

State of Iowa Department of Correction

Policy and Procedures

Policy Number: HSP-740

Applicability: DOC

Policy Code: Public Access

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Chapter 6: Health Services

Sub Chapter: Mental Health

Related DOC Policies: HSP-701, HSP-702, HSP-703, HSP-710, HSP-711, HSP-771, IO-HO-09

Administrative Code Reference: N/A

Subject: Identified Mental Health Levels of Care

ACA Standards: N/A

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Authority:

1. PURPOSE

To serve as a guide for mental health professionals to use in determining the appropriate level of mental health care.

2. POLICY

It is the policy of the IDOC to have a procedure in place to ensure patients are placed in an appropriate level of care/housing.

3. DEFINITIONS

- A. Mental Health Level A - Severe Impairment: These patients are generally very ill, require highest level of mental health care. IMCC/ICIW ONLY.
- B. Mental Health Level B - Moderate Impairment: These patients are chronically ill, often problematic, difficulty functioning without regular mental health contact and structure. These patients are generally housed in structured mental health housing areas at ICIW, IMCC (P/Q/A), ASP (SN), NCF (SN), and CCF (SN).

- C. Mental Health Level C - Minimal to Moderate Impairment: These are patients who are admitted to the Outpatient Mental Health. Can be housed anywhere (ISP, NCCF, NCF, CCR, FDCF, ASP, CCF, IMCC, MPCF and ICIW).
- D. Mental Health Level D - No mental health involvement. Can be housed anywhere (ISP, NCCF, NCF, CCR, FDCF, ASP, CCF, IMCC, MPCF and ICIW).
- E. See IDOC Policy **AD-GA-16** for additional definitions.

4. PROCEDURE

- A. All Mental Health Levels (MHL) may be temporarily provided at any institution while awaiting transfer to an institution designated to provide the identified level of care. Each institution will have procedures in place to provide for patients requiring closer observation and crisis intervention consistent with *Suicide Self Injury Prevention, HSP-710* and *Mental Health Observation, HSP-711*.
- B. IDOC has identified the following levels of care:
 - 1. MHL A - Severe Impairment: These patients are generally very ill, require highest level of mental health care. IMCC/ICIW ONLY.
 - Seriously and persistently mentally ill
 - Danger to self and others
 - Unable to care for self
 - Requires acute mental health care and observation (More than situational)
 - Actively suicidal or Psychotic
 - Housed on IMCC on O Unit
 - Mental health diagnosis
 - Generally, are, or should be, prescribed psychotropic medications

- Patients who are currently being filed on for Civil Commitment
- Review on the MHURC Call

The designated locations to house severe level of care are:

- a. Iowa Medical and Classification Center (IMCC)
- b. Iowa Correctional Institute for Women (ICIW)

Services provided:

- 1) Patients in the severe level of care will be offered at least two hours per day out of cell time per IDOC Policy **IO-HO-09**, *Mental Health Housing*.
 - 2) Patients in the severe level of care will be offered at least one hour of structured therapeutic programming per day.
 - 3) Incentives will be outlined in the individual treatment plan consistent with IDOC Policy **IO-HO-09**, *Mental Health Housing Policy* and **HSP-702**, *Multidisciplinary Treatment Planning for Mental Health Housing*.
2. MHL B – Moderate Impairment: These patients are chronically ill, often problematic, difficulty functioning without regular mental health contact and structure. These patients are generally housed in structured mental health housing areas at ICIW, IMCC (P/Q/A), ASP (SN), NCF (SN), and CCF (SN).
- Has ongoing mental health disorder, may be chronically unstable, impaired level of functioning
 - Generally, cannot manage in general population for extended periods of time
 - Requires ongoing mental health monitoring (Monthly)
 - History of suicidal threats, attempts or self-injurious behavior

- May be prescribed psychotropic medications (i.e.: antipsychotics, antidepressant and mood stabilizers)

Review on the MHURC call

These patients are generally housed in structured mental health housing areas at ICIW, IMCC (P/Q/A), ASP (SN), NCF (SN), and CCF (SN).

Services provided:

- a. Structured therapeutic programming minimally two hours per day.
 - b. Group sessions of a minimum of once per week.
 - c. Incentives will be outlined in the individual treatment plan consistent with IDOC Policy **IO-HO-09**, *Mental Health Housing Policy* and **HSP-702**, *Multidisciplinary Treatment Planning for Mental Health Housing*.
3. MHL C – Minimal to Moderate Impairment: These are patients who are admitted to the Outpatient Mental Health. Can be housed anywhere.
- Mental health diagnoses with mild to moderate symptoms, but stable
 - Do not require current, ongoing mental health treatment; seen as stable, but generally have a history of mental health treatment
 - May be on medications and are stable on the medications. May be on medications such as SSRI's and mood stabilizers, but function in general population areas for extended periods of time
 - Are involved in outpatient mental health treatment on regular basis, or as needed
 - Have a history of SSIP/MHO placements, but have stabilized
 - Can submit KIOSK for mental health services as needed, but are functioning well in general population. Are often referred or

involved in programming in General Population and considered stable

- Are capable of having a cellmate and working in General Population
- No MH referral needed to transfer

4. MHL D - No mental health involvement. Can be housed anywhere.

- Does not have a history of mental health treatment or medications prescribed for mental health reasons
- Does not request mental health treatment or follow up
- Functions well in general population
- No MH referral needed to transfer

C. MHL Reviews

An MHL review will be completed on those with a Special Needs diagnosis or those that have other mental illness who require a change in MHL and possible transfer.

1. MHL documentation provided is reviewed and verified by the Mental Health Director/designee.
2. MHL with review of treatment planning is updated and documented in the electronic medical record at least once every 30 days.
3. MHL as needed (identifying whether the patient has a mental health diagnosis. If yes, consult with the mental health professional regarding the patient's stability, treatment needs, and potential impact)
 - a. Mental Health Level
 - b. Current diagnosis
 - c. Current Medication Regimen
 - d. Medication Compliance

- e. Civil commitment (Current or Past)
- f. Last Encounter with Psychiatry
- g. Last Encounter Psychology
- h. MHO/SSIP
- i. Last time
- j. Institutional Adjustment from a mental health standpoint