NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER Health Services STATEMENT NUMBER 6.31
SUBJECT: **SPECIALIZED TREATMENT SERVICES FOR RESIDENTS MEETNG SEVERELY AND PERSISTENTLY MENTALLY ILL (SPMI) SEVERELY MENTALLY ILL (SMI) LOW UTILIZER (LU) CRITERIA** PROPONENT: Paula Mattis, Director *Name/Title* Medical/Forensic Services 271-3707 *Office* *Phone #*	EFFECTIVE DATE 05/09/2018 REVIEW DATE 05/09/2020 SUPERSEDES PPD# 6.31 DATED 09/01/10
ISSUING OFFICER: *Helen E. Hanks, Commissioner*	DIRECTOR'S INITIALS DATE APPENDIX ATTACHED: YES NO
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide a special mental health interventions for all residents in the population designated through HeM 401.05 as Severely and Persistently Mentally Ill (SPMI), Severely Mentally Ill (SMI), or Low Utilizer (LU) with functional impairments and chronic admissions to isolation due to reports of self-harm or incidents of suicidal ideation which require increased support through psychiatry, therapeutic interventions, and other individualized services.

II. APPLICABILITY:

To all staff involved with resident care and the management of clients designated as SPMI/SMI/LU.

III. POLICY:

It is the policy of the Department of Corrections (DOC) that a treatment plan, consisting of measurable goals and objectives and addressing specific symptoms, will be developed and implemented to assist all residents identified as SPMI/SMI/LU who require a more intensive level of clinical intervention. Treatment plan and treatment plan reviews shall be initiated, maintained and monitored for each SPMI/SMI/LU resident receiving behavioral health services at any location. When necessary, these residents will be referred to specialized treatment units within our correctional setting to meet their housing and treatment needs.

IV. PROCEDURE:

Residents who meet the criteria outlined in HeM 401.05 Eligibility Criteria for Residents with Severe Mental Illness shall qualify for SPMI/SMI/LU services within the DOC Behavioral Health System. The pertinent eligibility criteria from HeM 401.05 is listed below. Some have been slightly modified in order to be consistent with DOC operations. Any resident admitted to the Secure Psychiatric Unit (SPU) shall automatically receive a designation of SPMI.

A. A person shall be eligible for SPMI services if he or she has a severe and persistent mental illness (SPMI) pursuant to section B below through use of the Resident Needs Strength Assessment (ANSA) Information Integration Tool. (Attachment 1). The mental impairment is severe and may result in a limitation of their capacities for primary activities of daily living, interpersonal relationships, self-care, employment or recreation, health and safety.

B. A person shall be determined by a DOC behavioral health provider to have a severe and persistent mental illness (SPMI) severely mentally ill (SMI) or Low Utilizer (LU) status if he or she meets each of the following criteria:

1. The person has a diagnosed mental illness;
2. The person has a severe functional impairment as a result of his or her mental illness as determined through assessment of the person's ability to function in the following functional domains defined in He M Rules 401.05. (See Attachment 2):

C. The resident must have one of the following diagnoses that will meet DSM-V criteria and which is the focus of the treatment being provided:

1. Schizophrenia
2. Schizophreniform Disorder
3. Schizo-affective Disorder
4. Delusional Disorder
5. Shared Psychotic Disorder
6. Brief Psychotic Disorder
7. Psychotic Disorder NOS
8. Bipolar Disorders
9. Cyclothymic Disorder
10. Major Depression
11. Obsessive-Compulsive Disorder
12. Anorexia Nervosa
13. Bulimia Nervosa

D. Treatment History (Treatment history covers the resident's lifetime treatment and is restricted to treatment for the DSM V diagnosis specified in Section I.) To qualify under this section, the resident must meet at least ONE of the criteria below:

1. Continuous treatment of 6 months or more, including treatment during adolescence, in one, or a combination of, the following modalities: inpatient treatment, day treatment or partial hospitalization.
2. Six month's history or current continuous residence in residential programming (e.g., long-term care facility or assisted, supported or supervised residential programs)
3. Two or more history or current admissions of any duration to inpatient treatment, day treatment, partial hospitalization or residential programming within a 12-month period.
4. A history of using the following outpatient services over a 1 year period, either continuously or intermittently: psychotropic medication management, case management, outreach and engagement services.
5. Previous treatment in an outpatient modality, and a history of at least one mental health psychiatric hospitalization.

E. Functional Criteria (Functional criteria have been purposely narrowed to descriptors of the most serious levels of functional impairment and are not intended to reflect the full range of possible impairment.) To qualify under this section, the resident must meet at least TWO of the criteria below. The client:

1. Has a serious impairment in social, occupational or school functioning.
2. Is unemployed or working only part-time due to mental illness or is employed in a sheltered setting or supportive work situation, or has markedly limited work skills.
3. Requires help to seek public financial assistance for out-of-hospital maintenance (e.g., Medicaid, SSI, SSDI, other indicators).
4. Does not seek appropriate supportive services, e.g. recreational, educational or vocational support services, without assistance.
5. Lacks supportive social systems in the community or prison (e.g., no intimate or confiding relationship with anyone in their personal life, no close friends or group affiliations, is highly transient or has inability to co-exist within family setting).
6. Requires assistance in basic life and survival skills (must be reminded to take medication, must have transportation to mental health clinic and other supportive services, needs assistance in self-care, household management, food preparation or money management, etc., is homeless or at risk of becoming homeless).
7. Exhibits inappropriate or dangerous social behavior which results in demand for intervention by the mental health and/or judicial/legal system.
8. The resident does not currently meet the functional criteria listed above, however, the client is currently receiving treatment, has a history within the past 5 years of functional impairment meeting TWO of the functional criteria listed above which persisted for at least 1 month, and there is documentation supporting the professional judgement that regression in functional impairment would occur without continuing treatment.

F. A resident shall be eligible for behavioral health services as a result of having SPMI if he or she meets the criteria specified in 2 (a) and (e) above but does not meet the criteria currently as a result of the use of Clozaril or clozapine.

G. The Deputy Director of Forensic Services, or designee, shall be assigned to manage the SPMI/SMI/LU referral and initiate the multidisciplinary treatment plan process. The initial assessment for appropriateness for the SPMI/SMI/LU Service will occur within 14 days of the referral date. The initial assessment shall include:

1. Review of the offender and medical records
2. A face to face meeting with the resident to conduct an assessment and enter findings into the electronic health record. This will include ANSA results.
3. Completion of releases of information signed by the resident.
4. Discussion of results of the interview, record review and any other relevant data with key treatment team members to ascertain whether or not the resident is severely and persistently mentally ill.

H. If the resident meets criteria, a treatment plan will be completed within 30 days of referral.

I. Treatment plans shall be based upon a multidisciplinary assessment and discussion. The resident will participate in the development of the treatment plan and have the opportunity to express their impressions and goals. Professional staff at the treatment team meetings shall include, but not be limited to, psychiatry, social work, nursing, case management, and other appropriate clinical disciplines.

J. Treatment team meetings shall:
   1. Be chaired by the primary clinician
   2. Be regularly scheduled based on the individual clinical needs of the SPMI/SMI/LU inmate but at a minimum of every three months.
   3. Involve advance notification to the treatment team members by the primary SPMI/SMI/LU clinician
   4. Provide at least 10 days advance notice to the resident
   5. Ensure input from all participants
   6. Establish the initial treatment plan or review the existing treatment plan, specifically noting any changes that have occurred since the last treatment team meeting
   7. Include discussion of resident strengths
   8. Include discussion of discharge or transition plans. This would include coordinating appropriate community mental health services, reviewing medication needs and all other health care issues.
   9. If the resident is within six months of discharge, a specific discharge plan shall be recorded in the electronic health record and provided to the Counselor Case Manager for coordination of care and re-entry planning.

K. The treatment plan shall reflect: Diagnostic rationale, SMART goals (Specific, meaningful, action oriented, realistic, timely), discharge planning and necessary services such as aftercare per PPD 6.10.

L. All services rendered to residents meeting SPMI criteria shall be explicitly outlined in their treatment plan. SPMI/SMI/LU residents have access to the full range of clinical services. The primary difference lies in the intensity of services; that is SPMI residents are monitored more frequently and receive more frequent interventions. Clinical services include, but are not necessarily limited to, individual therapy/monitoring, group psychotherapy, psychoeducational activities, medication management, activity therapies.

M. Supervision of the Treatment Plan
   1. The SPMI/SMI/LU primary clinician is responsible for the overall supervision of the treatment plan process for their caseload.
   2. Supervision shall include:
      a. review of goals and objectives to facilitate progress
      b. an ongoing assessment and evaluation of the resident's clinical condition
      c. following through on requested psychological test results from other clinical members through referrals to a psychologist or staff behaviorist.
      d. Ensuring that non-clinical staff are advised of residents' behavioral health needs that may affect housing, work, programs and disciplinary reports via the electronic client management system (CORIS) alert and ongoing communication.
   3. Review and update of the SPMI/SMI/LU treatment plan when clinically indicated, after the initial review and every 3 (three) months thereafter. The treatment team schedule shall be followed unless otherwise specified (by exception) by the SPMI/SMI/LU treatment team.
   4. Planning for discharge from departmental facilities continues throughout the treatment planning process. Staff shall make contacts with a wide-range of community agencies providing follow-up psychiatric services for services after release. Clinical staff, depending on location, shall work with the Counselor Case Managers to prepare for discharge.

N. Documentation requirements:
   1. Staff members providing treatment or other interventions shall be responsible for documenting the results of the intervention or treatment in the electronic health record

2. The SPMI/SMI/LU primary clinician shall monitor the completeness of the multi-disciplinary treatment plan and documentation reflecting resident progress.

O. Transfer of SPMI/SMI/LU residents to Secure Psychiatric Unit (SPU):
   1. The SPMI/SMI/LU shall have timely access to the SPU.
   2. The SPMI/SMI/LU primary clinician shall be responsible for ongoing communication with the SPU and providing relevant information upon admission to the Secure Psychiatric Unit (RSA 623:1) following admission from any DOC facility. Participation in treatment team meetings is critical to ensure a smooth transition to and from the SPU.
   3. The SPMI/SMI/LU primary clinician will participate in the Secure Psychiatric Unit Transition Team discussion to arrange final discharge from the Secure Psychiatric Unit back to the institution as outlined in PPD 7.11 (SPU).

P. Transfer of resident from SPU to other DOC facilities will be followed as per PPD 6.10,H,7.

REFERENCES:

Standards for Mental Health Services in Correctional Facilities, National Commission on Correctional Health Care, 2015, MH-A-01, MH-A-08, MH-D-05

He-M 401.05, 401.06, 401.07 Administrative Rules – Department of Health and Human Services, State of New Hampshire

NH DOC PPD 6.10

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