Minnesota Department of Corrections

Division Directive:	**500.304**	**Title: Mental Health Unit Transfers**
Issue Date:	**1/17/17**	
Effective Date:	**2/7/17**	

AUTHORITY: Minn. Stat. §241.69

PURPOSE: To establish admission and discharge procedures for the mental health unit (MHU) at Minnesota Correctional Facility-Oak Park Heights (MCF-OPH).

APPLICABILITY: Minnesota Department of Corrections (DOC); all facilities housing adult male offenders

DIRECTIVE: Adult male offenders may be transferred to the MHU on a voluntary basis; through an involuntary administrative transfer, or through a civil commitment process.

DEFINITIONS:

Civil commitment – civil commitment by a Minnesota district court as mentally ill or mentally ill and dangerous under Minn. Stat. §253B.

Mental health unit transfer - involuntary transfer to the MHU when determined by a licensed mental health professional that an offender is in need of short-term, specialized care under Minn. Stat. §241.69.

PROCEDURES:

A. The following procedures are necessary when transferring an offender to the MHU:

1. When an offender is experiencing mental health problems a licensed mental health professional must evaluate the offender;

2. The mental health professional must determine if the offender is mentally ill and in need of short-term, specialized care in the MHU and, if possible, obtain the offender's written consent;

3. The referring facility's mental health director or designee must approve the transfer;

4. A written referral must include submission of the MHU Admission Referral form (attached), a Functional Impairment Rating form (attached), a MHU Voluntary Admission Agreement (attached), and a Current Assessment-Diagnosis Plan form (all found at the behavioral health website). The completed forms must be filed in the offender's mental health file;

5. If the MHU referral is accepted, transfer arrangements must be made as specified in Policy 301.095, "Central Transportation – Offenders;"

6. MHU admission denials may be appealed to the department behavioral health director; and

7. Data regarding each entry into the MHU must be entered into the DOC behavioral health iShare site, MHU/wellness of women (WOW) program/supportive living services (SLS) admission tracking.

B. Involuntary transfers - if an offender refuses voluntary transfer to the MHU and the evaluating licensed mental health professional determines that an involuntary transfer for short-term, specialized care is justified, the following steps must occur.

1. The mental health professional must complete a recommendation for administrative mental health transfer to the MHU (found at the behavioral health website) in addition to the forms required in Procedure A, and may recommend to the mental health director of the referring facility (acting for the warden) that the offender be involuntarily transferred to the MHU.

2. The transfer to the MHU may occur upon the approval of the receiving facility's mental health director or designee. If for any reason the transfer cannot be completed in a timely manner, the mental health director/designee must notify the referring facility's mental health director/designee or warden of the referring facility.

3. Involuntary transfers for short-term, specialized care are normally accomplished through the involuntary transfer process. Involuntary transfers resulting in longer-term care are normally accomplished through a civil commitment process initiated by MHU staff. Civil commitment procedures are detailed in Minn. Stat. §253B.

C. MHU procedures

1. If an offender is admitted as an involuntary administrative transfer:
   a) At the time of admission, and throughout the offender's stay, MHU mental health providers must seek the offender's consent to the admission; and
   b) The offender admitted as an involuntary transfer must be evaluated at the end of 30 calendar days by the treatment team and the mental health director or designee. If there is reasonable evidence to indicate that the offender meets civil commitment criteria, MHU staff may enter a petition for judicial commitment. If the offender does not meet criteria and has made a written request for discharge, the discharge process is initiated.

2. While in the MHU:
   a) MHU staff complete treatment plans at 30, 60, 90, 180, and 360 days, and bi-annually thereafter. Offenders are provided a copy of their treatment plan and their input is included.
   b) If an offender demands to leave the MHU, within 3 working days staff must petition for commitment or make arrangements for discharge.

3. Prior to an offender's discharge from the MHU:
   a) MHU staff must discuss the offender's condition and recommendations for aftercare with the receiving facility's psychological services director or designee; and
   b) MHU staff must file assessment, treatment, and discharge reports in the offender's mental health and medical records.

INTERNAL CONTROLS:

A. Assessment, treatment, and discharge reports are retained in the offender's mental health and/medical records.

B. Referral forms are retained in the offender's mental health file.

REVIEW: Annually

REFERENCES: Minn. Stat. §§253B
ACA Standards 4-4374, 4-4404, 4-4399 and 1-ABC-4E-45
Policy 301.095, "Central Transportation – Offenders"

SUPERSESSION: Policy 500.304, "Mental Health Unit Transfers," 5/5/15.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: MHU Admission Referral Form (500.304A)
Functional Impairment Rating (FIR) (500.304B)
MHU Voluntary Admission Agreement (500.304C)

/s/
Deputy Commissioner, Facility Services