

State of Iowa Department of Corrections Policy and Procedures

Policy Number: HSP-703
Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: 904, 229, 812
Chapter 6: Health Services
Sub Chapter: Mental Health
Related DOC Policies: HSP-710, HSP-711, HSP-740
Administrative Code Reference: 481
Subject: Outpatient Mental Health Treatment
Planning ACA Standards: 5-ACI-6A-33
Responsibility: Dr. Michael Riley
Effective Date: January 2025
Authority:

1. PURPOSE

- A. To provide an individualized treatment plan that identifies how the treatment needs of incarcerated individuals receiving outpatient mental health services will be addressed.
- B. To ensure a planning process that maximizes and maintains each patient's optimal mental, physical, psychosocial, spiritual and functional status.
- C. To establish a system in which the care and treatment planning process is timely, systematic, and comprehensive.
- D. To provide a mechanism for patient input into his/her treatment plan.

2. POLICY

Patients receiving outpatient mental health treatment will have an individualized Mental Health Treatment Plan, completed by the assigned Mental Health Provider or Psychologist, in ICON Medical.

3. DEFINITIONS - As used in this document:

- A. Care Review Committee - Institutional-based committee that reviews cases that

are not achieving anticipated health outcomes, require transfer to another facility when necessary, level of health care is not available in-house, require adaptations to traditional treatment services, or require customized treatment interventions/services. Care Review Committee membership is a cross-representation of staff, which may include Nursing Services Director and licensed nurses, the Health Services Administrator, Physician (includes Nurse Practitioners, Physician Assistants), Psychiatrist, Social Workers, Psychologists, Unit Managers, Correctional Counselors, Program Staff, Activity Staff, Security Supervisors, involved security line staff and/or Associate Warden.

- B. Chronic Persistent Mental Illness (CPMI) - Patients who display chronic persistent psychiatric symptoms, aggressive behavior and may not respond rapidly to psychotropic medications. The management focus centers on safety, use of incentives, self-recognition of behavioral triggers and self-control of responses, and medication management.
- C. Intellectual and Developmental Delay (IDD) - A subset of outpatient level of care for those with full scale IQ of 70 and below and/or whose adaptive functioning requires additional assistance in daily activities and programming.
- D. Mental Health Care Providers - Qualified health care professionals who by virtue of their education, credentials and experience are permitted by law to prescribe medications. These include physicians, physician assistants and nurse practitioners.
- E. Mental Health Professionals - Qualified health care professionals who by virtue of their education, credentials and experience are permitted to care for the mental health needs of patients. These include psychologists, nurses, social workers, and mental health counselors.
- F. Serious Mental Illness - A serious and persistent disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the prison environment which is manifested by substantial suffering or disability. Serious mental illness requires a documented mental health diagnosis, prognosis and treatment as appropriate by mental health staff. This would include the broad categories of:

Schizophrenia and other psychotic disorders, bipolar disorders, depressive disorders, dementia and other organic brain disorders.

- G. 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.

- H. Treatment Team - Team of multidisciplinary staff that includes at minimum, mental health care providers, mental health care professionals, health services staff, security supervisor or unit manager, activity specialist, 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 incarcerated individuals in mental health housing.

4. PROCEDURES

- A. A psychologist will be assigned to each incarcerated individual/patient who receives outpatient mental health care. A Mental Health Care Provider will be assigned to all patients with an SMI, patients housed in the Acute and Sub-Acute units, and all other incarcerated individual/patients taking psychiatric medications for treatment of their mental health. The institution will develop a procedure for making the psychologist-incarcerated individual/patient caseload assignments.

- B. Individualized mental health treatment plan will include at a minimum:
 - 1. Complete diagnosis using DSM-5-TR criteria.

2. Specific problem driven treatment goals and interventions, including a target date for reaching goals.
3. Appropriate adjustment of goals and interventions, based on progress toward achieving measurable outcomes.
4. Referrals based on individualized needs, as clinically indicated.
5. Discharge/reentry planning will be consistent with **IS-CL-03** *Re-Entry Case Management Policy*.
6. Mental Health Treatment Plans will be reviewed by the psychologist with the patient.

C. Treatment Plan Review

1. A Mental Health Treatment Plan for patients housed in general population will be completed by the Mental Health Care Provider during each Psychiatric Encounter. If a patient is being seen exclusively by a psychologist (i.e., they are not on the psychiatric caseload), the psychologist will complete the Mental Health Treatment Plan. Treatment Plans will be incorporated into the Subjective, Objective, Assessment, Plan (SOAP) notes under Plan of Care at each Psychological Encounter.
2. If a patient is placed on an MHO or SSIP status, treatment plan updates will be completed per **HSP-710** *Suicide Self Injury Prevention* or **HSP-711** *Mental Health Observation*.
3. Upon release from SSIP or MHO status, the assigned psychologist will update the patient's treatment plan.