

State of Iowa Department of Corrections

Policy and Procedures

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Chapter 6: Health Services

Sub Chapter: Mental Health

Related DOC Policies: IO-HO-01, IO-HO-02, IO-HO-09, IO-HO-10, HSP-740

Administrative Code Reference: 481

Subject: Multidisciplinary Treatment Planning for Mental Health Housing

Units ACA Standards: 5-ACI-6A-33, 5-ACI-4A-01

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Authority:

1. PURPOSE

- A. To establish a mental health housing unit multidisciplinary treatment team planning process for designated mental health housing units for acute and sub-acute mental health care provided at IMCC and ICIW.
- B. To ensure that patient care and treatment is planned appropriately for the patient's condition, impairment, disability or disease.
- C. To ensure a planning process that maximizes and maintains each patient's optimal mental, physical, psychosocial, spiritual and functional status.
- D. To establish a system in which the care and treatment planning process is timely, systematic, and comprehensive and incorporates input from all disciplines.
- E. To provide a mechanism for patient input to his/her treatment plan.

2. POLICY

- A. IDOC utilizes a multidisciplinary team to provide an individualized patient treatment planning process in order to maximize and maintain every patient's potential and quality of life.
- B. Individualized treatment plans will be developed for patients who are housed in the acute and sub-acute mental health housing units. (**IO-HO-09** *Mental Health Housing*) It is important that the patient and the team recognize that the treatment plan is a living, ever changing plan as defined goals are achieved and new goals are identified.
- C. The treatment plan addresses needs resulting from the patient's condition and considers the patient's expectations and characteristics.
- D. The multidisciplinary team will develop a treatment plan for each patient under the team's care and supervision.

New Admissions to Acute and Sub-acute Mental Health Housing Units: the treatment planning process shall begin within 72 hours of admission; a treatment plan will be completed within 30 days of admission.

- E. Patient strengths, abilities, preferences and readiness to address treatment needs will be addressed in the treatment plan.
- F. Objectives and attainable short- and long-term treatment goals that reflect the unique needs of each patient are identified. These goals are reasonable and measurable and will be limited to no more than three short term and one long term goal at a time.
- G. Each goal will define how progress will be measured as well as what the patient will do to measure his/her progress toward each short- and long-term goal.
- H. Goals will incorporate any identified patient education needs and how they will be addressed: individual discussions, small groups, etc.

3. DEFINITIONS - As used in this document:

- A. Treatment Plan - A series of written statements that specify the particular course of treatment and the roles of clinical and nonclinical personnel in carrying it out. A treatment plan is individualized, based on assessment of the individual patient's needs and includes statements of the short- and long-term measurable goals and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides patients with access to a range of supportive, therapeutic and rehabilitative services such as individual or group counseling and/or self-help groups that the treatment team deems appropriate. The treatment plan shall also incorporate plans for release from mental health housing and reentry planning.

- B. Treatment Team - Team of interdisciplinary staff that includes at minimum, health services staff, mental health care professionals (including psychiatric nurse and psychologist), social workers, security - supervisor/unit manager and line staff, activity specialists, mental health and correctional counselors assigned to the incarcerated individual's housing unit. The team is responsible for the mental health level of care treatment needs and the operational requirements of patients in mental health housing.

4. PROCEDURES

- A. Initial Treatment Planning Meeting
 - 1. This meeting will be conducted with the patient present. If the patient is unstable, the meeting can be conducted for initial treatment plan without the patient being present.
 - 2. The goal is to complete the multidisciplinary treatment plan of care for the patient as a team.
 - a. The intent is to include the patient in the planning process and clarify the goals with him/her and his/her role in achieving the goals.
 - b. The treatment plan will be a record which can be printed and filed in a staff accessible area of each medical or mental health pod.

- c. The institution will develop a procedure designating how and where the treatment plans will be accessible to all staff.

B. Treatment Team Meeting

1. Treatment team meetings should at a minimum be held weekly for acute mental health unit patients and bi-monthly for the sub-acute mental health unit patients.
2. The purpose of the meeting is to review each patient's treatment plan at least once every 30 days and conducted by the Unit Manager and Treatment Director
 - a. Patient may or may not be present based on treatment team's decision. If the patient is not present, changes that have been made to the treatment plan will be discussed with the patient.
 - b. The Unit Manager will assign a team member to do so within a timeframe determined by the team. The institution will develop a procedure designating how the Unit Manager will delegate responsibility.
 - c. There will be time allocated to review any patients that have major concerns that need addressed by the team immediately.
3. The treatment plan is revised when appropriate to reflect the patient's current needs, based on evaluation of:
 - a. Progress towards goals
 - b. Response to care and treatment
 - c. Significant changes in the patient's status
4. Generally, the Unit Manager will lead the Treatment Team. However, each institution will determine if they will have a Mental Health Professional designated as the Co-Team Leader for Treatment Planning.

The Institution will develop a procedure designating who is responsible to lead treatment planning meetings.

- a. The Unit Manager/Co-Treatment Team Leader will lead the meeting and will be responsible to determine who will be reviewed each week.
 - b. Notification sent to all team members each week as to which patients will be reviewed. The institution will develop a procedure designating how the reviews will be scheduled, and the team members will be notified.
5. The treatment plan may be superseded by medical and/or mental health provider's orders as it is recognized that changes occur, and the treatment team meeting is only held weekly or bi-monthly.
- a. If the patient status changes, then the effective plan of care becomes the medical and/or mental health providers' orders until the next team meeting when the changes are incorporated into the treatment plan.
 - b. Provider's orders need to be incorporated into the treatment plan, so the entire team is aware of a patient's provider's orders and treatment plan.
6. Any member of the treatment team has the ability to apply certain limitations as outlined on the treatment plan or to ensure safety.
- a. The limitation would be communicated to the other team members and discussed at the team meeting to determine whether or not to incorporate the limitation into the treatment plan.
 - b. The institution defining how this communication will occur, who is responsible and with what time frame.

C. Treatment Planning Process

1. Provide description of patient including mental health and medical diagnoses and brief psychosocial history.
2. Discuss problems, issues, interventions and incentives related to meeting goals and any other concerns raised at the last review.
3. Review patients placed in restraints or involuntary use of safety room and discuss methods for restraint reduction or elimination potential.
4. Review current medications for compliance and pharmacological response.
5. The Unit Manager obtains feedback from each team member regarding how the patient is functioning per that discipline and suggested interventions for targeted problems.
6. The Unit Manager summarizes problems, treatment approaches and goals. The institution will develop a procedure that identifies how the Unit Manager (or designated Treatment Planning Co-Leader) will identify who is responsible for implementation of treatment approaches, frequency of meeting with the patient, adjustments to the treatment plan, and other relevant responsibilities.
7. When the treatment plan limits out-of-cell time, access to dayroom, or access to programs, services and activities:
 - a. Limitations will be reviewed at least weekly for patients in acute units and bi-monthly for patients in sub-acute units and the review will be documented.
 - b. The treatment plan will specify strategies toward reducing limitations and increasing access consistent with incentives and level systems.

D. Treatment Plan Documentation

1. The treatment plan will include DSM-5-TR Diagnoses.

2. Exceptions or modifications to institutional procedures and unit rules will be documented in the individual patient's treatment plan consistent with **IO-HO-09** to include, but not limited to the following:
 - a. Unit Orientation - inability to be oriented to the housing unit within 72 hours must be noted and added as a treatment goal.
 - b. Property Retention - allowable and quantities of property
 - c. Strip or Pat Searches
 - d. Access to Dayrooms
 - e. Movement Type
 - f. Out-of-cell time minimums
 - g. Access to programs, services and activities
 - h. Sharps restrictions
3. The original treatment plan is signed by the patient and a hard copy is filed or scanned into the electronic medical record.
4. As specified in the institutional procedures for Mental Health Housing, each updated treatment plan will have a hard copy that is to be kept in a staff accessible area of each treatment unit.
5. Any changes made to the treatment plan are dated and initialed, and scanned into the electronic medical record. The institution will develop a procedure designating how this is to be accomplished, who is responsible, and within what time-frame.