

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO. 15.05.11

Page 1 of 7

SUBJECT: PLANNING AND IMPLEMENTATION OF INDIVIDUALIZED MENTAL
HEALTH SERVICES

EFFECTIVE DATE: 8/23/12

I. PURPOSE

To provide guidelines and requirements for the development and review of individualized mental health service plans for inmates receiving mental health services. These guidelines and requirements are designed to ensure access to mental health care, continuity of care, and clinical appropriateness of care.

II. DEFINITIONS

- A. Biopsychosocial Assessment (BPSA): The BPSA is a summary of factors essential to diagnosing mental disorders. It is the first step in the treatment planning process.
- B. Case Management: Case management, in comparison to mental health treatment, is an assessment and monitoring process. The goal of case management is to determine fidelity of service delivery to the service plan, rate of progress, and if modifications to treatment may be needed.
- C. Individualized Service Plan (ISP): Based on the BPSA, the ISP is an outline of MH treatment elements and a review of progress developed by the Multidisciplinary Services Team (MDST), in collaboration with the inmate. The ISP also serves as the means of updating the BPSA.
- D. Mental Disorder: A mental disorder is as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. A mental disorder is a psychological syndrome or behavioral pattern that is associated with subjective distress and/or objective impairment.
- E. Mental Health Treatment: MH treatment is the engagement of the inmate in a therapeutic process with the goal of the inmate's satisfactory adjustment to incarceration.
- F. Multidisciplinary Services Team (MDST): The MDST is a group of staff members representing different professions, disciplines, or service areas which has responsibility for ensuring access to care, continuity of care, and appropriateness of care in mental health.

SUBJECT: PLANNING AND IMPLEMENTATION OF INDIVIDUALIZED MENTAL HEALTH SERVICES

- G. Problem Index: The Problem Index (Appendix I) enumerates target elements referenced in the ISP. This index is for tracking mental health problems and interventions.

III. GENERAL CASE MANAGEMENT

- A. In developing mental health service plans, providers must be vigilant for indications of trauma experience and/or exposure in order to render services in a manner avoiding re-traumatization.
- B. A Senior Mental Health Clinician (SMHC) is responsible for arranging MH Case Manager assignments for all inmates in need of MH services. Regardless of the assignment strategy, via OBIS there must be documentation of the Case Manager assignment within three (3) working days of (1) the inmate's assignment to a MH grade above S-1 or (2) receiving an inmate with MH grade above S-1 by transfer or admission to an inpatient unit.
- C. A BPSA must contain sufficient information for the MDST to arrive at a diagnosis of mental disorder.
- D. The Case Manager is responsible for writing the BPSA and the ISP, and for coordinating with other team members to set up the MDST meeting to discuss and approve these documents within required timeframes.
- E. The chair of the MDST is the SMHC.
- F. MDST meetings for diagnosis and treatment planning require full attendance in accord with the inmate's MH grade, as noted below.
- G. Assigning (or changing) a diagnosis of mental disorder requires – **without exception** – consensus among credentialed members of the MDST. When the MDST needs further information to assign a diagnosis, it will designate those under consideration as “provisional.”
- H. An ISP must clearly justify any diagnostic changes. Any change in service delivery requires revision of the ISP by the MDST.
- I. Case Managers will develop an ISP for all inmates with a diagnosed mental disorder(s) associated with impairment in adaptive functioning. For inmates requiring post-release continuity of care, the Case Manager will revise the ISP in accordance with HSB 15.05.21, *Mental Health Re-Entry Aftercare Planning Services*.

SUBJECT: PLANNING AND IMPLEMENTATION OF INDIVIDUALIZED MENTAL HEALTH SERVICES

- J. The Case Manager must ensure that all elements of the ISP are conducted according to required timeframes.
- K. Service planning timeframes associated with the lower level of care shall apply in the event an inmate's level of mental health care is reduced (e.g., S4 to S3).
- L. Timeframes in this HSB are in terms of calendar days, unless otherwise noted.
- M. **MDST members must remain vigilant for circumstances warranting adjustments to treatment and should meet to revise ISPs accordingly.**
- N. The date an MDST approves an ISP marks the beginning of the next review interval.

IV. DOCUMENTATION

- A. Documentation must be in accord with HSB 15.12.03, *Health Records*.
- B. Documentation of the BPSA requires use of form DC4-643C, *Bio-Psychosocial Assessment*.
- C. Form DC4-643A, *Individualized Service Plan*, must be completed each time the MDST reviews or revises the ISP.
- D. Documentation of the initial service planning interview is via DC4-642B, *Mental Health Screening Evaluation*. If further interviewing is needed to develop an adequate BPSA and ISP, the case manager will document using form DC4-642, *Chronological Record of Outpatient Mental Health Care*.
- E. Using the Problem Index (Appendix I), the Case Manager will identify the targets of MH services by number and name.
- F. The status of each problem listed on an ISP serves as the comparison baseline for the successive ISP.
- G. When applicable to targets, estimates of intensity or severity will use a scale that ranges from 0 (low) - 10 (high) and should include two (2) ratings: one by inmate self-report and the other by the clinician based on observation and collateral data.
- H. ISP goals must specify target behaviors and measurement criteria. The timeframe for each goal is the next scheduled review date, which must also be specified in the ISP.
- I. An ISP must indicate the frequency of each intervention.

SUBJECT: PLANNING AND IMPLEMENTATION OF INDIVIDUALIZED MENTAL HEALTH SERVICES

- J. An ISP must legibly identify providers (or designees) by name and title.
- K. An ISP should identify as “Deferred” problems that may require targeting after the attainment of primary goals. Deferred problems are to be listed in the ISP section “Other Treatment-Related Information.”
- L. Signifying their agreement with the service plan, all members of the MDST sign the ISP. Inmates sign the ISP at the time of the meeting (if they attend) or at their next clinical encounter.
- M. If an inmate refuses to sign the ISP, the Case Manager will so indicate on the inmate’s signature line and document the reason for refusal via SOAP note at the time of the contact. The Case Manager must also document the refusal on form DC4-711A, *Refusal of Health Care Services*, in accord with rule 33-401.105 (3), F.A.C.
- N. An ISP must address the following:
 - 1. Active Diagnoses on all five (5) axes of the current DSM; Global Assessment of Functioning score (GAF) is current;
 - 2. Alerts reflecting history of harmfulness or escape;
 - 3. Institutional adjustment;
 - 4. Treatment compliance and progress;
 - 5. Any new information relevant to treatment;
 - 6. Rationale for any changes in the service plan.
- O. An ISP indicates termination of MH services in accord with HSB 15.05.18, *Outpatient Mental Health Services*, and by including DC4-661, *Summary of Outpatient Mental Health Care*, in the Health Record.

V. INDIVIDUALIZED SERVICE PLANNING FOR CLOSE MANAGEMENT INMATES

- A. Service planning timeframes for inmates on the mental health caseload in Close Management must comply with rule [33-601.800](#), F.A.C.

VI. CASE MANAGEMENT FOR OUTPATIENT SERVICES

SUBJECT: PLANNING AND IMPLEMENTATION OF INDIVIDUALIZED MENTAL HEALTH SERVICES

- A. The minimum staff comprising the MDST in Outpatient MH is as follows:
 - 1. S-2 inmates - Case Manager and SMHC.
 - 2. S-3 inmates - Case Manager, SMHC, Psychiatrist, and MH Nursing representative.

- B. When MH services are initiated (not restarted) by change from S-1 to a higher level of care:
 - 1. The Case Manager must interview the inmate within 14 days of the MH grade change.
 - 2. The MDST must approve the BPSA and ISP within 30 days of the MH grade change.
 - 3. After approving the initial ISP, the MDST will review the subsequent ISP at least every 180 days.

- C. When MH services are restarted (via S-Grade \geq 2) after having been terminated (with reduction to S-1), the Case Manager must conduct a service planning interview within 14 days. In these cases, the SMHC and Case Manager will determine if there is need to rewrite the BPSA because of significant changes, or if BPSA update via ISP will be adequate.
 - 1. The MDST must approve updates of the BPSA (if a new one is needed) and the ISP within 30 days of the MH grade change.
 - 2. After approving the initial ISP, the MDST will review the ISP at least every 180 days.

- D. When an inmate receiving MH services is transferred to a new institution (including transient inmates at reception centers):
 - 1. The receiving institution will amend the standing ISP to identify new MH providers within 14 days.
 - 2. The next scheduled ISP will follow the review interval in effect prior to the inmate's transfer; or will occur as dictated by changes in the inmate's clinical status.

SUBJECT: PLANNING AND IMPLEMENTATION OF INDIVIDUALIZED MENTAL HEALTH SERVICES

3. In the event an ISP is due at any time within 30 days of the inmate's arrival, the receiving institution will be in compliance by completing the ISP within 30 days of arrival.
 4. Unless the receiving MDST revises the ISP, it will provide the mental health services stipulated in the active ISP and maintain appointment schedules set by the sending facility.
- E. For inmates initially identified at a reception center as needing ongoing mental health services:
1. Reception center R&O MH staff will develop BPSAs and ISPs in accord with the provisions above concerning the initiation (not restarting) of mental health services; 14 days for initial Case Manager interview, 30 days for MDST approval of BPSA and ISP.
 2. If a new intake transfers to a permanent institution before the allotted 30 days to complete the BPSA and ISP, the reception center is in compliance with this HSB if it provides documentation of timely initial interviewing in the record via form DC4-642B, *Mental Health Screening Evaluation*.
- F. When an inmate transfers from Inpatient care to Outpatient care:
1. The Case Manager will conduct an initial interview within seven (7) days of case assignment.
 2. MDST approval of the ISP is due within 30 days of transfer. Thereafter, ISP updates are due at least every 180 days.

VII. CASE MANAGEMENT FOR INPATIENT SERVICES

- A. The minimum comprising the MDST in Inpatient MH is: Case Manager, SMHC, Psychiatrist, MH Nursing representative, and Security representative.
- B. When inmates transfer at the same level of care to other inpatient units, the receiving MH unit will maintain the active service plan and schedule of reviews and services, unless the receiving MDST finds reason to make ISP revisions.
- C. S-4 Inmates in Transitional Care Units (TCU):
1. Within 14 days of admission, the case manager will develop a BPSA if there is not an active one on record. Within this same timeframe, the MDST will develop and approve an initial ISP.

SUBJECT: PLANNING AND IMPLEMENTATION OF INDIVIDUALIZED MENTAL HEALTH SERVICES

2. An MDST will meet regarding the ISP at the following intervals: 30 days after the initial ISP was approved, and thereafter at least every 90 days for the first year of continuous mental health service at TCU-level care.
3. For inmates in need of TCU-level care beyond one (1) year, an MDST will review the ISP at least every 180 days.

D. S-5 Inmates in Crisis Stabilization Units (CSU):

1. Within seven (7) days of admission, the Case Manager will develop a BPSA if one is not on record. Within the same timeframe, the MDST will formulate and approve the initial ISP. Thereafter, the MDST will revise the ISP at least every 14 days.

E. S-6 Inmates in a Corrections Mental Health Treatment Facility (MHTF):

1. The MDST will develop and approve an initial ISP within seven (7) days of admission and thereafter will revise the ISP at least every 30 days.

Assistant Secretary for Health Services

Date

Appendices:

I Problem Index

This Bulletin Supersedes:

HSB 15.05.11 dated 11/9/95 and 10/19/98
