



## Office of Legislative Corrections Ombudsman

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### **MICHIGAN DEPARTMENT OF CORRECTIONS** **MENTAL HEALTH SERVICES**

The following information is based on the Michigan Department of Corrections Policy Directive 04.06.180 “Mental Health Services”, Policy Directive 04.06.183 “Voluntary and Involuntary Treatment of Mentally Ill Prisoners,” and the Mental Health Code (MCL 330.1001 *et seq.*)

#### **DEFINITIONS:**

**Mental Disability:** Any of the following mental conditions:

1. Mental illness, which is a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of life.
2. Severe chronic brain disorder, which is characterized by multiple cognitive defects (for example, memory impairment resulting from a medical condition or brain injury due to trauma or toxins).
3. Developmental disorder, which usually manifests before the age of 18 years and is characterized by severe and pervasive impairment in several areas of development (for example, autism; retardation).

**Qualified Mental Health Professional (QMHP):** A physician, psychiatrist, nurse practitioner, physician’s assistant, psychologist, social worker, or registered nurse who meets the requirements set forth in MCL 330.1100b and is trained and experienced in the areas of mental illness or mental disabilities.

#### **GENERAL INSTITUTIONAL SERVICES:**

Prisoners in need of mental health services shall be identified in a timely manner, have reasonable access to care, and be afforded continuity of care, including aftercare planning and follow-up as indicated. A prisoner who is diagnosed as having a mental disability shall be periodically reassessed for mental health status throughout his/her period of incarceration. Prisoners in need of other mental health services shall have services provided as deemed necessary and appropriate.

The following institutional services are provided by QMHP’s to prisoners as clinically indicated:

1. Mental health intake evaluations;

2. Crisis intervention;
3. Monitoring psychological status of prisoners confined in segregation units;
4. Suicide prevention services including screening, assessment, and treatment;
5. Specialized group therapies;
6. Parole Board psychological evaluations, as requested;
7. Integrated treatment for co-occurring disorders;
8. Aftercare planning including relapse prevention and transition/discharge planning;
9. Behaviorally based treatment for prisoners under 17 years of age.

Individual and group psychotherapy services are available to prisoners who have been determined by a QMHP to have psychological disturbances that do not meet the threshold for a mental disability but significantly impair psychosocial functioning. Recommended psychotherapy services shall be provided by QMHP's, who also shall determine admission into and discharge from these services. The types of therapies that may be provided include, but are not limited to, solution focused therapy, cognitive behavioral therapy, and dialectical behavior therapy.

#### **CORRECTIONS MENTAL HEALTH PROGRAM:**

Pursuant to MCL 330.2003 et seq., the corrections mental health program (CMHP) provides a continuum of mental health services to prisoners who have been diagnosed with a mental disability and are in need of mental health services.

Services available through the CMHP include but are not limited to the following:

1. Outpatient mental health services for general population prisoners. This includes services through a Secure Status Outpatient Treatment Program (SSOTP) for prisoners with a mental disability who are clinically stable but, due to behavioral issues which present a risk to the custody and security of the facility, cannot receive outpatient mental health services in a traditional general population setting. A prisoner's out-of-cell activities and property may be restricted while in the program unless otherwise provided for in a current mental health management plan.
2. Residential Treatment Programs (RTP's) in specially designated housing units within Department facilities for general population prisoners who cannot function adequately in general population without significant supports and modified behavioral expectations. This includes an Adaptive Skills Residential Program (ASRP) for prisoners who have significant limitations in adaptive functioning due to a developmental disability or chronic brain disorder and a Secure Status RTP (SSRTP) for Level IV and V prisoners. A prisoner's out-of-cell activities and property may be restricted while in an RTP unless otherwise provided for in a current mental health management plan.
3. Inpatient treatment at the Woodland Correctional Facility, Women's Huron Valley Correctional Facility, and at other facilities as identified in the attachments to PD 05.01.140 "Prisoner Placement and Transfer" for prisoners who are at high risk of harming themselves or others, are in need of intensive assessment and treatment, or are chronically unable to

cope with ordinary demands of life. Mental health services are provided through a crisis stabilization program, acute services treatment, or rehabilitation treatment services. Therapeutic seclusion and/or therapeutic restraints may be used in these inpatient units as ordered by a psychiatrist and in accordance with institutional procedures.

### **REFERRALS FOR TREATMENT:**

Staff who suspect that a prisoner may be in need of mental health services shall refer the prisoner for a QMHP mental health evaluation. A prisoner also may request mental health services. All QMHP mental health evaluations shall be based on a review of the prisoner's mental health records and a face-to-face evaluation, which may be conducted through teleconferencing. If the prisoner is referred for psychotherapy, an individualized treatment plan shall be developed and entered in the integrated health record. The QMHP shall refer the prisoner for a comprehensive psychiatric evaluation if clinically indicated.

If a prisoner is referred for a comprehensive psychiatric evaluation, the evaluation shall be performed by a QMHP who is a psychiatrist or nurse practitioner. All comprehensive psychiatric evaluations shall be based on a review of the prisoner's mental health records and a face-to-face evaluation, which may be conducted through teleconferencing. Evaluations shall be completed in accordance with clinical standards developed by the Administrator of Mental Health Services.

### **ADMISSION TO THE CORRECTIONS MENTAL HEALTH PROGRAM (CMHP):**

An individualized treatment plan shall be developed and entered in the integrated health record for each prisoner. The treatment plan shall identify the problems, goals, and objectives of treatment, interventions and treatment modalities; and amount of time, frequency, and responsible person for each aspect of care. The recommended treatment modalities shall be indicated in the prisoner's treatment plan and may include, but are not limited to, the following:

1. Pharmacotherapy;
2. Individual and/or group psychotherapy;
3. Adjunctive therapies (e.g., recreational, occupational, educational, planning for discharge and aftercare).

### **Voluntary Admission:**

If, upon completion of a comprehensive psychiatric examination, the QMHP determines that the prisoner is suffering from a serious mental illness/severe mental disorder, s/he shall propose a suitable plan of service and voluntary admission to the CMHP. If the psychiatrist determines that further observation is required, s/he may recommend continued observation and evaluation at the institution or refer to the Crisis Stabilization Program as described in PD 04.06.180, Mental Health Services. If the prisoner does not require admission to the CMHP s/he will be referred back to Psychological Services for disposition.

Voluntary admission to the CMHP and subsequent admission to an inpatient unit requires written informed consent of the prisoner. A voluntarily admitted prisoner shall be discharged from the CMHP within three working days, excluding Sundays and holidays, of giving written notice of his/her intention to terminate treatment, unless involuntary treatment proceedings are initiated. When verbally advised by a prisoner of his/her intention to terminate treatment, the CMHP shall provide the necessary form for termination of voluntary admission.

## **Involuntary Admission:**

If, upon completion of a comprehensive psychiatric examination, the QMHP determines that the prisoner is suffering from a serious mental illness/severe mental disorder, s/he shall propose a suitable plan of service and voluntary admission to the CMHP. When prisoner refuses consent for voluntary admission to the CMHP or gives written notice of an intention to terminate treatment, a psychiatrist's certificate shall be executed which states whether the prisoner is mentally ill. If the prisoner is determined to be mentally ill, a psychiatrist's report in support of the psychiatrist's certificate also shall be completed.

Prior to involuntary treatment, the prisoner is entitled to a hearing on the issues of whether the prisoner is mentally ill or suffers a mental disability, and whether the proposed mental health services are suitable to the prisoner's condition.

The issues will be decided by a Hearing Committee comprised of a psychiatrist, a psychologist, and another mental health professional, whose licensure or registration requirements include a minimum of a baccalaureate degree from an accredited college or university, none of whom is, at the time of hearing, involved in the prisoner's treatment or diagnosis.

During the hearing, the prisoner has the following rights:

1. Attendance at the hearing, and if the prisoner has a guardian, then the prisoner has the right to have the guardian attend also. If the prisoner refuses, s/he shall not be compelled to attend the hearing.
2. Presentation of evidence (including testimony of witnesses), cross-examination of witnesses against him/her, unless the Hearing Committee finds that the presentation, confrontation, or cross-examination of witnesses would present a serious threat to the order and security of the facility or the safety of the prisoner or others.
3. At the hearing, the prisoner will have the assistance of a Mental Health Advisor, a person assigned by the CMHP to assist a prisoner with Hearing Committee Proceedings who must be a mental health professional who is not involved in the prisoner's treatment or diagnosis and whose licensure or registration requirements include a minimum of a baccalaureate degree from an accredited college or university.

Following the taking of evidence, the Hearing Committee shall determine whether the prisoner is mentally ill and, if so, whether the proposed mental health services are suitable to the prisoner's condition. A finding of mental illness must be concurred with by the psychiatrist on the Hearing Committee to be valid. If the Hearing Committee finds that the prisoner is mentally ill but the proposed services are not suitable, it shall order services available within the CMHP that are suitable to the prisoner's condition.

The Hearing Committee shall prepare an official record of the hearing including all evidence presented and shall record electronically all taking of evidence by the committee. However, the recording need not be transcribed unless requested by a party to the hearing who shall pay for the transcription cost.

Within 24 hours, the Hearing Committee shall prepare and provide to the prisoner, a report including findings and orders, and an appeal form. An initial order for treatment shall be for a period not to exceed 90 days. According to the Hearings Committee findings, the prisoner shall be

admitted to the CMHP at the appropriate level of care.

If the Hearing Committee determines that the prisoner is not mentally ill, a referral for institutional services review shall be made and the CMHP shall notify the warden that the prisoner will not be admitted. As soon as possible, but no later than three business days after such notification, a prisoner housed in a mental health unit shall be transferred to a non-mental health unit.

A prisoner may appeal the decision of the Hearing Committee to the Director of the CMHP within 48 hours of the prisoner's receipt of the Hearing Committee report. The Mental Health Advisor shall assist the prisoner in completing an appeal form. The Director of the CMHP shall render a decision within 2 business days after receipt of the appeal. A prisoner may appeal the decision of the CMHP Director to Circuit Court. On an appeal to the Circuit Court, the CMHP shall furnish the record of the hearing to the Mental Health Division of the Department of Attorney General. The prisoner's treatment shall not be stayed pending an appeal.

### **EXTENDING INVOLUNTARY TREATMENT:**

If necessary, not less than 14 days before expiration of the initial 90 day order, the treating psychiatrist shall file a report with the designated CMHP administrator, indicating that the prisoner continues to be mentally ill and requires mental health services. The prisoner shall be provided notification of an opportunity for a hearing. The prisoner may waive the right to a hearing and consent to voluntary admission or request a hearing. If a hearing is requested, the Hearing Committee shall conduct a hearing as set forth above and may order continued care in the CMHP for an additional period not to exceed 90 days.

If necessary, not less than 14 days before expiration of the second 90 day order, the treating psychiatrist shall file a report with the designated CMHP administrator, indicating that the prisoner continues to be mentally ill and requires mental health services. If the prisoner continues to refuse treatment and requests a hearing, the Hearing Committee, convened as described above, may order continued care in the CMHP for an additional period not to exceed 180 days. If continued treatment is required at the expiration of the 180 day order, the treating psychiatrist shall initiate a request for an initial order of admission.