

**STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES**

Health Care Policy
No. HC-36



15 December 2017

MENTAL HEALTH PROGRAM

1. **AUTHORITY:** Secretary of the Department of Public Safety and Corrections as contained in Chapter 9 of Title 36.
2. **REFERENCES:** ACA Standards 4-4350 and 4-4368. (Adult Correctional Institutions); Department Regulation Nos. HC-25 "Confidentiality," HC-26 "Informed Consent: Voluntary and Involuntary Treatment," HC-33 "Offender Medical Records," HC-37 "Mental Health Screening, Appraisal and Evaluation," HC-39 "Transfer of Severely Mentally Ill and/or Severely Developmentally Delayed Offenders," B-08-013 "Offender Reentry Program," C-05-001 "Activity Reports/ Unusual Occurrence Reports Operational Units," and C-05-004 "Basic Jail Guidelines;" Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-5).
3. **PURPOSE:** To provide guidelines for the structure of the Department's mental health program, including mental health service codes and modifiers and a standardized mental health level of care (LOC) system.
4. **APPLICABILITY:** Deputy Secretary, Chief of Operations, Department's Medical/ Mental Health Director, Regional Wardens and Wardens. Each Warden is responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this policy.
5. **POLICY:** It is the Secretary's policy that each DPS&C facility shall have a comprehensive approach for identifying offenders who have mental health needs and providing mental health services to those offenders requiring mental health care. Each facility's mental health program shall include standardized mental health service codes and modifiers and a mental health level of care (LOC) system for all offenders. The goals of the mental health program shall be aligned to the Department's mission.
6. **DEFINITIONS:**
 - A. **Mental Health Care Practitioner/ Provider/ Professional:** Mental health staff who are qualified to diagnose and treat patients with a mental illness, (for example, physicians, psychologists, licensed professional counselors, and social workers) in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.

- B. **Mental Health Level of Care (LOC):** A designation that ensures an offender's appropriate placement at an institution that provides the mental health resources required by the offender. This designation identifies the minimum frequency or intensity of treatment required to address the needs of the offender.
- C. **Mental Health Staff:** Individuals whose primary duty is to provide mental health services to offenders commensurate with their respective levels of education, experience, training, and credentials.
- D. **Non-Correctional Facility:** A licensed mental health facility for continuation of care (E.g. Eastern Louisiana Health System's Feliciana Forensic Facility).
- E. **Opioid Use Disorder:** A mental health diagnosis characterized by a problematic pattern of opioid use leading to clinically significant impairment or distress. (See the DSM-5 for more information.)
- F. **Psychotropic Medication:** Medications that are used to treat diagnosed mental disorders.
- G. **Serious Mental Illness (SMI):** For the purpose of this regulation, SMI is defined as a confirmed diagnosis of at least one of the following:
 - 1) Major Depressive Disorder (MDD);
 - 2) Schizophrenia;
 - 3) Schizoaffective Disorder;
 - 4) Bipolar Disorder;
 - 5) Unspecified Schizophrenia Spectrum; or
 - 6) Severe Anxiety Disorder.

NOTE: An SMI diagnosis shall be made only by a mental health care practitioner/ provider/ professional.

- H. **Treatment Plan:** A written assessment of individualized needs, required services and interventions, including short-term and long-term goals, measurable outcomes, and the roles of healthcare and non-healthcare personnel for the purpose of providing necessary treatment and services in accordance with a patient's identified needs and problems areas.

7. PROCEDURES:

- A. The mental health program shall be approved by the Department's Medical/ Mental Health Director and shall include, at a minimum, the following:

- 1) Mental health screening, appraisal and, if necessary, evaluation upon intake (See Department Regulation No. HC-37 "Mental Health Screening, Appraisal and Evaluation" for more information); ;
 - 2) Procedures for non-mental health staff to refer an offender for mental health services at any point during an offender's incarceration (See Department Regulation No. HC-37 "Mental Health Screening, Appraisal and Evaluation" for more information);
 - 3) Outpatient services for the detection, diagnosis and treatment of mental illness;
 - 4) Crisis intervention and the management of acute psychiatric episodes;
 - 5) Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting;
 - 6) Elective therapy services and preventive treatment, where resources permit;
 - 7) Provision for referral and admission to non-correctional facilities for offenders whose psychiatric needs exceed the treatment capability of the institution (See Department Regulation No. HC-39 "Transfer of Severely Mentally Ill and/or Severely Developmentally Delayed Offenders" for more information);
 - 8) Procedures for obtaining and documenting informed consent (See Health Care Policy No. HC-26 "Informed Consent: Voluntary and Involuntary Treatment" for more information);
 - 9) Assignment of mental health service codes and modifiers (See Section 8 of this regulation for more information); and
 - 10) Assignment of a mental health level of care (LOC) (See Section 9 of this regulation for more information).
- B. The Unit Mental Health Director shall be responsible for identifying offenders at each DPS&C facility who have mental health needs and providing mental health services to those offenders requiring mental health care.
- C. Upon an offender's release, relevant mental health information shall be provided to the Division of Probation and Parole, Office of Behavioral Health (OBH) and any other after care provider as may be necessary and in compliance with state and federal laws and applicable Department Regulations (e.g. HC-03 "Continuity of Care," HC-06A "Medical Furlough/ Compassionate

Release,” HC-06B “Medical Parole,” HC-06C Medical Treatment Furlough,” HC-33 Offender Medical Records,” and B-08-013 “Offender Reentry Program”).

8. MENTAL HEALTH SERVICE CODES AND MODIFIERS:

- A. Upon completion of the mental health appraisal upon intake, all offenders shall receive six mental health service codes to identify essential mental health variables, which shall be entered into CAJUN by mental health staff and/or their clerical staff. When present, these mental health variables reflect the treatment needs of the individual and provide a means of tracking individuals who may require close monitoring, further assessment or a referral.
- B. For each of the six mental health service codes, one or more modifiers are assigned to indicate the presence or absence of each variable, or to indicate other aspects of the variable. Service codes and their modifiers are as follows:

<u>Variable</u>	<u>Service Code</u>	<u>Definition/ Application</u>
History of Self-Harm	SHx	None indicated.
	SHp	There is a documented or self-reported suicide gesture or suicide attempt.
	SHs	A suicide gesture, suicide attempt, or self-injurious act is suspected, but not confirmed (e.g. an offender overdosed on medications, but denied that the intent was suicide or self-harm).*
	SHi	Indicates a history of suicide ideation.**
	*Indicate date of last act of self-harm: _____ **Indicate date of last suicide watch: _____	
Intellectual Disability	IDx	None indicated.
	IDp	The offender’s IQ is approximately 70 and below, AND he lacks functional skills and abilities necessary to adjust adequately to the corrections setting.

		IDs	The offender's IQ is approximately 70 and below, AND it is suspected, but not confirmed, that he lacks functional skills and abilities necessary to adjust adequately to the corrections setting.
Substance Use		SUx	None indicated.
		SUp	The offender meets the DSM-5 criteria for Substance Use Disorder.
		SUo	The offender meets the DSM-5 criteria for Opioid Use Disorder.
Sex Offense		SXx	None indicated.
		SXa	Adjudicated Sex Offender.
		SXc	Sex Offender who has been ordered by a court to participate in Sex Offender Treatment.
Diagnostic Impression		Dix	None indicated.
		Dip	The offender meets the criteria for a DSM-5 Disorder. DO NOT INCLUDE disorders already addressed in other service code categories (e.g. Pedophilia-coded SX, Substance Use Sup).
		DIs	A diagnosable DSM-5 condition is suspected, but not confirmed. DO NOT INCLUDE disorders already addressed in other service code categories (e.g. Pedophilia-coded SX, Substance Use Sup).
Psychotropic Medication		PMx	None indicated.
		PMp	The offender is on the psychotropic medication is defined in this regulation.

	PMr	A psychiatric referral is recommended to evaluate the need for psychotropic medication.
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9. MENTAL HEALTH LEVEL OF CARE (LOC):

- A. Mental health LOCs range from 1 to 5, with LOC 1 requiring the highest frequency/ intensity of treatment and LOC 5 requiring the lowest frequency/ intensity of treatment.
- B. Upon completion of the mental health appraisal during intake, all offenders shall be assigned a mental health LOC by the mental health care practitioner/ provider/ professional.
- C. Mental Health Level of Care and Institutional Placement

- 1) To ensure the provision of the mental health resources required by an offender, each offender's mental health LOC shall determine at what facility he or she is placed:

MH LOC:	Facility:
LOC 1	EHCC, LCIW, LSP
LOC 2	All Department of Public Safety and Corrections facilities
LOC 3	All Department of Public Safety and Corrections facilities
LOC 4	All Department of Public Safety and Corrections facilities
LOC 5	All Department of Public Safety and Corrections facilities

- 2) Housing assignments within each facility shall be individualized, based on the resources required by the offender, and shall be in the least restrictive method possible. Housing assignments shall be included in each offender's treatment plan (See Section 9.F. of this regulation for more information on treatment plans).

- D. Mental health LOC designations are as follows:

- 1) **Mental Health Level of Care 1:**

- a. LOC 1 shall be assigned to offenders who have significant disability primarily due to their mental health condition. These

offenders require ongoing, intensive intervention/ supervision and benefit from assistance with activities of daily living. These offenders are housed in the special mental health housing units with a 24 hour medical and/or mental health presence (e.g. Hunt Specialty Unit at Elayn Hunt Correctional Center). At any other facility (e.g. LCIW and LSP), these offenders shall be admitted to the infirmary.

- b. Mental health staff shall provide individualized contact at a minimum of every 15 days.
- c. Walking rounds within the housing unit shall occur daily.

2) **Mental Health Level of Care 2:**

- a. LOC 2 shall be assigned to offenders who have (1) a diagnosis of SMI and who have been in remission for less than six months, or (2) have displayed a pattern of instability. Medication adherence and program participation are considered. Offenders should be capable of performing activities of daily living satisfactorily. These offenders may be housed in the special mental health housing units/ infirmaries or in general housing areas, at the discretion of the mental health care practitioner/ provider/ professional.
- b. Mental health staff shall provide individualized contact at a minimum of every 30 days.
- c. Walking rounds within the housing unit shall occur at a minimum of 3 times per week.

3) **Mental Health Level of Care 3:**

- a. LOC 3 shall be assigned to offenders who have a SMI and who have been in remission or have been stable for at least six months. A SMI diagnosis is typically chronic in nature and the offender will most likely remain diagnosed with a SMI for the remainder of his or her life. If an offender with a SMI is stable, functional and has no major problems with compliance, he or she may be designated as LOC 3. These offenders may live in the general housing areas.
- b. Mental health staff shall provide individualized contact at a minimum of every 90 days.

NOTE: In general, a mental health diagnosis does not necessarily disqualify these offenders from being considered for placement in a

transitional work program (TWP). Mental health is only one of several factors reviewed prior to a Warden's recommendation for TWP placement. The Warden shall notify the Department's Medical/ Mental Health Director of an offender with a mental health LOC 1, 2, or 3 who was denied placement in a TWP for mental health reasons.

4) **Mental Health Level of Care 4:**

- a. Level of Care 4 shall be assigned to offenders with any diagnostic impression, excluding SMI, addiction disorder diagnosis, or those requiring mental health interventions within the previous 12 months. These offenders may live in the general housing areas.
- b. Mental health staff shall provide individualized contact at a minimum of every 180 days.

5) **Mental Health Level of Care 5:**

- a. Level of Care 5 shall be assigned to offenders who are not prescribed any psychotropic medication and who have had no mental health interventions for more than one year. These offenders may live in the general housing areas.
- b. Mental health staff shall provide individualized contact on an as-needed basis.

E. **Modifiers for Mental Health Level of Care**

- 1) Modifier F ("Frequent") shall be assigned to offenders who have frequent and significant mental health interventions for conditions like self-harm, suicide attempts, hunger strikes during the previous six months, etc. Modifier F may be added to any mental health LOC.
- 2) Modifier H ("History") shall be assigned to offenders who currently have no apparent need for mental health services, but who have a history of prior treatment with psychotropic medication, historical significant self-harm gestures or suicide attempts, or previous mental health disorder or treatment. Modifier F may only be added to mental health LOC 5.

F. **Treatment Plans Based on Mental Health Level of Care**

- 1) All offenders with a mental health LOC of 1, 2, 3 or 4 shall be provided a written individualized mental health treatment plan. A treatment plan is not required for an offender who is assigned a LOC 5, although one may be provided if deemed appropriate by the mental health care practitioner/ provider/ professional.

- 2) The treatment plan shall be developed and signed by the mental health care practitioner/ provider/ professional and shall include, but is not limited to, the following:
 - a. Long-term goals;
 - b. Short-term objectives;
 - c. Methods of treatment;
 - d. Housing assignments; and
 - e. Directions to mental health staff and other personnel regarding their roles in the care and supervision of the offender.
- 3) Individual contacts with offenders with a mental health LOC 1, 2, 3 and 4 shall be documented on Mental Health Individual Progress Notes (Form HC-36-B).
- 4) At a minimum, treatment plans shall be reviewed annually. Treatment plans may be reviewed more frequently if clinically indicated.

10. MAINTENANCE OF MENTAL HEALTH LEVEL OF CARE, SERVICE CODES, AND MODIFIERS

- A. Mental health LOC designation and service codes shall be maintained throughout the offender's incarceration. However, some variables reflected by the service codes and the level of care required are dynamic rather than static factors (e.g. the needs of the individual may change during the course of incarceration). Therefore, the mental health LOC assignments and service code modifiers may be changed to reflect the current needs of the individual, at the discretion of the mental health care practitioner/ provider/ professional.
- B. Additionally at the discretion of the mental health care practitioner/ provider/ professional, mental health LOCs may be assigned outside of their outlined criteria and/or an offender may receive more mental health staff contact than their mental health LOC requires, if the offender requires it.
- C. When a mental health LOC is changed to indicate that less frequent or less intense treatment is appropriate, the LOC must be down-graded in a step-wise fashion. (E.g., an offender assigned a LOC 1 must be assigned a LOC 2 for a reasonable period of time in order to determine if the offender can function at that level prior to being assigned a LOC 3 or lower.)
- D. The Unit Mental Health Director or the responsible Health Authority, or their respective designee, shall annually review the mental health LOC and service codes of all offenders housed within the institution utilizing the Mental Health Service Codes and Level of Care Review (Form HC-36-A).

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Medical/Mental Health Transfer Request for DOC Offenders at Local Facilities

Fax to the Elayn Hunt Correctional Center's Medical Department at (225) 319-4253/ Phone (225) 319-4249

Date of Request: _____ Requesting Facility: _____

Address: _____ Phone #: (____) _____

Contact Person/Title: _____ Fax #: (____) _____

Reason for Priority Request: _____

Offender Name: _____ DOC#: _____ DOB/Age: _____ Sex M F

Offender's Current Physical Location (i.e. hospital): _____

Diet: _____ Allergies (Drug & Food): _____

Current Vital Signs: Date _____: B/P _____ P _____ R _____ T _____ Wt. _____

PPD History: Negative on ___/___/___ or Positive on ___/___/___ . If treated, list treatment date, duration, and location: _____

Last CXR: _____ RPR: _____ HIV _____
(Date and results) (Date: treatment, if any)

Restrictions/Special Instructions (i.e., CPAP, abscesses/wounds/wound care, isolation or dialysis needs, etc): _____

Current Medical Diagnosis: _____

List Current Medications to include Dosage and Frequency, Date of Last Dose, and Compliance: _____

(Please also attach MAR)

Pending Appointments (List Date, Time, and Location): _____

Recent Hospitalizations or Surgeries (Reason, Date, Location): _____

Recent Labs and Results: _____

Staff Signature, Date, and Time

*Note * If offender is transferred within 72hrs additional transfer summary is not required

Transfer Disposition: HRDC Staff only

Next routine intake: _____

Urgent Transfer with Date: _____

HRDC Provider Signature: _____ Date _____

**MENTAL HEALTH SERVICE CODES
AND LEVEL OF CARE REVIEW**

OFFENDER: **DOC#:** **DATE:**
CHECK ONE OR MORE MODIFIERS FOR EACH SERVICE CODE AS APPROPRIATE

CURRENT:
Code Modifier

CHANGE TO:
Code Modifier

SH x none indicated
 p present*
 s suspected
 i history of ideation*

SH x none indicated
 p present*
 s suspected
 i history of ideation*

*Indicate date of last act of self harm:

*Indicate date of last watch date:

*Indicate date of last management order (unrelated to suicide watch or ideation):

ID x none indicated
 p present
 s suspected

ID x none indicated
 p present
 s suspected

SU x none indicated
 p Substance Use Disorder
 o Opioid Disorder

SU x none indicated
 p Substance Use Disorder
 o Opioid Disorder

SX x none indicated
 a adjudicated
 c court-ordered treatment

SX x none indicated
 a adjudicated
 c court-ordered treatment

DI x none indicated
 p present
 s suspected

DI x none indicated
 p present
 s suspected

PM x no psychiatric medication
 p present
 r referral recommended

PM x no psychiatric medication
 p present
 r referral recommended

Level of Care:

Level of Care:

Reasons for changing or maintaining service codes and/or level of care:

Diagnostic Impression:

Severe Mental Illness: Yes No

Diagnosis:

01 Bipolar disorder
 02 Major Depressive Disorder
 03 Unspecified Schizophrenia Spectrum
 04 Schizo Affective Disorder

05 Schizophrenia
 06 Severe Anxiety Disorder
 07 Other:

Date of Diagnosis:

Mental Health Director/Designee: _____
Copy: Medical Record (Original), Master Record, Mental Health Director

Mental Health Individual Progress Notes

DOC#: _____ Last Name: _____ First Name: _____

Sex/Race: _____ Record Type: _____

Offender Subjective Complaint(s): _____

Mental Status Exam

Oriented to:

X1 X2 X3 X4 Grossly Disoriented Unable to Assess

Affect:

Angry Anxious Blunted Flattened
 Labile Mood Congruent Restricted Silly

Mood:

Agitated Angry Anxious Depressed Dysphoric
 Dysthymic Elevated Euthymic Frustrated Labile
 WNL

Eye Contact:

Appropriate Avoidant Fair Good Poor Intense Varied WNL

Psychomotor:

Agitated Catatonic Retarded WNL

Speech:

Clanging Coherent Delayed Incoherent Volume low Volume loud
 Other: _____

Thought Content:

Bizarre External Control Grandiose Omnipotent Paranoid Persecutory
 Thought Insertion Other: _____
 Religious Somatic Tactile Thought Insertion Delusional Content
 Phobic Suicidal WNL

Thought Process:

Intact Impaired Blocking Concrete
 Hallucinations Logical Tight without LOA

Assessment:

- Adjustment Disorder
- Anxiety
- Coping Skills Adequate
- Coping Skills Poor
- Deferred
- Depression
- Functioning Adequately Currently
- Functioning Poorly Currently
- Functioning Well Currently
- Increased Risk of Self Harm
- Intellectual Impairment
- Manipulation for Secondary Gain
- No Mental Health Distress Noted
- No Mental Health Concerns Currently
- Possible Suicide Risk Currently
- Psychiatric Decompensation
- Psychotic Features Absent
- Psychotic Features Present
- Psychotic Features Suspected
- Offender with History of Affective Disorder
- Offender with History of Thought Disorder
- Remission of Psychiatric Symptoms Excellent
- Remission of Psychiatric Symptoms Fair
- Remission of Psychiatric Symptoms Good
- Remission of Psychiatric Symptoms Poor
- Suicide Risk – No Evidence
- Suicide Risk – Currently
- Other: _____

Goals:

- Appropriate Behavior by Offender
- Assessment of Mental Health Status/Treatment
- Compliance with Prescribed Medication
- Compliance with Rules and Regulations
- Decrease Disciplinary Reports
- Decrease Manipulative Behavior(s)
- Decrease Subjective Distress
- Deferred
- Develop Realistic Discharge Plans
- Facilitate Offender Adjustment
- Increase Adaptive Behaviors
- Increase Insight
- Increase Self Esteem
- Less Restrictive Environment
- Level of Functioning Improvement
- Level of Functioning Maintained
- Prevent Harm to Self or Others
- Remission of Symptoms
- Other: _____