer; and
   c) Whether the offender has ongoing mental health concerns.

2. If the offender 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 contact must be documented in the offender's mental health record.

3. Transportation staff transfer the offender/resident mental health 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 offender/resident, it must be forwarded to the receiving facility within 72 hours.

4. If an offender/resident is transferred to a facility outside the department, behavioral health staff must send to the receiving facility sufficient mental health information to provide for continuity of mental health care. In addition, mental health staff update COMS mental health information. Offender/resident consent is not required for this release of information.

5. Behavioral health staff must inform the transporting officers of an 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 delivered via tele-mental health and telepsychiatry is equivalent to the quality of care delivered in face-to-face encounters.

2. Offender/resident requests for face-to-face services must be respected whenever possible. An offender receiving tele-mental health and telepsychiatry services must be asked to provide informed consent to receive those services.

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

4. Tele-mental health and telepsychiatry services are subject to the same documentation requirements as spelled out in DOC Policy 500.307, "Mental Health Records." Documentation from tele-mental health and telepsychiatry encounters must be integrated into the mental health and medical files in the same manner as face-to-face encounters.

5. For telepsychiatry encounters, behavioral health staff must schedule and monitor the appointments and provide appropriate existing clinical documentation (e.g., previous Psychiatric Assessments, Assessment Diagnosis Plans (ADPs), psychiatric follow up notes, and Subjective Objective Assessment Plan (SOAP) notes) to the psychiatric provider. Behavioral health staff must be available to consult with the psychiatric provider and provide information about recent offender/resident behavior.

D. Release

1. Behavioral health providers must determine (no less than 120 days prior to projected release) whether offenders/residents currently on their caseload have a serious and persistent mental illness (SPMI) as defined in Minn. Stat. § 245.462, subd. 20(c). If the offender/resident has an SPMI, the provider refers the offender/resident to the DOC mental health release planning unit. A mental health release planner develops a release plan in

compliance with Minn. Stat. § 244.054. The release plan must be entered in the offender's/resident's mental health file, as well as on the release planning iShare page.

2. If an offender/resident has a mental disorder (but does not meet statutory criteria as having an SPMI) and the offender (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 offender 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 offender's/resident's community provider free of charge.)

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

4. In cases where an offender 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.

INTERNAL CONTROLS:

A. Information concerning an offender's/resident's currently known mental health concerns is available in COMS.

B. Release plans are entered and retained in the offender's/resident's mental health file, as well as on the release planning iShare page.

ACA STANDARDS: 4-4363, 4-4347, 1-ABC-4E-05, 1-ABC-4E-21, 2-CO-4E-01, 3-4343

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," 2/20/18.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Referral for Mental Health Services (on the general Behavioral Health iShare site)
Behavioral Health Services Refusal form (on the general Behavioral Health iShare site)
Health Services Release Plan Template (500.187A)

APPROVED BY:
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