Section-14 Health Services	**OP-140127**	**Page: 1**	**Effective Date: 12/31/2024**
Mental Health Units and Programs	**ACA Standards: 2-CO-4B-04, 2-CO-4E-01, 5-ACI-6A-28M, 5-ACI-6A-33, 5-ACI-6A-37, 5-ACI-6A-38, 5-ACI-6A-39, 5-ACI-6C-06, 5-ACI-6C-07, 5-ACI-6C-12**		
Steven Harpe, Director **Oklahoma Department of Corrections**			**Signature on File**

Mental Health Units, Intermediate Care Housing Units, and Habilitation Programs

The Oklahoma Department of Corrections (ODOC) maintains designated housing units and/or beds for specialized mental health services and programs at identified facilities. The goal of these services and programs is to provide more intensive treatment to inmates who are seriously disabled by mental illness and/or significant cognitive impairments to the extent they are unable to adapt to the general population and require specialized mental health assessment, care, placement, treatment and/or intensive reentry planning.

(2-CO-4B-04, 2-CO-4E-01, 5-ACI-6A-28M b#4, b#6, 5-ACI-6A-37, 5-ACI-6A-38, 5-ACI-6A-39)

Procedures for assignment to segregated housing unit beds (referenced in OP-040203 entitled "Restrictive/Extended Restrictive Housing" and OP-040204 entitled "Special Management Units") do not apply to these designated mental health units/beds.

For the purpose of this procedure, the term "inmate" will apply to anyone in the authority, custody or care of a prison or a community-based facility operated by or contracted with the ODOC.

"Inmates diagnosed as having mental illness or significant cognitive impairments" will apply to those inmates classified by the ODOC Mental Health Service Levels Classification System as MH-B, MH-C1, MH-C2, or MH-D as referenced in "Mental Health Service Levels Classification System Criteria" (Attachment B) of OP-140201 entitled "Mental Health Services Duties and Responsibilities."

Except in emergencies, there will be joint consultation between the facility head/district supervisor (or designee) and the responsible mental health authority prior to taking action regarding inmates diagnosed as having mental illness or significant cognitive impairments in housing assignments, program assignments, disciplinary measures, and transfers to other institutions. When an emergency action has been required, joint consultation to review the appropriateness of the action occurs as soon as possible but no later than the next working day. (5-ACI-6C-06 b#1, b#2, b#3, b#4, 5-ACI-6C-07 b#3)

I. Facilities with Designated Mental Health Units (MHU), Intermediate Care Housing Units (ICHU) and Habilitation Programs (HP) (5-ACI-6A-38, 5-ACI-6A-39)

A. Mabel Bassett Correctional Center: (MHU); and

B. Joseph Harp Correctional Center: (MHU, ICHU and HP).

II. Criteria for Referral

A qualified mental health professional (QMHP) will evaluate the inmate before the inmate is referred for placement to an MHU, ICHU or HP. (5-ACI-6A-39)

A. Mental Health Unit (5-ACI-6A-28M b#6, 5-ACI-6A-37, 5-ACI-6A-38, 5-ACI-6C-06, 5 ACI-6C-12)

1. Inmates who are appropriate for referral for observation and evaluation in an MHU will, at the time of referral, present with a substantial mental disorder of thought or mood, which significantly impairs judgment, reasoning, behavior, capacity to recognize reality or cope with the ordinary demands of life within the prison environment. Often the mental disorder will cause the inmate to represent a substantial risk of physical harm to themselves, a substantial risk of physical harm to others, or an immediate risk of

serious physical impairment or injury by being unable to provide for their basic physical needs.

2. Referrals will only be considered after all other types of therapeutic intervention have been tried and failed at the referring facility. Such interventions may include, but are not limited to:

   a. Medications are prescribed and offered, and the inmate is afforded a reasonable stabilization period;

   b. Psychotherapeutic interventions; or

   c. Use of therapeutic seclusion and/or suicide watch.

B. Intermediate Care Housing Unit (5-ACI-6A-28 b#1, b#6, 5-ACI-6A-37, 5-ACI-6A-38, 5-ACI-6A-39)

1. Admission to an ICHU requires an inmate be classified as having a mental health level (MHSL) C1 or C2 and with at least one of the following assessments:

   a. Assessment at the assessment and reception facility determines that, due to their mental disorder, the inmate is unable to successfully function in general population without specialized services and programs designed to promote maximum adjustment to incarceration. (5-ACI-6A-38)

   b. The inmate has become unable to function appropriately in general population due to their mental illness and/or is in need of a less restrictive level of care than offered by an MHU.

   c. Inmates requiring extended care at an ICHU will be those who remain unable to attend to age appropriate responsibilities, unable to function without coordinated help from others, or have no prospect of adequately functioning in the general population setting after being stabilized from their acute problems. (5-ACI-6A-39)

   d. The inmate requires intensive reentry preparation programs/services and discharge planning services in order to be able to successfully adjust to life in the community and is no less than six months and usually no more than one year from their projected release date. Exceptions may be made on a case-by-case basis.

C. Habilitation Program (HP)

1. Referral to an HP requires the inmate be classified as having a MHSL of C2 with significant deficits in adaptive functioning.

2. Inmates who are classified as having a MHSL of C2, and who have a co-occurring mental disorder in need of treatment, may be referred to the appropriate ICHU or MHU. Following stabilization, the inmate may be referred back to the HP.

III. Referral and Transfer (5-ACI-6A-37, 5-ACI-6C-06, 5-ACI-6C-12)

A. Procedures

After a QMHP determines a referral is necessary, the QMHP will submit a referral utilizing the "Mental Health Unit (MHU), Intermediate Care Housing Unit (ICHU) or Habilitation Program (HP) Referral Form" (DOC 140127A) or through the electronic health record (EHR) referral/consult process. The Clinical Coordinator of the MHU will review the referral along with the treatment team to determine if the inmate will be accepted for a 15-day observation and evaluation period or if further treatment services are recommended at the inmate's current placement.

If the inmate is accepted for a 15-day observation and evaluation period, the Clinical Coordinator will contact the referring facility QMHP and the Population Management office to arrange the transfer. The receiving QMHP will provide notice of the transfer to the facility head or designee.

1. In cases where the inmate may pose a serious threat to staff or other inmates, the facility heads at both the sending and receiving facilities will be advised.

2. Classification records, a current copy of the inmate's "Consolidated Record Card" (DOC 060211H) and the inmate's property will accompany them to the MHU, ICHU or HP.

3. The receiving facilities will have designated bed space for the MHU, ICHU and HP. Inmates referred for acute psychiatric care at an MHU will be transported by the referring facility's security staff. Transportation of referrals to an ICHU and/or an HP will be accomplished on an expedited basis through routine transfer procedures once the receiving facility staff have accepted the referral and have received a move message from the Population Management office.

IV. Admission Screenings, Observation, Evaluation, Admissions, Returns, Discharges and Evaluation Summaries (5-ACI-6C-12, 5-ACI-6A-37, 5-ACI-6A-38)

A. Mental Health Units

1. Scheduled Admission Screenings

    a. For an inmate being referred to an MHU, the initial review of the referral by the MHU Clinical Coordinator and treatment team will serve as the inmate's due process hearing to determine if there is a need for acute psychiatric care prior to the inmate's transfer. The inmate will not be transferred to the MHU until they have been screened and approved through this process. (5-ACI-6C-12)

    b. When an inmate arrives to an MHU, as scheduled during normal working hours, a screening interview will be conducted by MHU staff to confirm if a 15-day observation and evaluation period is accepted. (5-ACI-6A-37)

    c. Security staff from the sending facility will remain at the receiving facility until a determination is made as to whether the inmate is to be admitted to the MHU for observation and evaluation status. If the inmate is not admitted for observation and evaluation, the sending facility will provide return transportation.

2. Emergency Admissions (5-ACI-6C-06, 5-ACI-6C-12)

    a. In a psychiatric emergency, the inmate is considered an imminent danger to self or others due to their mental illness. The MHU Clinical Coordinator in conjunction with the facility head will determine if an inmate will be received for an emergency evaluation. If after normal working times/days, the Clinical Coordinator will notify the Population Management office the next working day of the transfer. When received at an MHU after normal working hours, the inmate will be evaluated by a QMHP within 12 hours of arrival. In this psychiatric emergency, security staff is responsible for immediately responding to all related orders from the QMHP.

    b. If admission to the unit is not required, the inmate will be returned to the referring facility.

3. All inmates appearing to be at high risk for suicide, risk of danger to others as a result of mental illness, or incapable of functioning appropriately at a less restrictive level of care (e.g., IHCU beds, HP) as a result of a mental illness, will be accepted for observation and evaluation not to exceed 15 working days. (5-ACI-6A-39)

4. Observation and Evaluation (5-ACI-6A-28M b#1)

a. Admission (5-ACI-6A-28M b#1, b#6, 5-ACI-6A-33 b#1, b#2, b#3, b#4, b#5)

Upon admission to the MHU for observation and evaluation, an assessment will be done by a QHCP in accordance with OP-140113 entitled "Health Assessment for Inmate Transfers."

(1) This assessment will include review of the "Medical Transfer Summary" (DOC 140113A) and the "Intra-System Transfer Health Screening" (DOC 140113B/EHR), a review of the medical record and review of vital signs and any other assessments found to be relevant during this process (e.g., blood sugar level, O2 saturation level). (5-ACI-6A-28 b#1, b#6, 5-ACI-6A-33 b#1, b#2, b#3, b#4, b#5)

(2) Within the first 24 hours, the inmate will receive a mental status examination (including a suicide-risk assessment) by a QMHP. If an inmate is assessed as being a suicide risk, appropriate precautions will be initiated in accordance with OP-140129 entitled "Suicide Prevention." Additionally, if an inmate is identified as currently being at risk for suicide and/or assessed as having a history of suicide attempts or behavior warranting placement on a suicide watch, this information will be documented in the EHR. An alert will also be added to the EHR reflecting the inmate's current suicidal status and/or history of suicide attempts or placement on suicide watch.

(3) Within three working days of arrival for observation and evaluation or direct admission, a QMHP will complete a "Mental Health Unit Intake" (DOC 140127C). (5-ACI-6A-33 b#1, b#2)

(4) The inmate will be interviewed at least twice a day during normal working days throughout the observation and evaluation period. The observation and evaluation period will not exceed 15 working days. (5-ACI-6A-39)

b. Discharge (5-ACI-6A-28M b#8, 5-ACI-6A-38)

If after the observation and evaluation, the QMHP determines the inmate is appropriate for return to the referring/sending facility, the QMHP will prepare a written summary of the evaluation results with the recommendation for return to the referring/sending facility.

(1) The evaluation and recommendation will be provided to the unit staff, the facility head or designee, and the QMHP of the referring/sending facility.

(2) When the inmate is returned to the sending facility, the sending facility will provide return transportation.

(3) If transfer is to a facility other than the referring/sending facility, the Population Management office will schedule the inmate for transfer.

5. Admission to a Mental Health Unit (5-ACI-6A-33 b#1, b#2, b#3, b#4, b#5)

Upon admission to the MHU, the sending facility will complete the "Transfer Request" (DOC 060204A/ICON), and forward this documentation to the Population Management office. Inmates admitted after the observation and evaluation period, will receive a comprehensive evaluation by a multidisciplinary mental health team within 14 days. (5-ACI-6C-07 b#1)

At a minimum, this evaluation will include:

a. Review of mental health screening and appraisal data; (5-ACI-6A-33 b#1)

b. Direct observations of behavior; (5-ACI-6A-33 b#2)

c. Collection and review of additional data from individual diagnostic interviews and, when appropriate, tests assessing personality, intellect, and coping abilities; (5-ACI-6A-33 b#3)

d. Compilation of the inmate's mental health history; (5-ACI-6A-33 b#4) and

e. Development of an overall treatment/management plan with appropriate referral. (5-ACI-6A-33 b#5)

6. Treatment (5-ACI-6A-38)

An inmate's clinical treatment during placement on an MHU will be guided by the individualized treatment plan developed by the assigned QMHP, the inmate, and other members of the treatment team as determined by the assigned QMHP or Clinical Coordinator. Treatment plans will be documented in the electronic health record. Treatment plans will be completed upon initial admission to the MHU and at least every six months thereafter to assess and determine

continued treatment needs and appropriate placement. (5-ACI-6A-38, 5-ACI-6A-39)

7. Discharge from a Mental Health Unit (5-ACI-6A-38, 5-ACI-6A-39)

When an inmate is being evaluated for appropriateness to discharge from an MHU and is able to function in a less restrictive setting (e.g., ICHU, HP, special housing arrangements or in general population), the following criteria will be met.

a. Sufficient improvement in the inmate's ability to manage their illness and the inmate's overall functioning that permits successful adjustment in the recommended less restrictive setting. Such improvement will include:

(1) No current threat of harm to self or others;

(2) Consistent appropriate behavior for a significant period of time based on inmate's history;

(3) Sufficient improvement in insight, judgment and reasoning demonstrated through improved capacity for problem-solving and decision-making abilities;

(4) Consistent medication compliance;

(5) Acceptable interpersonal relationships with other inmates and staff; and

(6) Ability to effectively advocate for their needs.

b. When the MHU treatment team determines that an inmate is capable of functioning in a less restrictive setting, the treatment team case manager or designee will refer the inmate to the facility Case Manager IV with a recommendation for appropriate placement.

(1) Moves from MHU to other mental health housing, such as ICHU or HP, within the facility will require only a facility movement sheet.

(2) If the recommended move is to general population or another facility of the same security level, the Case Manager IV will forward a "Transfer Request" (DOC 060204A/ICON) and current copy of the "Consolidated Record Card" (DOC 060211H) to the Population Management office.

(3) Inmates with maximum security custody points will not be moved to general population unless approved by the facility mental health authority, facility head, the appropriate Administrator of Institutional Operations and the Administrator of Classification and Population.

(4) If movement results in a change in security level at JHCC or MBCC, a full transfer packet is required in accordance with OP-060204 entitled "Inmate Transfers."

(5) The treatment team or designee and the facility head or designee will consult regarding appropriate housing or program assignments or transfers to other institutions. (5-ACI-6C-06 b#1, b#2, b#3, b#4, 5-ACI-6C-07 b#3)

(6) A written summary that includes all relevant information such as the inmate's background information, education, physical/medical history, substance use history, psychiatric/mental health history and treatment, strengths and needs, diagnoses, current medications and a summary and recommendations for future treatment will be prepared and documented in the EHR to facilitate continuity of care once the inmate transfers to their recommended placement.

B. Intermediate Care Housing Units and Habilitation Programs

1. Screening and Observation and Evaluation

a. Inmates referred via the referral process ("Intra-System Transfer Health Screening" (DOC 140113B/EHR)) to an ICHU or HP will be screened by mental health staff within three working days for admission to a 30-day observation and evaluation period. (5-ACI-6A-33 b#1)

b. If an inmate is assessed as being a suicide risk, appropriate precautions will be initiated in accordance with OP-140129 entitled "Suicide Prevention." Additionally, if an inmate is identified as currently being at risk for suicide and/or assessed as having a history of suicide attempts or behavior warranting placement on a suicide watch, this information will be documented in the EHR. An alert will also be added to the EHR reflecting the inmate's current suicidal status and/or history of suicide attempts or placement on suicide watch. (5-ACI-6A-38)

2. Returning Inmates to Sending Facilities

Inmates not admitted to an ICHU or HP will be returned to the sending facility through notification to the population management office by a "Transfer Request" (DOC 060204A/ICON) and a current copy of the "Consolidated Record Card (DOC 060211H)." The inmate will be transported on an expedited basis through routine transfer procedures.

3. Treatment (5-ACI-6A-38, 5-ACI-6A-39)

An inmate's clinical treatment during placement on an IHCU or in the HP will be guided by the individualized treatment plan developed by the assigned QMHP, the inmate, and other members of the treatment team as determined by the assigned QMHP or the Clinical Coordinator. Treatment plans will be documented in the EHR. Treatment plans will be completed upon initial admission to the IHCU or HP and at least every six months thereafter to assess and determine continued treatment needs and appropriate placement.

4. Discharge from ICHU and HP (5-ACI-6A-39)

a. ICHU Discharges

(2) When an inmate is being evaluated for appropriateness to discharge from an ICHU and function in a less restrictive setting (e.g., special housing arrangements or in general population), the following will be considered if applicable:

(a) Noticeable improvement in the inmate's ability to manage their illness with significant improvement in the inmate's overall functioning;

(b) No current threat of harm to self or others;

(c) Consistent appropriate behavior for a period of at least six months;

(d) Noticeable improvement in insight, judgment, and reasoning demonstrated through improved capacity for problem-solving and decision-making abilities;

(e) Consistent medication compliance;

(f) Improved interpersonal relationships with peers and staff;

(g) Capacity for adjustment in a new placement; and

(h) Ability to effectively advocate for their needs.

(3) When the ICHU treatment team determines that an inmate is capable of functioning in a less restrictive setting, the treatment team case manager or designee will refer the inmate to the facility Case Manager IV with a recommendation for appropriate placement.

(a) If the recommended move is to general population or another facility of the same security level, the Case Manager IV will forward a "Transfer Request" (DOC 060204A/ICON) and current copy of the "Consolidated Record Card" (DOC 060211H) to the Population Management office.

(b) Inmates with maximum security custody points will not be moved to general population unless approved by the facility mental health authority, facility head, the appropriate Administrator of Institutional Operations and the Administrator of Classification and Population.

(c) If movement results in a change in security level, a full transfer packet is required in accordance with OP-060204 entitled "Inmate Transfers."

(d) The treatment team or designee and the facility head or designee will consult regarding appropriate housing or program assignments or transfers to other institutions.

(e) If an alternative facility placement is recommended, the treatment team will make every effort to identify more than one facility capable of meeting the mental health needs of the discharging inmate.

(f) Transfers to another facility will be in accordance with procedures outlined in OP-060204 entitled "Inmate Transfers."

(g) A written summary that includes all relevant information such as the inmate's suicide risk, substance use history, psychiatric/mental health history and treatment, strengths and needs, diagnoses, current medications and a summary and recommendations for future treatment will be prepared and documented in the EHR to facilitate continuity of care once the inmate transfers to their recommended placement.

b. HP Discharges (5-ACI-6A-38)

Normally, inmates will not discharge from an HP to another facility unless an assessment is made by the treatment team that the inmate is not at risk of being assaulted or abused, can care for basic needs without assistance, and can obtain their rights and privileges without assistance. Completion of basic program requirements does not equal criteria for discharge from the program. Special situations will be reviewed by the treatment team.

C. Returns to Alternate Facilities

On rare occasions, an inmate may be sent to a facility other than the sending facility to assist in their successful reintegration into general population. When an inmate is being moved from an MHU, ICHU, or HP to another facility other than the sending facility, the move will be coordinated through notification to the Population Management office by a "Transfer Request" (DOC 060204A/ICON) and current copy of the "Consolidated Record Card (CRC)" (DOC 060211H).

D. Evaluation Summary

When an inmate is not admitted to an MHU, ICHU or HP, the treatment team will provide an evaluation summary and recommendations for treatment/management to the sending facility (or receiving facility in the case of alternative facility placement) on the "Mental Health Unit, Intermediate Care Housing Unit, or Habilitation Program Evaluation Summary" (DOC 140127B).

1. The evaluation summary will be entered into the EHR with notification made to the receiving QMHP via cosigning the receiving QMHP to the EHR entry and via verbal communication.

2. Medical and classification records and the inmate's property will be returned with the inmate.

V. Treatment, Housing, and Other Special Considerations (5-ACI-6A-38, 5-ACI-6A-39, 5-ACI-6C-06 b#2, b#4)

A. Treatment

1. Inmates admitted to an MHU, ICHU or HP will be encouraged to participate in the various mental health treatment activities and programs recommended by the treatment team.

2. Program failures will not be given for non-participation in mental health treatment. Non-participation will be addressed via modification of the individualized treatment plan.

B. Psychiatric Emergencies

Emergencies involving psychotropic medication issues will be addressed within the guidelines of OP-140652 entitled “Involuntary Psychotropic Medication in Non-Emergency Situations” and/or OP-140653 entitled “Emergency Forced Psychotropic Medication.” In psychiatric emergencies, security staff is responsible for immediately responding to all related orders from the QMHP.

C. Use of Therapeutic Restraints and Seclusion

Therapeutic restraints and seclusion may be used within MHUs and will adhere to the procedures outlined in OP-140141 entitled “Therapeutic Restraints and Seclusion” and OP-050108 entitled “Use of Force Standards and Reportable Incidents.”

D. Use of Housing Designated for the Acute or Chronic Care of Inmates with Serious Mental Illness (5-ACI-6C-06)

1. MHU, ICHU, HP and/or safe cells designated for the acute or chronic care of inmates with serious mental illness, developmental disabilities and/or significant cognitive impairment (5-ACI-6C-06) will not be used to house inmates from the general population of the facility. Inmates from the general population of a facility with an MHU, ICHU and HP may be admitted to the specialized unit pursuant to the procedures described above.(5-ACI-6A-38)

2. Moves from the MHU, ICHU, or HP will be initiated by mental health staff. Non-mental health staff will not move an inmate from one of these levels of care without the agreement of mental health staff.

3. Cell assignment will be determined by the appropriate mental health treatment team or, in case of emergencies, by the Clinical Coordinator.

VI. Discharge from Oklahoma Department of Corrections Custody

Inmates whose sentences will expire while assigned to an MHU, ICHU or HP will be reviewed at least 120 days before their projected release date.

A. Written Discharge Summary

A written discharge summary includes the inmate's background information, family/marital history, education, employment and vocational history, leisure/recreation activities, physical/medical history, substance use history, psychiatric/mental health history and treatment, strengths and needs, diagnoses, current medications and a summary and recommendations for future treatment will be prepared to facilitate discharge planning/re-entry services and continuity of care.

B. Assistance with Applications

Assistance with applications for Social Security Administration benefits and Medicaid benefits will be provided as appropriate.

C. Supply of Prescribed Medication(s)

Inmates not covered by an insurance program may be provided an appropriate supply of prescribed medication(s) in accordance with OP-140130 entitled "Pharmacy Operations."

VII. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-040203 entitled "Restrictive/Extended Restrictive Housing"

OP-040204 entitled "Special Management Units"

OP-050108 entitled "Use of Force Standards and Reportable Incidents"

OP-060204 entitled "Inmate Transfers"

OP-060211 entitled "Sentence Administration"

OP-140113 entitled "Health Assessment for Inmate Transfers"

OP-140129 entitled "Suicide Prevention"

OP-140130 entitled "Pharmacy Operations"

OP-140141 entitled "Therapeutic Restraints and Seclusion"

OP-140201 entitled “Mental Health Services Duties and Responsibilities”

OP-140652 entitled “Involuntary Psychotropic Medication in Non-Emergency Situations”

OP-140653 entitled “Emergency Forced Psychotropic Medication”

VIII. Action

The Chief Mental Health Officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency Director.

This procedure is effective as indicated.

Replaced: OP-140127 entitled “Mental Health Units, Intermediate Care Housing Units, and Habilitation Programs” dated October 21, 2022

Distribution: Policy and Operations Manual
Agency Website

Referenced Forms	Title	Location
DOC 140127A	"Mental Health Unit (MHU), Intermediate Care Housing Unit (ICHU) or Habilitation Program (HP) Referral Form"	Attached
DOC 140127B	"Mental Health Unit, Intermediate Care Housing Unit, or Habilitation Program Evaluation Summary"	Attached
DOC 140127C	"Mental Health Unit Intake"	Attached
DOC 060204A	"Transfer Request"	OP-060204/ICON
DOC 060211H	"Consolidated Record Card"	OP-060211
DOC 140113A	"Medical Transfer Summary"	OP-140113/EHR
DOC 140113B	"Intra-System Transfer Health Screening"	OP-140113/EHR

Attachments	Title	Location
Attachment B	"Mental Health Service Levels Classification System Criteria"	OP-140201