



Arizona Department of Corrections

Mental Health Technical Manual

Revised 12/24/2019

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 <p>Arizona Department of Corrections</p>	<p>Administration of Mental Health Services</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 1 Section 1.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-A-03 – Responsible Mental Health Authority


**Purpose:** The Arizona Department of Corrections (ADC) mental health services shall be provided by a Contractor to include the provision of all mental health services for patients housed in any of the Arizona State Prison Complexes (ASPC) or private prison complexes. These services shall be monitored by the Health Services Contract Monitoring Bureau (HSCMB).

**Responsibility:** The responsibility of the day-to-day operation of mental health services is assigned to the Contract Mental Health Lead for each complex, who operates within ADC’s Department Orders and under the provisions of the Mental Health Technical Manual (MHTM).

- 1.0 The Contractor (where applicable) shall designate individuals within their staff to perform the following roles:
  - 1.1 Clinical Director – The Psychologist designated to coordinate the day-to-day operation of the licensed mental health facility along with the rest of the units at ASPC-Phoenix.
  - 1.2 Director of Nursing (DON) – The person designated to provide supervision of nursing services, including psychiatric nursing services, at each complex.
  - 1.3 Facility Health Administrator (FHA) – The person designated to provide day-to-day direction of all health services at each complex.
  - 1.4 Mental Health Clinician – a Psychologist or Psychology Associate who provides clinical interventions to the patient population.
    - 1.4.1 Licensed Mental Health Clinician – those individuals who have an Arizona LAC, LPC, LMSW, LCSW, LAMFT, LMFT, LISAC, or LASAC license. It also includes those who have an Arizona license to practice as a Psychologist.

- 1.5 Mental Health Lead – The Psychologist or Psychology Associate designated to coordinate the day-to-day operation of all mental health services at each complex under his/her responsibility.
  - 1.6 Mental Health Provider – a Psychiatrist or Psychiatric Nurse Practitioner (P/PNP), or any other provider who prescribes psychotropic medications.
  - 1.7 Mental Health Staff – Includes QMHPs, as well as administrative and support staff (e.g. behavioral health technicians, mental health clerks, nursing, and medical assistants).
  - 1.8 Psychiatric Nurse Supervisor – The person designated to provide supervision of psychiatric nursing services at ASPC-Phoenix.
  - 1.9 Qualified Mental Health Professional (QMHP) – Includes psychiatrists, psychiatric nurse practitioners, psychologists, social workers, licensed professional counselors, psychiatric nurses, or others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.
  - 1.10 Regional Director of Nursing (RDON) – The person designated to plan and direct nursing services provided to all patients located in the ASPCs.
  - 1.11 Regional Director of Psychiatry – The person designated to provide clinical supervision to staff Psychiatrists and Psychiatric Nurse Practitioners (P/PNP), or any other provider prescribing psychotropic medications who work in the ASPCs.
  - 1.12 Regional Mental Health Director (MHD) – The person designated to plan and direct mental health services provided to all patients located in the ASPCs.
  - 1.13 Regional Release Planning Manager – The person designated to provider oversight for all medical and mental health release planning services at the ASPCs.
- 2.0 Local administration of mental health services shall be the responsibility of the Mental Health Lead, and shall include at a minimum:
- 2.1 Establishing and monitoring compliance with facility mental health procedures that assure a cohesive team approach to the provision of mental health services on every unit.
  - 2.2 Ensuring that there exists a procedure for a monthly meeting (minimum) of all mental health staff assigned to provide services on each unit.

- 2.3 Ensuring that mental health services and status decisions such as SMI status, mental health scores, and treatment planning are done in accordance with current policy.
- 2.4 Developing programs and services and establishing facility protocols for the delivery of required services to address the identified needs in keeping with ADC and divisional direction.
- 2.5 Reviewing situations involving the delivery of mental health services to specific patients that have not been satisfactorily resolved at a lower level and/or require a higher level of care than is locally available.
- 2.6 Responding to recommendations, directives, and requests from the local Administration as they relate to mental health services and issues.
- 2.7 Attend all Complex-level and Regional meetings that address the provision of mental health services.

 <p>Arizona Department of Corrections</p>	Psychiatric and Mental Health Peer Review	OPR: Assistant Director Health Services Contract Monitoring Bureau
Mental Health Technical Manual	MHTM Chapter 1 Section 2.0	Supersedes: MHTM 6/18/15 Effective Date: 12/24/19

**Purpose:** To provide a standardized peer review procedure for the assurance of the quality of care and content of records for each mental health clinician or psychiatric provider.

**Responsibility:** It is the responsibility of each Mental Health Lead to ensure that all mental health clinicians and psychiatric providers receive an annual peer review.


#### 1.0 Psychologist and Psychology Associate Peer Reviews

- 1.1 Each mental health supervisor shall conduct a thorough review of the mental health section of five (5) patient's medical record for each mental health staff they supervise.
- 1.2 The mental health section shall be reviewed completely, to include the:
  - 1.2.1 Quality of service delivery,
  - 1.2.2 Thoroughness of assessment,
  - 1.2.3 Follow-up,
  - 1.2.4 Referrals made for mental health services/programs (when needed),
  - 1.2.5 Treatment planning,
  - 1.2.6 Adherence to documentation timeframes, and
  - 1.2.7 Quality of documentation (legibility, format, inclusiveness, appropriateness of notes, etc.) shall be noted and discussed with supervisee.
- 1.3 Additionally, the record as a whole shall be reviewed for elements such as: SMI designation, MH score, SMI checklist, informed consents, etc.

## 2.0 Psychiatric Provider Peer Reviews

- 2.1 Each supervising Psychiatrist shall conduct a thorough review of five (5) patient's medical record for each P/PNP they supervise.
- 2.2 The mental health section shall be reviewed completely, to include the:
  - 2.2.1 Mental health SOAPE notes,
  - 2.2.2 Medication orders,
  - 2.2.3 Lab work/reports,
  - 2.2.4 Consultations, and
  - 2.2.5 HNRs for the six (6) month period prior to the review.
- 2.3 The review should focus on the preceding ninety (90) to one-hundred and eighty (180) days if possible.
- 2.4 The records being reviewed shall include at least three (3) chosen at random from the provider's caseload, and may include up to two (2) chosen at the supervisor's discretion.
- 2.5 For each medical record reviewed, information gathered shall be recorded on the appropriate Peer Review Form.
- 2.6 A formal peer review or case review may be requested relative to patient mental health care by the HSCMB or the Contract Administration.
- 2.7 In those complexes which do not have a supervising Psychiatrist, peer reviews shall be completed by the Director of Psychiatry.



 <p>Arizona Department of Corrections</p>	<p>Movement of Mental Health Patients</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 1 Section 3.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To facilitate the timely transfer of patients, in a manner consistent with their mental health needs.

**Responsibility:** This is a shared responsibility, with the sending and receiving complexes, Mental Health Leads, and MHD.

1.0 Transfer to/from residential or inpatient mental health programs

1.1 A regularly scheduled weekly teleconference shall be held with the Mental Health Leads from each ASPC and the MHD. The purpose of the teleconference is to discuss:

1.1.1 The appropriate program placement for each patient who has been submitted for an admissions referral to a residential or inpatient program, or a recommendation for a program discharge.

1.1.2 In a consultative manner, the provision of mental health care services and/or mental health care programming options with regards to difficult cases.

1.1.3 If the Mental Health Lead from one of the private prison complexes needs to refer a patient to a residential or inpatient program, then the Mental Health Lead will send the referral request to the MHD at least one business day prior to the scheduled weekly teleconference.

1.1.4 A record of the patients discussed during the teleconference shall be kept by the MHD, or designee.

1.2 The MHD, or designee, will also chair a weekly teleconference that includes the Deputy Warden of Operations (DWOPs) from each ASPC and the HSCMB Mental Health Director to discuss the recommendations.

- 1.2.1 A list of all patients who have been determined to be appropriate for movement into, or out of, any mental health program shall be emailed to the HSCMB Mental Health Director and complex DWOPs at least two business days prior to the teleconference.
- 1.2.2 The MHD, or designee, shall review any medical or mental health holds that would prevent movement prior to sending a movement request to Central Office Count Movement.
  - 1.2.2.1 Requests for movement shall be emailed to Central Office Count Movement, and any special housing or transportation needs shall be clearly indicated.


## 2.0 Transfers from Non-Corridor Complexes

- 2.1 Movement of patients from non-corridor to corridor complexes (e.g., for placement on precautionary watch or because of a change in mental health score) shall be requested by the Mental Health Lead responsible for the non-corridor complex.
- 2.2 The sending Mental Health Lead shall contact Central Office Count Movement to confirm the receiving unit has a bed available.
- 2.3 The requests for movement from non-corridor to corridor complexes shall also be copied to relevant Offender Operations staff (e.g., Deputy Warden, Captain, or COIV), the receiving Mental Health Lead, and the FHA at the sending and receiving complexes.

## 3.0 Transfers from Private Prisons

- 3.1 The Mental Health Lead at the private prison complex shall email the MHD, or designee, requesting the transfer of the patient and copy the HSCMB and Central Office Count Movement.
- 3.2 The MHD, or designee, shall respond within twenty-four (24) hours indicating approval or denial of the transfer.
- 3.3 If the transfer is approved, the MHD, or designee, shall indicate which facility the patient is to be transferred.
  - 3.3.1 The Mental Health Lead from the private prison complex shall then arrange through their respective Operations Administration for the patient to be moved.

- 3.4 In the event that the MHD, or designee, does not agree with the transfer of the patient to one of the ASPCs, then a conference call shall occur with the private prison mental health staff, the MHD, and the HSCMB Mental Health Director.

 <p>Arizona Department of Corrections</p>	<p>Mental Health Urgent Responder Protocols</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 1 Section 4.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>


**Purpose:** To provide guidance and procedure regarding the Mental Health Urgent Response during after hours, nights, and holidays.

**Responsibility:** All Mental Health Urgent Responders are responsible for the duties outlined in the below policy.

1.0 Mental Health Urgent Response Procedure

- 1.1 When an Urgent Responder is contacted from any complex, the Urgent Responder shall respond within ten (10) minutes.
- 1.2 The call shall be placed by an on-duty nurse after a face-to-face encounter with the patient in crisis.
  - 1.2.1 The nurse shall document the crisis, the reason for the watch, and the name of the Urgent Responder who was contacted, along with the Urgent Responder’s recommendations.
  - 1.2.2 In the event that a nurse is unavailable to make the call, security staff shall place the patient on a temporary constant security watch until a nurse can be located.
- 1.3 The Urgent Responder shall obtain all available relevant information regarding the corresponding situation.
- 1.4 If a placement on a watch is indicated, the Urgent Responder shall place the patient on either a Continuous or 10 Minute Mental Health Watch. The use of a 30 Minute Mental Health Watch shall **not** be used in an urgent response situation. Refer to Chapter 5, Section 1.0 of this manual.
- 1.5 If the situation is regarding an alleged PREA event, then the Urgent Responder shall speak directly to any patients allegedly involved in the event, and determine if a watch placement is needed.

- 1.5.1 Upon returning to work on his/her next usual work day, the Urgent Responder shall write a detailed SOAPE note for each patient who was evaluated.
- 1.6 If a placement on a watch is ordered by the Urgent Responder, the on-duty nurse shall complete the Mental Health Watch (Form #807-1) with the instructions provided by the Urgent Responder.
- 1.7 The Urgent Responder shall contact the Psychiatric Urgent Responder if psychotropic medication intervention, or the use of therapeutic restrains for a patient admitted to an inpatient ward, is required.
- 1.8 In the event that the on-duty nurse is unable to contact any Urgent Responder within thirty (30) minutes, then the patient is to be placed on a Continuous Mental Health Watch until an Urgent Responder is reached.

 <p>Arizona Department of Corrections</p>	<p>Supervision of Mental Health Staff</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 1 Section 5.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-C-01 – Credentials

**Purpose:** To provide direction and procedure regarding mental health staff not licensed to practice independently. Outlined in this policy are elements pertaining to the clinical supervision of such individuals by licensed mental health staff to ensure minimum mental health care requirements are met.

**Responsibility:** It is the responsibility of the Mental Health Lead to ensure that all mental health clinicians who supervise unlicensed mental health staff abide by the clinical supervision requirements outlined in the below policy.

1.0 Definitions


- 1.1 Psychologist means an individual independently licensed within the state of Arizona who can use the title Psychologist as defined in A.R.S. 32-2061 and A.A.C. Title 4, Chapter 26.
- 1.2 Psychology Associate means a mental health clinician who is either unlicensed or licensed at the master’s level.
  - 1.2.1 Licensed individuals can be either licensed at the associate level, independent level, or with a temporary license.
  - 1.2.2 Unlicensed mental health clinicians must be in the process of obtaining a license in their field, and obtain a license within 18 months of their start date. If the license is not obtained within eighteen (18) months, then they become ineligible for continued employment. They may be rehired once they obtain a license.

2.0 Supervision Requirements

- 2.1 Supervision means face-to-face, videoconferencing, or telephonic direction, provided by a qualified individual, and with the intention to evaluate, guide, and

direct all mental health services, to include psycho-educational programming. It also is to assist a clinician in increasing the knowledge, skills, techniques, and abilities needed to provide behavioral health services ethically, safely, and competently.

- 2.2 All unlicensed clinicians (including practicum and intern students) who do not have an active Arizona license shall obtain a countersignature by an independently licensed clinician on all clinical encounters (group notes, individual notes, etc.).
  - 2.2.1 Unlicensed clinicians are required to participate in clinical supervision under the direction of an independently licensed clinician.
  - 2.2.2 The unlicensed clinician shall the patient that he/she is unlicensed and receiving clinical supervision, and shall document such in the education section of the encounter.
- 2.3 Psychologists and licensed clinicians, not required by statute or licensure board, may be required to participate in clinical supervision if deemed necessary by the Mental Health Lead or MHD.
  - 2.3.1 Behavioral Health Technicians working at an inpatient facility shall receive one (1) hour of weekly supervision.
  - 2.3.2 Other mental health staff (e.g., Behavioral Health Technicians, Recreational or Occupational therapists, etc.) shall be provided with supervision as indicated.
- 2.4 The duration and type of clinical supervision provided to each unlicensed clinician shall be conducted in accordance with their respective board or regulatory agency.
- 2.5 Clinical supervision shall be documented and retained by the supervisor.

 <p>Arizona Department of Corrections</p>	<p>Monthly Reporting of Mental Health Statistics</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 2 Section 1.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-A-04 – Administrative Meetings and Reports


**Purpose:** To describe how mental health statistics shall be collected and reported on a monthly basis.

**Responsibility:** The Mental Health Lead at each complex is responsible for completing, compiling, and forwarding the monthly mental health statistics.

- 1.0 At the end of each month, every mental health staff member shall compile information requested by ADC and submit this to the Mental Health Lead. The Mental Health Lead shall compile complex-wide information and submit this to the FHA, or designee. This information shall be forwarded to the HSCMB by the 5<sup>th</sup> day of the following month.
- 2.0 The Mental Health Lead shall also compile the following logs for the HSCMB every month:
  - 2.1 HNR Log – this log will identify the patient’s name and ADC number, unit where the HNR originated, and date the HNR was stamped.
  - 2.2 Telepsychiatry Log – this log will identify the patient’s name and ADC number, unit where the telepsychiatry contact occurred, and date of the telepsychiatry contact.
  - 2.3 Mental Health Watch Log – this log will identify the patient’s name and ADC number, date the watch began, and date the watch ended.
    - 2.3.1 For each entry it will also be noted if the patient transferred in, transferred out, went back on watch, or was released.
  - 2.4 Self-Harm Log – this log will identify all patients who engaged in self-harm during the month and whether it was a suicide attempt or self-injurious behavior.



- 2.5 PMRB Log – this log will identify the patient’s name and ADC number, the date the PMRB was initiated, and the date the PMRB expired.
- 2.6 Heat Intolerance Reaction Log – this log will identify all patients who have potentially suffered a heat intolerance reaction due to their psychotropic medications. The patient shall be monitored until they are no longer experiencing heat related side effect, and all efforts to alleviate any such reaction shall be documented.

 <p>Arizona Department of Corrections</p>	<p>Mental Health Limits of Confidentiality (Consents)</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 2 Section 2.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-I-04 – Informed Consent and Refusal Of Mental Health Care

**Purpose:** To ensure that every patient who participates in mental health treatment understands the limits of confidentiality, alternatives, advantages, disadvantages, and potential risks and benefits to the treatment for which he/she is providing consent.

**Responsibility:** The mental health staff assigned to a reception unit shall ensure that a Mental Health Consent Form is read and signed by the patient. The mental health clinicians are also responsible for explaining the limits of confidentiality and the effect(s) it may have on the patient’s mental health care for all patients on his/her caseload.

1.0 Procedure

1.1 All patients shall be provided the opportunity to read and sign the Mental Health Consent Form when they arrive to Reception prior to the Initial Mental Health Assessment.

1.1.1 Should the patient be unwilling or unable to sign the Mental Health Consent Form, then the Mental Health Lead shall meet with the patient to discuss any concerns and/or issues related to consent.


1.2 All patients participating in ongoing mental health treatment (classified as an MH-3 or above), shall be advised by the clinician assigned to that unit of the following:

1.2.1 Limits of confidentiality within ADC, specific to:

1.2.1.1 Threats of harm to self or others;

1.2.1.2 Threats to the safe, secure, and orderly function of the institution (e.g., escape, disturbances, drug trafficking);

- 1.2.1.3 Information related to abuse, neglect, or molestation of a minor, vulnerable or developmentally disabled adult, or elder adult;
  - 1.2.1.4 Legal proceedings that requires that records be opened/released pursuant to state statute or a court order;
  - 1.2.1.5 Discussion of a supervisory or treatment planning nature among patient health services staff; and
  - 1.2.1.6 Information related to an unsolved capital offense (e.g. unsolved murder).
  - 1.2.2 Alternatives to proposed treatment.
  - 1.2.3 Advantages/benefits and disadvantages/risks of proposed treatment.
  - 1.3 If the proposed treatment is medication, the P/PNP shall have the patient sign the appropriate Psychiatric Medication Informed Consent Form.
    - 1.3.1 When a patient is admitted to an inpatient facility, a new consent form shall be signed by the patient for each medication that he/she is currently prescribed. A consent form shall be signed for any new medication prescribed to him/her while admitted to the inpatient facility.
  - 1.4 The treatment clinician/provider and witnesses (as required) shall sign the form at the time of the patient's consent.
- 2.0 If an patient refuses to sign a Mental Health Consent Form, the content of the form shall be read and explained to the patient (with another staff member as a witness) to ensure that the patient's questions have been answered.
- 2.1 On the patient signature line, write "refused to sign."
  - 2.2 The mental health professional shall sign the form and include their position, printed name or name stamp, and the date.
  - 2.3 The witness shall also sign the form and include their position, printed name or name stamp, and the date.
  - 2.4 After verbal presentation of the Consent Form, and signatures completed, proceed to see the patient unless he/she is refusing to be seen.

 <p>Arizona Department of Corrections</p>	<p>Psychological Autopsy</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 2 Section 3.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-A-10 – Procedure In The Event Of An Inmate Death  
Department Order 1105

**Purpose:** To provide a retrospective review of a patient’s life with an emphasis on factors which may have contributed to the patient causing his/her own death.

**Responsibility:** It is the responsibility of the MHD to have a psychological autopsy completed on all patients who complete suicide regardless of their mental health score.


1.0 Purpose

- 1.1 To provide a clearer understanding of the patient’s state of mind prior to death.
- 1.2 To provide a written account of collateral information received from the patient, staff first responders, other patients who were friends with the deceased, and the patient’s family members.
- 1.3 To provide insights and specific recommendations regarding how best to address the clinical needs of future patients.
- 1.4 To identify any deficiencies in institutional policies, procedures, or practices.

2.0 Procedure

- 2.1 Psychological Autopsy Committee (PAC) – Upon notification of a patient’s suicide, the Mental Health Lead has fourteen (14) days to convene the committee.
  - 2.1.1 The PAC shall:
    - 2.1.1.1 Consist of the FHA, Unit Deputy Warden, MHD, Director of Psychiatry, and any additional staff that the Mental Health Lead deems pertinent.

- 2.1.1.2 Review the patient's medical/mental health record, including autopsy and toxicology reports if available.
  - 2.1.1.3 Review any source of data (e.g., Information Reports, investigation reports, Department documents, etc.) relevant to the incident.
  - 2.1.1.4 Make recommendations concerning policy or procedural changes, as necessary, to the Mental Health Lead for consideration and inclusion in the psychological autopsy.
- 2.2 The Psychologist assigned to complete the psychological autopsy shall compose an integrated report in a format defined by the Contractor.
- 2.3 The Mental Health Lead shall submit the psychological autopsy to the MHD and the HSCMB within thirty (30) days of the patient's suicide.
  - 2.3.1 Any additions or corrections recommended by the MHD and/or HSCMB shall be completed within the next fourteen (14) calendar days.
- 2.4 The MHD and HSCMB's Mental Health Director shall meet with the ADC investigator assigned to the case to discuss any relevant information that either party has received.
- 2.5 The psychological autopsy shall be kept in draft form until the Medical Examiner's (ME) report is received (to include toxicology results).
  - 2.5.1 Within ten (10) days of receiving the ME report, the psychological autopsy shall be finalized with any necessary addendums incorporating the information from the ME report.
- 2.6 The final Report shall be stamped with "**DO NOT COPY – PEER/URC REVIEW**" and is not subject to being reviewed for the purpose of lawsuits against ADC or the Contractor.

 <p>Arizona Department of Corrections</p>	<p>Initial Mental Health Assessment</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 1.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-E-02 –Receiving Screening for Mental Health Needs

**Purpose:** To ensure that all patients, upon their arrival in ADC, have an initial mental health assessment completed. This assessment shall be used to assist in decisions regarding classification, placement, and need level for further mental health services and/or programming.

**Responsibility:** Mental health staff assigned to a reception center (ASPC-Phoenix, ASPC-Perryville, ASPC-Tucson Minors, and ASPC-Eyman Death Row), as well as mental health clinicians assigned to units where patients are received directly from the community, county facility, or federal facility, are responsible for completing an assessment to determine individual mental health needs.

1.0 Procedure

1.1 Within two (2) days of a patient’s arrival to ADC, a qualified mental health staff shall evaluate the patient and complete the Initial Mental Health Assessment (Form #1103-27).


1.1.1 If an Initial Mental Health Assessment is not completed by licensed mental health clinician, then the completed assessment shall be reviewed by a licensed mental health clinician within one (1) business day.

1.1.1.1 Additionally, the patient shall be seen by a mental health clinician within fourteen (14) days of arrival to ADC.

1.2 The completed assessment shall be located in the patient's Medical Record.

1.3 The qualified mental health staff shall document the appropriate mental health score in the medical record. If the initial assessment needs to be reviewed by a licensed mental health clinician, then mental health score designation shall only be determined after the review has occurred.

- 1.3.1 For facilities still utilizing paper records, the mental health staff shall enter the mental health score directly into AIMS.
  - 1.4 If the patient is not able to engage in the initial assessment (e.g., intoxicated, floridly psychotic, etc.), basic information shall be gathered to determine the need for a mental health watch and shall be documented in the mental health record.
    - 1.4.1 The initial assessment shall be completed when the patient is able to meaningfully engage in the assessment process.

 <p>Arizona Department of Corrections</p>	<p>Medical Records Review for Transferred Patients</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 2.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-E-03 –Transfer Screening

**Purpose:** To ensure that each patient's medical record is reviewed by qualified health care professionals upon arrival to the complex. This information shall be used to alert mental health staff about any significant issues for each new patient.

**Responsibility:** Assigned mental health/medical personnel completing the medical record reviews are responsible for ensuring the continuity of mental health services and making referrals for further services when indicated.

1.0 Procedure


1.1 An initial medical record review shall be completed by medical/mental health staff within twelve (12) hours of a patient’s arrival to the complex.

1.1.1 In the event that the review was completed by medical staff, the information resulting from the record review shall be made available to the mental health clinician on the patient’s receiving unit within one (1) business day.

1.2 The mental health clinician, or designee, assigned to the unit shall also complete a daily medical record review of all incoming patients. Any patients determined to have a mental health score of 3 or above shall be added to the unit tracking spreadsheet.

1.2.1 The review of medical records shall document any referrals to mental health programming, pending appointments, outstanding HNR requests, medication expiration dates, and most recent mental health contact dates.




 <p>Arizona Department of Corrections</p>	<p>Mental Health Contacts for Patients After Reception</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 3.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide standardization of timeframes for the initial clinical contact after a patient is received by the Arizona Department of Corrections.

**Responsibility:** It is a shared responsibility between the mental health team at the reception centers and the mental health team at the receiving facilities.

1.0 Procedure

- 1.1 After the initial assessment is completed at Reception, all patients on the mental health caseload shall be tracked by the mental health team at each reception center.
  - 1.1.1 These patients shall be routinely monitored for movement out of the reception facility, and the mental health staff shall notify the receiving facilities of the arriving patient.
  - 1.1.2 It is also the responsibility of the receiving facilities to monitor daily all patients who are arriving to their unit.
- 1.2 Patients who do not receive their initial intake by a licensed clinician shall be seen by a mental health clinician within fourteen (14) days of arrival to ADC.
  - 1.2.1 Patients who transfer to another Complex before the seventh (7th) day after their arrival shall be seen by the receiving facility’s mental health clinician.
  - 1.2.2 Patients who remain at a reception center seven (7) days or longer shall be seen by a mental health clinician at the intake facility.
- 1.3 Patients shall then be seen by the mental health clinicians and psychiatric providers based on their current mental health score.

 <p>Arizona Department of Corrections</p>	<p>Triage for Health Needs Requests</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 4.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>


**Reference:** DO 1101

NCCHC MH-E-05 – Nonemergency Mental Health Care Requests and Services

**Purpose:** To provide direction regarding the assessment and immediacy of mental health issues submitted via Health Needs Requests (HNRs).

**Responsibility:** Medical staff triaging HNRs are responsible for making necessary referrals to mental health staff when appropriate.

- 1.0 Emergent Mental Health HNR – patients indicating an emergent mental health issue (suicidal or homicidal ideation) shall be seen by nursing or mental health staff immediately upon the triage of the HNR.
- 2.0 Urgent Medication HNR – patients with urgent medication issues (e.g., serious medication side effects, lack of receiving prescribed medications, or medications received are different than those ordered) shall be seen by nursing staff within twenty-four (24) hours of HNR triage.
- 3.0 Urgent Mental Health HNR – patients with urgent non-medications issues describing serious mental health symptoms (three or more mental health symptoms listed) shall be seen by either nursing or mental health staff within twenty-four (24) hours of triage of the HNR.
- 4.0 Routine Mental Health HNR – patients with routine non-medication issues shall be seen on the nurses’ line, and then referred to appropriate mental health staff. The patient shall then either be seen or be responded to, as clinically indicated, within five (5) business days from the triage date.
- 5.0 Routine Medication HNR – patients with routine medication issues shall be seen on the nurses’ line, and referred to appropriate mental health staff. The patient shall then be referred to a P/PNP if clinically indicated, and seen within fourteen (14) days. If the issue listed on the HNR can be resolved without a P/PNP contact within five (5) business days from the triage date, then no referral is necessary.

 <p>Arizona Department of Corrections</p>	<p>Levels of Mental Health Services Delivery</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 5.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide a standardized system of patient mental health need identification that is consistent with both established standards of mental health care and the mental health needs of incarcerated individuals.

**Responsibility:** It is the responsibility of the patient’s assigned mental health clinician(s) and provider(s) to ensure that all patients are provided services in accordance with the minimum level of service delivery outlined below.

- 1.0 **MENTAL HEALTH 1 (MH-1)** – Inmates who have no history of mental health issues or receiving mental health treatment.
  - 1.1 These individuals shall not be regularly monitored by mental health staff, but may request mental health services in accordance with the HNR protocols.
  - 1.2 The mental health score may be increased when clinically indicated based upon the treating clinician’s assessment of the individual’s current functioning.
  
- 2.0 **MENTAL HEALTH 2 (MH-2)** – Inmates who have received mental health treatment in the past but do not currently have any mental health needs, and have demonstrated behavioral and psychological stability for at least six (6) months.
  - 2.1 These individuals shall not be regularly monitored by mental health staff, but may request mental health services in accordance with the HNR protocols.
  - 2.2 The mental health score may be increased when clinically indicated based upon the treating clinician’s assessment of the individual’s current functioning.
  - 2.3 Individuals with a verified serious suicide attempt shall be classified as MH-2 or greater.
  
- 3.0 **MENTAL HEALTH 3 (MH-3) – Outpatient Treatment** – Patients who have current mental health needs requiring outpatient treatment.

- 3.1 Patients receiving outpatient treatment shall be assigned one of the five (5) subcodes in accordance with the below criteria. The patient's subcode may change during any encounter as their condition warrants:
- 3.1.1 **Subcode A:** Patients in acute distress who may require substantial intervention in order to remain stable (i.e., floridly psychotic, delusional, current or frequent suicidal ideation, or currently under a PMRB).
- 3.1.1.1 All patients classified as SMI shall be classified as MH-3A while receiving outpatient services (or MH-4 / MH-5 if admitted to a residential / inpatient program).
- 3.1.1.2 Any patient under a PMRB shall be classified by the treating provider as MH-3A while receiving outpatient services (MH-4 or MH-5 if admitted to a residential / inpatient program).
- 3.1.1.3 These patients shall be seen by a mental health clinician a minimum of every thirty (30) days. All patients on medications shall be seen by a P/PNP a minimum of every ninety (90) days.
- 3.1.1.3.1 Any patient under a current PMRB shall be seen by the treating provider a minimum of every (30) days.
- 3.1.1.4 A patient cannot be decreased from MH-3A to MH-2, but shall be lowered to a MH-3D or MH-3E for at least six (6) months.
- 3.1.2 **Subcode B:** Patients who may need regular interventions, but are generally stable and participate in psychiatric and psychological services. Example: A patient with a major depressive or other affective disorder who benefits from routine contact with psychiatry and psychology staff.
- 3.1.2.1 These patients shall be seen by a mental health clinician a minimum of every ninety (90) days. Additionally, they will be seen by a P/PNP a minimum of every one hundred and eighty (180) days.
- 3.1.2.1.1 If the patient is diagnosed with a psychotic disorder, Bipolar Disorder, or Major Depressive Disorder, then he or she shall be seen by a P/PNP a minimum of every ninety (90) days.
- 3.1.2.2 If a patient is newly placed on medications, then the P/PNP shall ensure that the MH score is appropriately updated with the correct subcode.

- 3.1.2.3 If a patient is discontinued from all of their medications, then the P/PNP shall change the mental health score to MH-3D on the date of discontinuation, and shall communicate this change to the mental health clinician assigned to the unit.
- 3.1.3 **Subcode C:** Patients who need infrequent intervention and have adequate coping skills to manage their mental health symptoms effectively and independently through the use of psychotropic medications only. Example: A patient with a general mood or anxiety disorder who has learned to manage their symptoms effectively through the use of medication and infrequent contact with mental health clinicians.
- 3.1.3.1 These patients shall be seen by a P/PNP a minimum of every one hundred and eighty (180) days. They shall be seen by a mental health clinician by HNR or upon referral.
- 3.1.3.2 If a patient is requesting to no longer receive contacts from a mental health clinician, then the mental health clinician shall complete a face-to-face session and complete detailed documentation substantiating the change in services to be provided.
- 3.1.3.2.1 This subcode shall not be used upon a patient's arrival to ADC, and shall only be used after the patient has demonstrated stability for a minimum of six (6) months.
- 3.1.3.3 If a patient is discontinued from all of their medications, then the P/PNP shall change the mental health score to MH-3D on the date of discontinuation, and shall communicate this change to the mental health clinician assigned to the unit.
- 3.1.4 **Subcode D:** Patients who have been recently taken off of psychotropic medications require follow up for a minimum of six (6) months to ensure stability over time.
- 3.1.4.1 The patient shall be seen by a P/PNP within thirty (30) days of the discontinuation of the psychotropic medications. Additionally, the patient will be seen by a mental health clinician a minimum of every ninety (90) days after the medications were discontinued.
- 3.1.4.2 If the patient demonstrates sufficient stability after six (6) months, then the MH score may be changed to MH-3E or MH-2 as clinically indicated.
- 3.1.4.3 This subcode shall only be used for patients whose medications were discontinued during the current incarceration.

3.1.5 **Subcode E:** Patients who have recently arrived to ADC, and who are generally stable but may benefit from regular contacts with a mental health clinician. Patients who are only participating in outpatient group psychotherapy should also be designated as 3E.

3.1.5.1 These patients shall be seen by a mental health clinician a minimum of every ninety (90) days.

3.2 Any MH-3 patient placed in detention or maximum custody shall be seen by a mental health clinician a minimum of every thirty (30) days regardless of their current subcode.

3.3 Any patient who engages in self-harm gestures/attempts shall be classified MH-3 until stability is demonstrated and then they can be changed to MH-2 as clinically indicated.

3.3.1 If a patient requires being placed on watch, but there was no actual self-harm event, then the clinician shall write a detailed note indicating the reasons the mental health score was not increased to MH-3.

4.0 **MENTAL HEALTH 4 – Residential Treatment** – Patients who are admitted to a residential mental health program.

4.1 Programs

4.1.1 For the male population: Kasson Mental Health Unit, Rincon Mental Health Unit, Aspen Mental Health Unit, and Behavioral Management Unit.

4.1.2 For the female population: Lumley Mental Health Unit and Complex Mental Health Unit.

4.2 Residential Services

4.2.1 Patients shall be seen by a mental health clinician a minimum of every thirty (30) days.

4.2.2 Patients receiving psychotropic medications shall be seen by a P/PNP a minimum of every ninety (90) days.

4.2.3 Patients shall also be provided structured program activities on a weekly basis by health services and operations staff assigned to the program.

4.3 Upon discharge from the program, the patient's mental health score shall be lowered to MH-3 including a clinically appropriate subcode. The change in score

shall occur at the time that movement is requested. The patient shall remain in a corridor facility for a minimum of six (6) months.

5.0 **MENTAL HEALTH 5 – Inpatient Treatment** – Patients who are admitted to the inpatient treatment programs licensed by the Department of Health Services.

5.1 Programs

5.1.1 For the male population: The inpatients wards are located at ASPC-Phoenix (Baker Ward, John Ward, King Ward, Ida Ward, George Ward, and Quiet Ward).

5.1.2 For the female population: ASPC-Perryville (Complex Ward).

5.2 Inpatient Services

5.2.1 Patients shall be seen by a mental health clinician a minimum of every seven (7) days.

5.2.2 Patients shall be seen a minimum of every thirty (30) days by a P/PNP.

5.2.3 Patients shall also be provided structured program activities on a daily basis by health services and operations staff assigned to the program.

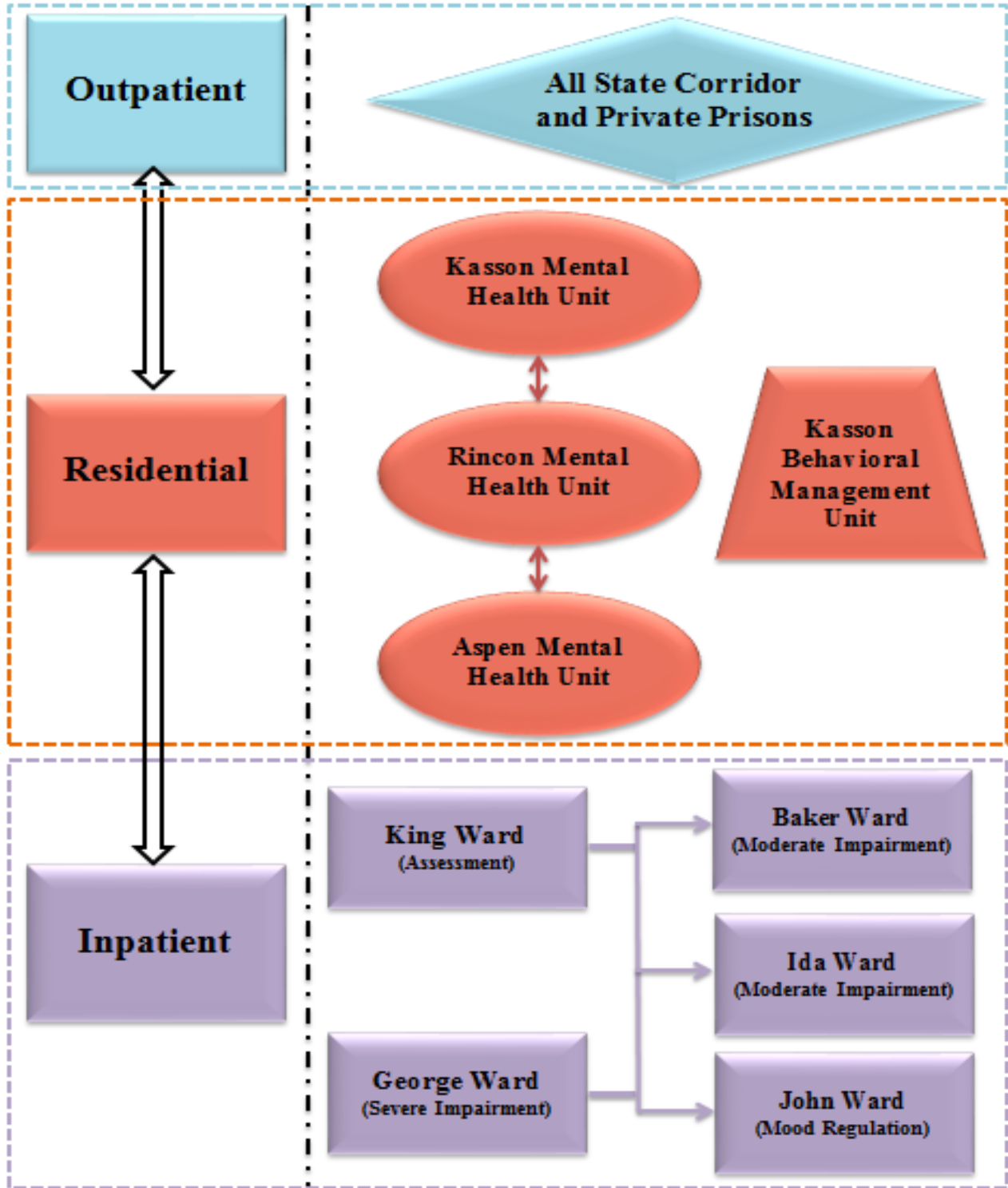
5.2.4 Any patient identified as being actively psychotic or actively suicidal shall be placed on a Continuous Mental Health Watch and shall be seen daily (including weekends and holidays) by a licensed mental health clinician.

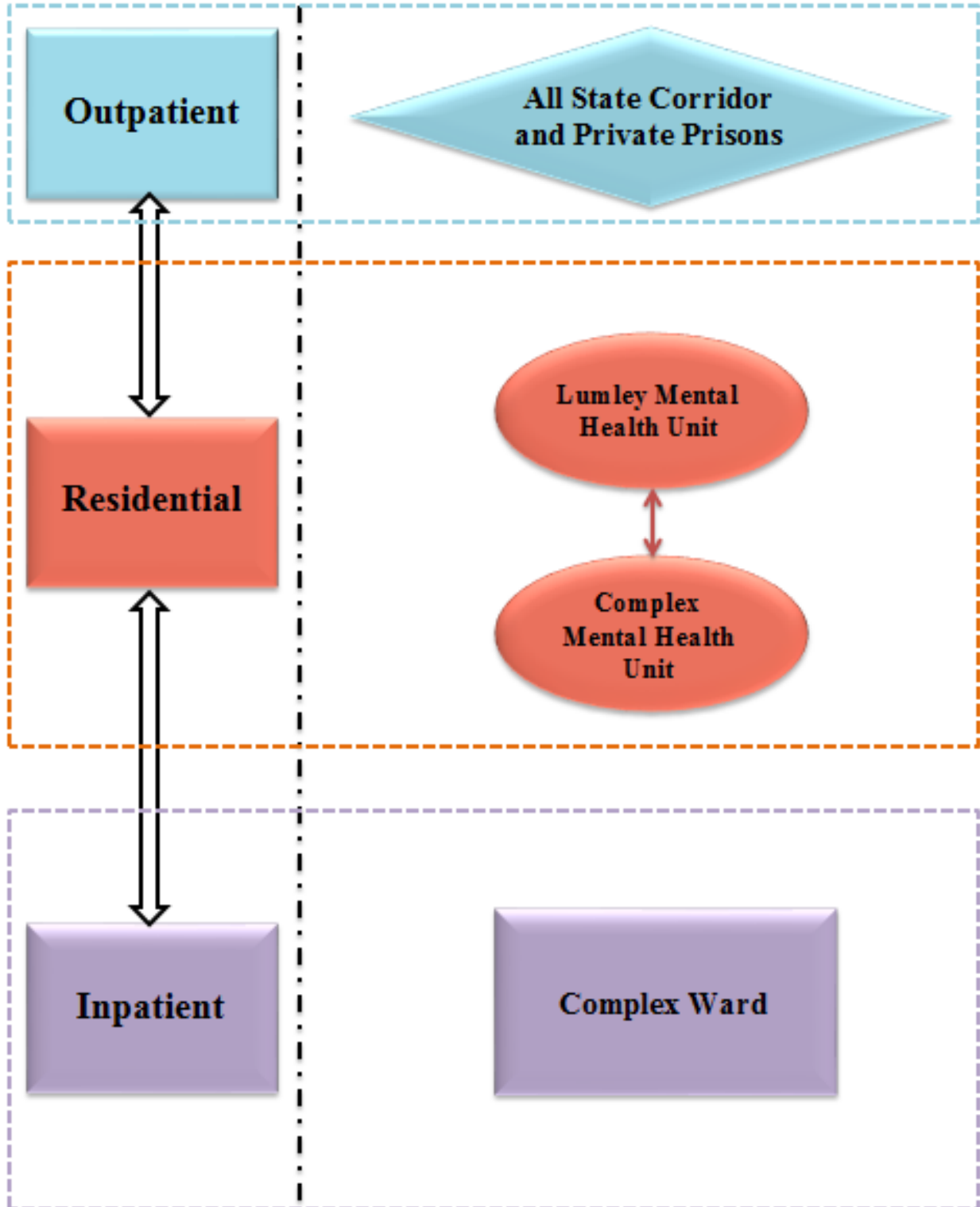
5.3 Upon discharge from the program, every effort shall be made to transition the patient to a residential program prior to placement in an outpatient setting. The change in score shall occur at the time that movement is requested. The patient shall remain in a corridor facility for a minimum of six (6) months


MH score	Treatment Plan	MH score and Sub-code changes	Face-to-Face meetings
MH-1	Not Applicable	Changed: As clinically indicated	By HNR or referral
MH-2	Not Applicable	Changed: As clinically indicated	By HNR or referral
MH-3 - Outpatient (See categories below)	Developed: ≤ 30 days of placement on MH caseload Reviewed: ≤ every 12 months or ≤ every 90 days for MH 3A	Updated: As clinically indicated	See below
Subcode A	Patients in acute distress who may require substantial intervention in order to remain stable. All patients classified as SMI in ADC shall remain a Subcode A while in outpatient treatment.		MH clinician: ≤ 30 days Psychiatry: ≤ 90 days (30 days for PMRB)
Subcode B	Patients who may need regular intervention but are generally stable and participate with psychiatric and psychological interventions.		MH clinician: ≤ 90 days Psychiatry: ≤ 90 or 180 days based on diagnosis
Subcode C	Patients who need infrequent intervention and have adequate coping skills to manage their mental illness effectively and independently.		MH clinician: HNR or referral Psychiatry: ≤ 180 days
Subcode D	Patients who have recently had their psychotropic medications discontinued and therefore require follow up to ensure stability for a minimum of six (6) months.		MH clinician: ≤ 90 days Psychiatry: ≤ 30 days of med discontinuation
Subcode E	Patients who have recently arrived to ADC and who may benefit from routine contacts with a mental health clinician, or those who are engaged in outpatient group therapy only.		MH clinician: ≤ 90 days Psychiatry: HRN or referral
MH-4	Developed: Upon Admission Reviewed: ≤ every 90 days	Upon admission to the residential program	MH clinician: ≤ 30 days Psychiatry: ≤ 90 days Structured Activities: Weekly
MH-5	Developed: Upon Admission Reviewed: ≤ every 90 days	Upon admission to the inpatient program	MH clinician: ≤ 7 days Psychiatry: ≤ 30 days Structured Activities: Dailey

†All MH-3 transferred to maximum custody or a detention shall be seen by a mental health clinician a minimum of every thirty (30) days, or more often as clinically indicated.







 <p>Arizona Department of Corrections</p>	<p>Determination and Management of Seriously Mentally Ill (SMI) Patients</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 6.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide a standardized system of identifying patients who need to be designated as Seriously Mentally Ill (SMI) while incarcerated in ADC.

**Responsibility:** It is the responsibility of each licensed mental health clinician or provider to administer the SMI Determination Form (#1103-13) when clinically indicated in accordance with this policy.

1.0 Definition

1.1 A patient shall be designated as SMI if:

1.1.1 According to a licensed mental health clinician or provider possess:

1.1.1.1 A qualifying mental health diagnosis as indicated on the SMI Determination Form; **AND**

1.1.1.2 A severe functional impairment directly relating to their mental illness.

1.1.2 Any patient determined to be SMI in the community shall also be designated as SMI in ADC. This information shall be automatically uploaded into AIMS from the Arizona Health Care Cost Containment Services (AHCCCS) on a daily basis


1.1.3 Any patient who is under a PMRB order shall be maintained as SMI and seen by a psychiatric provider a minimum of every thirty (30) days.

1.2 Patients with intellectual disabilities

1.2.1 If a patient is determined to have an intellectual disability, he/she shall be provided the same level of services as those designated SMI.

2.0 Services for those designated as SMI

- 2.1 The minimum mental health service delivery level for any SMI patient is determined by their mental health score, and they shall always be designated as MH-3A, MH-4, or MH-5.
  - 2.2 Patients designated as SMI shall be exempt from medical, dental, and mental health charges related to HNR driven contacts.
  - 2.3 A patient can request to be evaluated to determine if he/she meets the criteria for being designated as SMI. They shall receive additional SMI screenings as clinically indicated.
- 3.0 SMI Identification
- 3.1 The SMI designation shall be clearly documented in the medical record, and a copy of the SMI Determination Form shall be scanned / filed into the record.
    - 3.1.1 For paper records, the SMI designation shall be written on the problem List and a brown identification tag shall be placed on the file.
- 4.0 Removal of SMI designation
- 4.1 A patient may be determined to no longer meet the criteria for an SMI designation.
    - 4.1.1 The Mental Health Lead shall confirm that the patient is not currently designated as SMI in the community prior to any changes made to this designation. The change in SMI status shall only be made after a treatment team staffing has occurred. The treatment team shall document (Form #1103-69) the justification that the criteria is no longer met.
    - 4.1.2 A patient may request a decertification of their SMI status with the community. The paperwork will be completed by a licensed clinician and submitted to the Regional Release Planning Manager if clinically indicated.

 <p>Arizona Department of Corrections</p>	<p>Mental Health Treatment Plans</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 7.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-G-03 – Treatment Plans


**Purpose:** To ensure that each patient classified as MH-3, MH-4, or MH-5 has an individualized treatment plan based on an assessment of their clinical needs.

**Responsibility:** The Mental Health Lead at each complex has oversight responsibility in ensuring that patients who meet the aforementioned criteria have a complete and current treatment plan in their medical record.

1.0 Procedure

- 1.1 Patients with a Mental Health score of 3 or above shall have a current treatment plan.
  - 1.1.1 For a paper chart, the current mental health treatment plan shall be “floated” on top of the mental health section under the mental health divider.
- 1.2 The mental health clinician who is responsible for the patient’s mental health care shall complete and update the treatment plan as described below.
  - 1.2.1 The mental health clinician on the patient’s unit shall review the plan on a routine basis based on the patient’s mental health score.
  - 1.2.2 The mental health treatment plan shall be individualized, contain measurable goals and interventions, and be specific to issues addressed in the in the Subjective, Objective, and Education sections of the progress notes. It shall also contain all current diagnoses.
- 1.3 At each contact, the P/PNP shall review the current treatment plan and document their review in the SOAPE note.

- 1.4 When a patient's score is lowered to a MH-2, the mental health treatment plan shall be cancelled.
  - 1.4.1 For a paper chart, the mental health clinician shall line out the treatment plan and include the word "Cancelled," their signature, their stamp, and the date. Cancelled treatment plans shall be filed in chronological order in the mental health section.
  - 1.4.2 For an electronic medical record, the mental health clinician shall open an addendum to the treatment plan, date, and write "Patient is now MH-2 as all identified treatment goals have been met".
- 2.0 Outpatient Treatment Plans (MH-3)
  - 2.1 A new treatment plan shall be developed within thirty (30) days of being placed on the mental health caseload.
    - 2.1.1 MH-3A treatment plans shall be updated minimally every ninety (90) days, or more often as clinically indicated.
    - 2.1.2 MH-3B, 3C, 3D, and 3E treatment plans shall be updated minimally every twelve (12) months, or more often as clinically indicated.
- 3.0 Residential Treatment Plans (MH-4)
  - 3.1 A new treatment plan shall be developed for all patients upon admission to the residential mental health program.
    - 3.1.1 This treatment plan shall be updated minimally every ninety (90) days, or more often as clinically indicated.
- 4.0 Inpatient Treatment Plans (MH-5)
  - 4.1 A new treatment plan shall be developed for all patients upon admission to the inpatient mental health program.
    - 4.1.1 This treatment plan shall be updated minimally every ninety (90) days, or more often as clinically indicated.
    - 4.1.2 In the event that a patient is not admitted to the inpatient program, the mental health clinician assigned to that area shall ensure that the Outpatient Treatment Plan is updated with the patient's current level of functioning and any services that shall be provided.

 <p>Arizona Department of Corrections</p>	<p>Mental Health Service Delivery In Restrictive Housing</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 8.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Reference:** DO 812  
NCCHC MH-E-06 – Segregated Inmates

**Purpose:** To outline protocols for the management and mental health services provision to patients in restrictive housing (administrative / disciplinary segregation or maximum custody units).

**Responsibility:** Mental health clinicians assigned to a unit with patients in restrictive housing are responsible for the mental health care of such patients in accordance with the procedures identified in this section.

1.0 Maximum Custody Arrivals

1.1 All patients who have been newly assigned to a maximum custody unit shall be evaluated by a mental health clinician within seventy-two (72) hours of their arrival.

1.1.1 This initial evaluation is for the purpose of determining if the patient needs to be placed in a residential mental health program or an inpatient mental health program.


1.2 Any patient displaying significant mental health issues that will substantially affect their ability to maintain stability in their current location shall be immediately reported to security, and the patient shall be placed on a watch if necessary.

2.0 Restrictive Status Housing Program (RSHP)

2.1 All patients placed in the RSHP shall be evaluated by a mental health clinician within seventy-two (72) hours of placement (even if they originated from a maximum custody unit).

- 2.2 All patients with a MH score of 3 shall be seen by a mental health clinician a minimum of every thirty (30) days while in RSHP.
- 3.0 General Mental Health Contacts
  - 3.1 All patients classified as MH-3 shall be offered a mental health contact (group or individual) a minimum of once every thirty (30) days while in restrictive housing, or more often as clinically indicated.
- 4.0 SMI Patients
  - 4.1 Mental health clinicians shall visit SMI patients placed in restrictive housing within twenty-four (24) hours of notification by the shift commander. If this occurs on a weekend or holiday, then this duty shall be performed by a nurse, in consultation with the Mental Health Urgent Responder.
  - 4.2 SMI patients in a maximum custody unit shall be offered weekly a minimum of 10 hours unstructured out-of-cell time, one hour of psychotherapy group programming, one hour psycho-educational group programming, and one additional hour of group programming provided by the COIII.
- 5.0 Segregation Rounds
  - 5.1 All patients (regardless of mental health score) housed in restrictive housing shall receive a health and welfare check at least weekly by mental health or medical staff (not to include LPNs).
  - 5.2 Mental health staff or medical staff (not to included LPNs) shall perform a health and welfare check on all SMI patients in restrictive housing three (3) times a week.



 <p>Arizona Department of Corrections</p>	<p>Mental Health Service Delivery for Minors</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 9.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>


**Purpose:** To outline protocols for the provision of mental health services to minor patients (younger than 18 years of age) sentenced to the custody of ADC.

**Responsibility:** A licensed mental health clinician assigned to the Tucson Minor Reception area is responsible for the mental health care of such patients in accordance with the procedures identified in this section.

1.0 Procedure

- 1.1 Within two (2) business days of a minor’s arrival to ADC, the assigned licensed mental health clinician shall meet with the patient.
- 1.2 The licensed mental health clinician shall conduct a clinical interview and an intellectual assessment to determine if mental health or substance abuse problems are present that may require intervention.
  - 1.2.1 The clinical interview shall include a Mental Status Exam.
  - 1.2.2 The findings from the clinical interview and assessment shall be documented immediately in the patient’s medical record.
  - 1.2.3 When appropriate, the mental health clinician shall refer minor patients to the P/PNP for assessment.
- 1.3 In the event that a psychological evaluation of a minor patient has been conducted and is available for immediate review, additional psychological testing shall be waived unless deemed necessary by the licensed mental health clinician. This evaluation must have been completed within the past six (6) months.
  - 1.3.1 A note documenting this previous evaluation and briefly describing its findings shall be made in the medical record.

- 1.4 A Psychologist shall determine if additional testing is needed in the following areas:
  - 1.4.1 Psychopathology
  - 1.4.2 Personality functioning
  - 1.4.3 Neuropsychological functioning
  - 1.4.4 Intellectual functioning
- 1.5 The results of psychological testing shall be documented in the medical record.
  - 1.5.1 Psychological assessment reports shall include, at a minimum, identifying data, reason for referral, mental health history, current findings, and recommendations.
  - 1.5.2 Reports of psychological testing shall be documented either in a SOAPE format or in the form of a psychological assessment report.
  - 1.5.3 Reports of any psychological testing shall be signed or counter-signed by a licensed Psychologist.
- 1.6 All minor patients classified as MH-3 shall be seen a minimum of every thirty (30) days by a licensed mental health clinician, regardless of their current subcode.
- 1.7 Minor patients on psychotropic medications shall be seen a minimum of every ninety (90) days by a P/PNP.

 <p>Arizona Department of Corrections</p>	<p>Mental Health Service Delivery for Transgender, Intersex, and Gender Non-Conforming</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 10.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Purpose:** To establish policy and procedures for the identification, assessment, monitoring, and management of patients who present or identify as transgender, intersex, or meet DSM-5 criteria for Gender Dysphoria.

**Responsibility:** The Mental Health Lead is responsible for the delivery of mental health services to the transgender, intersex, and gender non-conforming population at his/her complex.

1.0 Definitions:

- 1.1 Gender – socially constructed roles, behaviors, activities, and attributes that a given society typically or historically assigns to men and women.
- 1.2 Gender Dysphoria (GD) – distress caused by the marked incongruence between a person’s biological sex and his/her intrinsic sense of gender characterized by clinically significant distress or impairment in functioning.
- 1.3 Gender Identity – refers to a person’s internal, deeply felt sense of being male, female, or something else. A person’s self-identified gender, versus their anatomical gender at birth.
- 1.4 Gender Nonconforming – a person’s behavior and appearance that does not conform to the social expectations for ones gender.
- 1.5 Intersex – a condition in which a person is born with external genitalia, internal reproductive organs, chromosome patterns, or an endocrine system that does not fit typical definitions of male or female.
- 1.6 Transgender – a person who identifies with or expresses a gender identity that differs from the one which corresponds to their assigned gender at birth.
- 1.7 Transgender Committee – a multi-disciplinary team outlined in DO 810 that reviews and determines appropriate housing assignments, recommends safety

plans, and provides operational support for patients who identify as transgender or intersex.

- 1.8 Transition – ongoing process of physical and psychological adaptation to the characteristics of an alternate gender.

## 2.0 Procedure

- 2.1 Assessments, reviews, and management of patients who identify as transgender, intersex, or gender non-conforming shall be done on a case-by-case basis, in a respectful manner, and in consideration of individual circumstances, including but not limited to current physical sexual characteristics, gender identification, physical presentation, behavior, and programming needs.

- 2.2 Identification – the identification can occur at the Reception Center or at any time during their incarceration. Information may be provided by the patient, a county jail, or other relevant collateral sources.

- 2.2.1 These patients shall be referred to the Mental Health Lead for evaluation and referral to medical for hormone replacement therapy (HRT) as clinically indicated.

- 2.3 Assessment – the mental health clinician shall conduct a clinical interview in order to assess and determine identification of transgender, intersex, and gender dysphoria that are present and may require intervention.

- 2.3.1 Any identified housing concerns shall be relayed to the Transgender Committee as identified in DO 801.


- 2.3.2 GD is based on an individual's self-report. Therefore, the history or subjective component of the evaluation serves as the primary source for identifying a person as having GD. The clinical interview shall include assessment of the following:

- 2.3.2.1 A history of gender identity issues (age of onset of feeling like other identified gender, passing as other sex via clothing, body changes, or other physical distortions, family/community reactions and impacts, name changes via legal methods such as driver's license or birth certificate modifications).

- 2.3.2.1.1 Confirm symptoms to meet DSM-5 criteria for gender dysphoria.

- 2.3.2.2 A history of any mental health symptoms, to include an assessment for co-occurring mental health disorders that may complicate treatment or confound diagnosis of GD such as

- factitious disorder, personality disorder, delusion disorder, psychosis, etc.
- 2.3.2.3 Background information on GD counseling or HRT.
- 2.3.2.4 Substance use both past and current.
- 2.3.2.5 Trauma history.
- 2.3.2.6 Identification of psychiatric conditions which may complicate medical treatment of GD: self-injurious behaviors, suicidal behaviors including ideations, gestures, or attempts, potential sexual violence or related violent behavior (or crimes in past or current).
- 2.3.3 The findings from the clinical interview and assessment shall be documented in the patient's medical record.
- 2.3.4 The mental health clinician shall provide a referral to psychiatry, when clinically, indicated co-occurring psychiatric disorders that may complicate treatment or confound a diagnosis of GD.
- 2.4 Housing – facility and housing assignments shall be made on a case-by case basis, considering the patient's health and safety as well as potential programming, management and security concerns. A patient's own views regarding safety shall be given careful consideration.
- 2.5 Treatment – mental health and psychiatric staff shall provide ongoing services as clinically indicated and provide appropriate referral documentation for outside consultation services (ex. Endocrinology).
  - 2.5.1 Patients diagnosed with GD shall have access to clinically appropriate treatment options to include:
    - 2.5.1.1 Psychological treatment that addresses ambivalence and/or dysphoria regarding gender.
    - 2.5.1.2 Appropriate psychiatric care.
  - 2.5.2 Medical providers shall provide assessments, monitoring, and primary care for patients who are receiving HRT.
    - 2.5.2.1 Healthcare staff shall request that the mental health team complete an assessment described above when a patient requests HRT.


 <p>Arizona Department of Corrections</p>	<p>Mental Health Follow-up in Peripartum</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 11.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-G-07 – Counseling and Care of the Pregnant Inmate

**Purpose:** To provide direction regarding mental health service delivery for female patients during peripartum (before and after delivery).

**Responsibility:** It is the responsibility of the medical staff assigned to each unit to communicate with mental health staff regarding a patient in a peripartum stage.


- 1.0 The licensed mental health clinician assigned to the unit shall follow-up with each female patient within five (5) days of their return from the hospital after delivering a baby or a miscarriage.
  - 1.1 If it is determined that the patient is suffering from depression, then the clinician shall schedule routine contact with the patient until the depression is resolved. This may include changing the MH score to a 3.
- 2.0 Medical may also refer a pregnant patient if prepartum depression is suspected.

 <p>Arizona Department of Corrections</p>	<p>Mental Health Evaluation for Interstate Compact</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 12.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide direction for requests to complete psychological evaluations on patients who are being considered for an interstate compact transfer.

**Responsibility:** The Mental Health Lead shall ensure that all requests for psychological evaluation relating to Interstate Compacts are completed.

- 1.0 Upon request from the Interstate Compact Coordinator, the Mental Health Lead will assign a Psychologist to complete the required psychological evaluation as specified under the proposed interstate compact agreement.
- 2.0 Prior to the completion of any evaluation and/or testing the Psychologist shall ask the patient to read and sign the Consent for Release of Medical Information for Facilitation of Interstate Corrections Compact Transfer (Form #1101-40).
- 3.0 Once completed, the Psychologist shall:
  - 3.1 Send the originals of the Consent Form as well as the final psychological evaluation to the Interstate Compact Coordinator through the internal mail system.
  - 3.2 Ensure copies of all submitted materials related to the Interstate Compact have been scanned into the patient’s medical record (placed in the legal section in a paper record).
  - 3.3 Forward copies of all submitted materials related to the Interstate Compact to Central Office records to be filed in the patient’s institutional master file.


 <p>Arizona Department of Corrections</p>	<p>Mental Health Evaluation Prior to Hepatitis C Treatment</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 13.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide direction for the completion of a mental health evaluation of patients who have been determined to medically qualify for Hepatitis C treatment.

**Responsibility:** It is the responsibility of the Mental Health Lead to ensure that all requests for an evaluation relating to Hepatitis C treatment are completed.

- 1.0 If the patient is on medications, then the evaluation shall be completed by a P/PNP. If the patient is not on medications, then the evaluation shall be completed by a Psychologist.
- 2.0 Prior to the completion of any evaluation, the Psychologist or P/PNP shall ensure that there is a Mental Health Consent Form in the medical record, or in the absence of such, ask to the patient to read and sign the Form.
- 3.0 Upon the request from a medical provider, the Psychologist or P/PNP assigned to the patient’s current unit shall complete the required evaluation and document this in the medical record in SOAPE format, and on the Mental Health Assessment for Hepatitis C Treatment Candidates (Form #1103-64).
- 4.0 Once completed, the Psychologist or P/PNP shall:
  - 4.1 Scan/place all original documents in the medical record.
  - 4.2 Send a copy of the completed Mental Health Assessment for Hepatitis C Treatment Candidates Form to the medical provider who requested the evaluation.



 <p>Arizona Department of Corrections</p>	<p>Release Planning</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 14.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-E-10 – Discharge Planning


**Purpose:** To ensure that all patients have adequate planning to address their mental health needs in the community after release from prison.

**Responsibilities:** The designated Release Planners, working in conjunction with mental health staff on each unit, are responsible for coordinating plans for patient contact with community mental health agencies.

- 1.0 Release planning shall be completed and documented more than thirty (30) days, but less than six (6) months, prior to patient’s earliest release date.
- 2.0 SMI patients and those classified as MH-4 or MH-5 shall receive the following release planning services:
  - 2.1 Patients shall be referred to the appropriate Regional Behavioral Health Authority (RBHA) for an SMI evaluation.
    - 2.1.1 If a patient is currently open with a RBHA, an appointment shall be made to establish contact and resume services as soon as possible after release.
  - 2.2 An AHCCCS application shall be submitted, if no longer active in the system.
  - 2.3 Housing options shall be discussed.
  - 2.4 Patients shall be given a release packet which identifies the address and phone numbers of mental health agencies specific to the community where the patient plans to reside.
  - 2.5 Patients shall be released with thirty (30) days of their medications.
    - 2.5.1 If the psychiatric provider determines that it is unsafe to release the patient with a 30-day supply of their medication due to it being an injectable

antipsychotic, then the psychiatric provider shall document this and any efforts taken to ensure continuity of care back to the community (i.e., switching medication to pill form, moving the date of injection to be completed just before release, etc.).

- 3.0 Release planning for all MH-3 patients who are not designated as SMI shall include the following:
  - 3.1 These patients shall be given a release packet which identifies the address and phone numbers of mental health agencies specific to the community where the patient plans to reside.
  - 3.2 If a non-SMI patient requests an SMI evaluation, a referral to the appropriate RBHA shall be completed.
- 4.0 Court Ordered Evaluations (COE) upon release
  - 4.1 If it is determined that a patient needs to be evaluated for inpatient treatment upon release from prison, the patient shall be petitioned for a COE.
  - 4.2 The male patient shall be transported to ASPC - Phoenix at least two weeks before the release date for the clinical team to fully evaluate the patient's needs and to be able to file the appropriate paperwork.
    - 4.2.1 In the event that there is insufficient time prior to the patient's release, the Regional Release Planning Manager and MHD, or designee, shall assist the Mental Health Lead at the Complex where the patient currently resides in determining the appropriate release plan available.
      - 4.2.1.1 No patient shall be released directly from being on a mental health watch to the community without coordination with community mental health services.

 <p>Arizona Department of Corrections</p>	<p>Additional Delivery of Services</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 3 Section 15.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** DO 1101.13  
 DO 125.05  
 DO 805  
 DO 910.08  
 NCCHC MH-B-05 – Response to Sexual Abuse

**Purpose:** To provide reference to policy and procedures relating to additional delivery of services by mental health clinicians and providers.

**Responsibility:** It is the responsibility of the mental health clinicians and providers to familiarize themselves with the policies related to the interdisciplinary services discussed in this section.

1.0 Hunger Strike

1.1 DO 1101.13 – A Psychiatrist or Psychologist shall complete a mental health assessment as to the patient’s capacity to made decisions about his/her health care. There will also be an interdisciplinary clinical staffing panel determine any potential issues and attempt to resolve them.

2.0 PREA

2.1 DO 125.05 – Upon notification of an alleged sexual assault, a mental health clinician or provider shall evaluate each patient to determine if crisis interventions are necessary. If it is after business hours, the Mental Health Urgent Responder shall be contacted. Any patient who is involved in a sexual assault shall be offered mental health services as clinically indicated.

3.0 Protective Custody

3.1 DO 805 – Once a patient is formally placed in the Protective Custody review process, a mental health clinician shall be immediately notified by security staff. The mental health clinician shall evaluate/interview every patient (regardless of

MH score) no later than seventy-two (72) hours, to determine risk of self-harm. These patients shall be seen by a mental health clinician every thirty (30) days during this process. When a patient is denied Protective Custody or approved for alternate placement, a mental health clinician shall be immediately notified and evaluate the patient no later than to seventy-two (72) hours.

#### 4.0 Work/Education Exemptions


4.1 Mental health clinicians shall not provide routine exemptions from patient work or mandatory education, but they may provide necessary information after a release of information has been completed by the patient.

4.1.1 DO 910.08 – Requests from a patient for exemptions from mandatory education shall be referred to the education department.

4.1.1.1 In the event that a request is sent to the health services staff from the education department, then the staff shall provide any necessary medical/mental health information to the education department.

4.1.1.2 The decision to exempt a patient from education is at the discretion of the education department but shall take into consideration the information provided by the healthcare staff.

4.1.2 Requests for any modification of work duty shall be done through the appropriate COIII and the Mental Health Lead.


 <p>Arizona Department of Corrections</p>	<p>Continuation of Psychotropic Medications for Reception Patients</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 1.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide direction regarding continuity of psychotropic medications for new ADC admissions.

**Responsibility:** It is the responsibility of the P/PNP to continue psychotropic medications for patients new to ADC custody in accordance with the protocols of this section.

- 1.0 Medications can be prescribed for continuity of care for new ADC arrivals who have not been assessed by a P/PNP under the following circumstances:
  - 1.1 Healthcare staff shall verify active psychotropic medication prescription(s) through one of the following:
    - 1.1.1 Receipt of a continuity of care form from the referring facility
    - 1.1.2 Documentation from a pharmacy
    - 1.1.3 Current, properly labeled prescription bottles
    - 1.1.4 Current and/or previous medical records
  - 1.2 Once psychotropic medications are verified, a RN shall contact a P/PNP to obtain medication orders.
  - 1.3 Formulary and non-formulary (excluding controlled substances), can be continued for up to forty-two (42) days without a non-formulary request.
    - 1.3.1 If an electronic medical record is not utilized at the facility, then Healthcare staff shall attach a copy of the means of verification to the prescription sent to the Vendor’s pharmacy.
  - 1.4 A psychiatric appointment shall be scheduled within forty-two (42) days of the medication order.

- 2.0 For all patients who arrived to a state prison facility with active prescriptions for psychotropic medications who are assessed by a P/PNP upon arrival:
  - 2.1 Healthcare staff shall verify active psychotropic medication prescriptions through one of the following:
    - 2.1.1 Receipt of a continuity of care form from the referring facility
    - 2.1.2 Documentation from a pharmacy
    - 2.1.3 Current, properly labeled prescription bottles
    - 2.1.4 Current and/or previous medical records
  - 2.2 Formulary and non-formulary psychiatric prescriptions (excluding controlled substance), can be continued for up to ninety (90) days.
    - 2.2.1 If an electronic medical record is not utilized at the facility, then Healthcare staff shall attach a copy of the means of verification to the prescription sent to the Vendor's pharmacy.
    - 2.2.2 Non-formulary prescriptions can be continued on patients who are seen, without a non-formulary request.
      - 2.2.2.1 Non-formulary prescriptions with a duration in excess of ninety (90) days shall require completion of a non-formulary request form.
  - 2.3 Starting a new non-formulary medication shall require completion of a non-formulary request form.
- 3.0 The prescribing provider shall not order more than the Federal Drug Administration (FDA) recommended maximum dosage for any medication regardless of the verified amount.

 <p>Arizona Department of Corrections</p>	<p>Psychotropic Medication Protocol</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 2.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Purpose:** To provide direction regarding monitoring, assessing, and prescribing psychotropic medications by authorized medical personnel.

**Responsibility:** It is the responsibility of all authorized medical personnel to act in accordance with this policy.

- 1.0 Prior to ordering psychotropic medications, all patients shall be assessed to determine pharmacologic treatment appropriateness. Laboratory tests, psychiatric diagnosis, clinical benefits and risks, drug-drug interactions, comorbid illness, age, pregnancy, and prior medication trials are examples of clinical elements use to determine pharmacologic treatment appropriateness.
  - 1.1 Psychiatric diagnosis shall be determined by one or more of the following:
    - 1.1.1 Full psychiatric evaluation
    - 1.1.2 Psychiatric progress note
    - 1.1.3 Psychological testing
    - 1.1.4 Review of prior ADC medical records
    - 1.1.5 Review of community mental health records
- 2.0 If psychotropic medications are prescribed, the psychiatric/medical provider shall routinely assess and monitor treatment efficacy, adverse reactions, drug interactions, resulting medical sequelae, patient safety, and laboratory studies.
- 3.0 Certain psychotropic medication classes (Stimulants, Antidepressants, Antipsychotics, Mood Stabilizers, Antianxiety agents) may require specific laboratory tests, routine laboratory tests, monitoring, and physical assessments.

- 3.1 All prescribing psychiatric/medical providers shall follow such guidelines as indicated by pharmaceutical manufacturer(s), FDA, and/or clinical standards.
- 3.2 The following list of laboratory tests and physical assessments shall be used, as clinically indicated, when monitoring psychotropic medications (not an inclusive list). The frequency of monitoring/use is established by clinical standards, FDA, and/or pharmaceutical manufacturer(s).
  - 3.2.1 Abnormal Involuntary Movement Scale (AIMS)
    - 3.2.1.1 Completed prior to start of antipsychotic medication, baseline.
    - 3.2.1.2 Completed when increasing dose of antipsychotic medication.
    - 3.2.1.3 Completed at a minimum of every six (6) months.
  - 3.2.2 ECG/EKG
  - 3.2.3 Lithium level
  - 3.2.4 Depakote level
  - 3.2.5 Liver function tests
  - 3.2.6 Electrolytes
  - 3.2.7 Vital signs
  - 3.2.8 Thyroid Function tests
  - 3.2.9 Complete Metabolic Panel
  - 3.2.10 Complete Blood Cell count with or with Differential
  - 3.2.11 Lipid studies
  - 3.2.12 Blood glucose, HbA1c
- 4.0 The P/PNP shall use a psychiatric progress note or full psychotic evaluation note to document the following clinical information:
  - 4.1 S.O.A.P.E.
  - 4.2 DSM 5 Diagnosis(es)
  - 4.3 Clinical rationale for psychopharmacologic treatment



- 4.4 Medication education
  - 4.5 Medication consent
  - 4.6 Plan for monitoring as recommended by FDA
  - 4.7 Review of laboratory results, if clinically indicated
  - 4.8 Review of echocardiogram results, if clinically indicated
  - 4.9 Review of medication administration record(s), if clinically indicated
  - 4.10 Review of medical illness; active, chronic, and/or past
- 5.0 Prescribe medication utilizing the electronic health record (or paper chart where utilized), or provide a RN with a telephone order for the planned prescriptions.
- 5.1 Ensure, in conjunction with pharmacy and nursing staff, that the prescription is accurate, complies with duration guidelines, complies with dispensing guidelines, complies with non-formulary protocols, and patient receives the psychotropic medication within a medically appropriate time frame.
- 6.0 When administering psychotropic medication to a voluntary patient, the nurse responsible for administering the medications and documenting patient's compliance shall:
- 6.1 Only administer active psychotropic medication(s); expired or discontinued medication shall not be administered.
  - 6.2 Document on the MAR all psychotropic medication administered
  - 6.3 Document on the MAR all psychotropic medications refused.
  - 6.4 Inform the P/PNP of psychotropic medication adverse reactions, and document the information on a progress note.
  - 6.5 If an electronic medical record is not being utilized at the facility, then the nurse must also:
    - 6.5.1 Transcribe each medication order onto the MAR.
    - 6.5.2 Bracket, after transcribing the orders, all orders in RED and write "noted," followed by the date, time, the healthcare staff's name and title.
  - 6.6 Keep all psychotropic medication in containers bearing the Pharmacist's original label and store it in a securely locked medicine cabinet where the institution's prescription medications are stored and dispensed.

## 7.0 Medication Administration

7.1 Psychotropic medication(s) shall be administered by one of the following routes, as ordered by the P/PNP:

### 7.1.1 Oral

7.1.1.1 Pill, tablet, wafer, liquid

7.1.1.2 Crush and float

7.1.1.3 Sublingual and buccal

### 7.1.2 Injection

### 7.1.3 Rectal

### 7.1.4 Nasal

### 7.1.5 Otic

### 7.1.6 Ocular

### 7.1.7 Transdermal

### 7.1.8 Cutaneously

7.2 Psychotropic medication(s) shall be administered under one of the following styles/observations as ordered by the P/PNP:


### 7.2.1 Direct Observation Therapy (DOT)

7.2.1.1 DOT can only be discontinued with written orders from the P/PNP.

7.2.1.2 All medications dispensed to a patient on a mental health watch shall be DOT.

7.2.1.3 Any health care professional may place a patient on DOT if he or she suspects that the patient may not take the medication as prescribed.


### 7.2.2 Keep On Person (KOP)

 <p>Arizona Department of Corrections</p>	<p>Psychotropic Prescription Duration</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 3.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To outline the processes and timelines under which a prescription for psychotropic medications can be authorized.

**Responsibility:** The P/PNP is responsible for acting in compliance with the prescription writing processes outlined in this section.

- 1.0 Psychotropic medication prescriptions shall not exceed a duration of more than six (6) months.
- 2.0 For patients on multiple medications:
  - 2.1 When a P/PNP makes prescription adjustments or prescribes new medication(s), the expiration date shall match the date of current psychotropic medications.
- 3.0 Release prescription(s) shall not exceed a duration of more than thirty (30) days.


 <p>Arizona Department of Corrections</p>	<p>Registered Nurse Interim Follow-up</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 4.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To outline the procedures under which a P/PNP may order a RN to assess a patient’s health.

**Responsibility:** The RN is responsible to conduct the ordered assessment in accordance with the protocols outlined in this section.

- 1.0 The P/PNP may order a formal patient follow-up by the RN.
- 2.0 The RN shall complete patient assessments within the ordered time frame designated by the P/PNP. If clinically indicated, the RN may also assess patients without a P/PNP order. The encounter may include assessment of one or more of the following:
  - 2.1 Vitals
  - 2.2 Current symptoms
  - 2.3 Medication efficacy
  - 2.4 Presence or absence of adverse reactions
  - 2.5 Risk assessment (danger to self or others, ability to function in current environment)
  - 2.6 Chronic medical illness
  - 2.7 Acute medical illness
  - 2.8 Medication refusal(s)
  - 2.9 Appointment refusal(s)
  - 2.10 Heat intolerance/insensitivity


- 2.11 Patient education
- 3.0 Once the RN assessment is complete, he/she shall determine if the clinical findings need to be staffed with the treating P/PNP or medical provider. Examples of clinical findings requiring P/PNP staffing include:
  - 3.1 Acute psychiatric symptoms
  - 3.2 Acute safety concerns
  - 3.3 Increase of patient risk for harm to self and others
  - 3.4 Intolerable adverse reactions
  - 3.5 Medication diversion
  - 3.6 Heat intolerance/insensitivity secondary to psychotropic medications
  - 3.7 Acute medical illness
  - 3.8 Significantly abnormal vitals or laboratory results
- 4.0 If the treating P/PNP is not available and clinical findings are urgent, the RN shall staff the patient's case with an alternate P/PNP, medical provider, Urgent Response P/PNP, or Regional Psychiatric Director.
- 5.0 The RN shall document the patient encounter and P/PNP staffing in the medical record. The documented encounter shall be sent to the appropriate P/PNP, medical provider, Urgent Response P/PNP, or Regional Psychiatric Director for review.
- 6.0 If the RN does not identify acute or urgent clinical concerns, and no medical intervention is required, the patient shall follow-up with the P/PNP as previously ordered. The RN may provide additional interim follow-up with the patient prior to the patient's next contact with the P/PNP.
- 7.0 If clinically indicated, the RN shall schedule the patient with a P/PNP within fourteen (14) days of the RN encounter.

 <p>Arizona Department of Corrections</p>	<p>Protocols for Referral of Patients for Psychiatric Services</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 5.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide a standardized protocol for P/PNP referrals.

**Responsibility:** It is the responsibility of the healthcare staff to operate in accordance with the protocol outlined in this section.


- 1.0 Upon receipt of a psychiatric referral, the patient shall be seen by a P/PNP within fourteen (14) days.
- 2.0 Upon receipt of a HNR seeking psychiatric services, describing psychiatric symptoms, describing possible adverse reactions, or identifying safety issues, the medical or mental health RN shall triage the HNR and assess the patient. If the patient needs to be assessed by a P/PNP, the RN shall determine clinical acuity and refer to psychiatry in a timeframe consistent with the clinical presentation.
  - 2.1 All referrals shall be assessed by psychiatry within fourteen (14) days.
  - 2.2 Requests for the adjustment of medication administration time (AM to PM, noon, or PM to AM) does not require a psychiatry assessment.
    - 2.2.1 If a written HNR request to change medication administration time, the RN shall review prescribed medication(s), provide patient education regarding medication administration times, identify reasons for the requested change, and contact treating P/PNP for approval.
      - 2.2.1.1 If treating P/PNP is not available, an alternative P/PNP or the Regional Psychiatric Director should be contacted.
    - 2.2.2 If the P/PNP agrees to adjust medication administration time, the RN shall change the originally prescribed administration time and send the documentation to the responsible P/PNP for review and official approval.

 <p>Arizona Department of Corrections</p>	<p>Procedures for Voluntary Use of Psychotropic Medications</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 6.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide guidance to a P/PNP for prescribing psychotropic medications to voluntary patients as clinically indicated for the treatment of a psychiatric illness and/or reducing the risk of harm as the result of a psychiatric illness.

**Responsibility:** The P/PNP is responsible for prescribing medications in accordance with departmental policy and protocols.

- 1.0 When prescribing psychotropic medication(s) to a voluntary patient, the P/PNP shall:
  - 1.1 Determine if a psychiatric illness is present, psychopharmacologic treatment is indicated, benefits of treatment outweigh associated risks, and if prescription medication is appropriate at the time of the patient encounter.
  - 1.2 Complete an Informed Consent for Psychotropic Medication (Form #1103-12).
    - 1.2.1 If the patient declines to sign the consent form, healthcare staff shall write "refused to sign" on the patient signature line.
    - 1.2.2 If an approved medication specific consent form for the proposed medication is available, it should be utilized in place of Form #1103-12.

 <p>Arizona Department of Corrections</p>	<p>Procedures for Involuntary Use of Psychotropic Medications</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 7.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-I-02 – Emergency Psychotropic Medications

**Purpose:** To provide guidance to P/PNP (or other providers when necessary) for involuntary or emergency administration of psychotropic medications to incarcerated individuals when clinically indicated as a means of treating a psychiatric illness or urgently reducing harm, dangerousness, or severe violence towards self or others.

**Responsibility:** The P/PNP is responsible for determining if a psychiatric illness is present, urgent psychopharmacologic intervention is indicated, benefits of treatment outweigh associated risks, prescription medication is appropriate at the time of the patient encounter and if involuntary administration is necessary to reduce harm, violence, and further severe decompensation secondary to a psychiatric illness.

1.0 Involuntary Administration of Psychotropic Medications – Emergent

1.1 A P/PNP (or another attending Physician/Nurse Practitioner/Physician Assistant if P/PNP is unavailable) may order involuntary administration of emergency psychotropic medication if the P/PNP (or attending Physician, NP, PA) clinically reviews or directly assesses patient and determines:

1.1.1 Presence of serious imminent danger to one’s self, others, and/or violence as a result of a psychiatric illness.

1.1.1.1 Danger to self – behavior that, as a result of a psychiatric illness, constitutes a danger of inflicting serious physical harm on oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual’s previous acts, it is substantially supportive of an expectation that the threat will be carried out.



- 1.1.1.2 Danger to others – the judgement of a person who has a psychiatric illness is so impaired that the person is unable to understand the person’s need for treatment and as a result of the person’s psychiatric illness the person’s continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm of another person.
  - 1.1.2 Benefit(s) of involuntary administration of psychotropic medication(s) outweigh the associated risk(s) of pharmacological intervention.
  - 1.1.3 At the time of emergency, the patient does not exhibit the capacity to manage the psychiatric emergency.
  - 1.1.4 Alternative methods of confinement or restraint are inadequate.
  - 1.1.5 Involuntary administration of psychotropic medication is clinically indicated, as a last resort, to immediately reduce serious imminent danger.
- 2.0 Involuntary Administration of Psychotropic Medications – Non-Emergent
- 2.1 Involuntary administration of psychotropic medication during a non-emergent situation requires the following:
    - 2.1.1 Psychotropic Medication Review Board (PMRB) – an internal board comprised of a non-treating Psychiatrist, a non-treating Psychologist, and a Deputy Warden or Associate Deputy Warden.
      - 2.1.1.1 Board chair shall be the non-treating Psychiatrist.
      - 2.1.1.2 The committee shall determine, by a majority vote, if the criteria listed in 2.2 has been met.
        - 2.1.1.2.1 The non-treating Psychiatrist must be in the majority.
      - 2.1.1.3 If all criteria for involuntary administration of psychotropic medication are present, the board shall decide whether or not to approve the request for involuntary treatment(s).
  - 2.2 Clinical criteria for PMRB hearing:
    - 2.2.1 The patient suffers from a DSM 5 psychiatric illness.
    - 2.2.2 The patient does not exhibit the capacity to make mental health decisions.
    - 2.2.3 The patient is persistently or acutely disabled secondary to a psychiatric illness and is unable to provide for his/her own basic physical needs.

- 2.2.4 The patient is severely impaired and/or the patient's symptoms/behaviors present a likelihood of serious harm to self or others, secondary to a psychiatric illness.
  - 2.2.4.1 Severely impaired – a significant deterioration in cognitive functioning, physical health, reality testing, or volitional control over actions.
  - 2.2.4.2 Serious harm to self or others – action or lack of action resulting in bodily harm or risk to health or safety.
- 2.2.5 There is a substantial likelihood that psychotropic medication will ameliorate the patient's condition.
- 2.2.6 The prescribed psychotropic medications will likely reduce suffering, risk, and improve clinical outcomes.
- 2.2.7 The patient has been offered pharmacological psychiatric treatment(s) and has refused the opportunity to voluntarily participate in the pharmacological treatment plan.

### 2.3 Procedural Timelines

- 2.3.1 Notification of Intent – A mental health staff member shall provide the patient at least twenty-four (24) hours written notice (excluding weekends and holidays) of the intent to convene an involuntary medication hearing before a PMRB, during which time the patient may not be involuntarily medicated (unless in an emergency situation).
  - 2.3.1.1 The Notification of Intent to Request Approval for Involuntary Medication (Form #1103-15P) shall include the treating P/PNP's tentative psychiatric diagnosis, factual basis for the diagnosis, examples of impairment, examples of danger to self and/or others, examples of patient treatment refusal, pertinent medical illness associated with psychiatric decompensation, clinical evidence that supports the use of psychotropic medication, and a statement as to why the P/PNP involuntary administration of medication is necessary.
  - 2.3.1.2 The Form shall be distributed as follows: White copy to Legal/Administrative section of patient medical record, Canary copy to Mental Health Lead, and Pink copy to patient.
- 2.3.2 Scheduled PMRB – The Mental Health Lead, or designee, shall schedule a PMRB meeting between twenty-four (24) hours and seventy-two (72)

hours (excluding weekends and holidays) of the patient's receipt of the Notification of Intent to Request Approval for Involuntary Medication Form.

2.3.2.1 The patient shall be notified of the PMRB hearing using the Psychotropic Medication Review Board Notification of Hearing and Patient's Rights (Form #1103-1P) which shall include the date and time of the hearing.

2.3.2.1.1 The patient has the right to attend or refuse to attend the hearing. If after encouragement the patient refuses to attend the hearing it shall be documented on the Finding of the Psychotropic Medication Review Board (Form #1103-2P).

2.3.2.1.2 At the discretion of the PMRB panel, the patient may present evidence and cross-examine witnesses.

2.3.2.2 The Mental Health Lead, or designee, shall distribute the form to the patient's Correctional Officer III (COIII), the treating P/PNP, and the PMRB members of the hearing.

2.3.2.3 The Form shall be distributed as follows: White copy – Legal/Administrative section of patient medical record, Green copy - treating P/PNP, Canary copy - Deputy Warden or Associate Deputy Warden, Pink copy - patient's COIII, and Goldenrod copy – patient.

2.3.3 Notification of Results – The patient shall be informed of the Board results within eight (8) hours via receipt of the Finding of the Psychotropic Medication Review Board (Form #1103-2P).


2.3.4 Appeal of PMRB Decision – The patient may appeal the Board's decision to the MHD (or designee) by notification via an inmate letter, within twenty-four (24) hours (excluding weekends and holidays) of receipt of the PMRB's decision.

2.3.4.1 The inmate letter shall be electronically sent to the MHD, or designee, along with copies of relevant P/PNP documentation and the Findings of Psychotropic Medication Review Board Form.

2.3.4.2 The MHD, or designee, shall decide the outcome of the appeal and notify the Mental Health Lead, or designee, of the decision, via electronic transmission, within twenty-four (24) hours of receipt (excluding weekends and holidays).

- 2.3.4.3 Within four (4) hours of receipt of the MHD's decision, the Mental Health Lead, or designee, shall provide copies of the decision to the patient, the patient's COIII, the treating P/PNP, and the PMRB chair.
  - 2.3.4.4 During the appeal period, in the absence of an emergency as defined in this Section, the patient shall not be involuntarily medicated.
  - 2.3.4.5 In the event that the appeal is upheld, the patient shall not be involuntarily medicated unless there is an emergency as defined in this Section, or by a Court order.
  - 2.3.5 New Hearing After Appeal Upheld – The treating P/PNP may request a new involuntary medication hearing no sooner than fourteen (14) working days after the appeal is upheld.
  - 2.3.6 PMRB Approval for Involuntary administration of psychotropic medications: In the absence of an emergency, a patient may receive involuntary administration of psychotropic medication, for a maximum of one hundred eighty (180) days,
- 3.0 Follow-up contacts after PMRB
- 3.1 If the PMRB approves involuntary administration of psychotropic medication, and there is no upheld appeal, the patient's current treatment team shall review the patient's case within ninety (90) days and approve or disapprove, by use of the criteria cited in this Order, the continuance of involuntary medication for an additional ninety (90) days.
    - 3.1.1 The treatment team's decision is final and not subject to appeal.
  - 3.2 The laboratory tests shall be a component of the PMRB process and can be conducted against the patient's will if necessary.
  - 3.3 At any time that the patient becomes compliant with his medication(s) and agrees to voluntary administration, the treating P/PNP shall so note in the patient's medical record, though the PMRB order shall remain in effect unless rescinded by the PMRB or it expires.
    - 3.3.1 The P/PNP shall meet with the patient a minimum of every thirty (30) days while there is an active PMRB order.
  - 3.4 At the end of the one hundred and eighty (180) day involuntary medication period, the PMRB order for involuntary medication shall expire.


- 3.4.1 The treating P/PNP may, pursuant to the criteria above, again seek authorization to involuntarily medicate the patient with psychotropic medication.
- 4.0 Inpatient Programs – The P/PNP may also prescribe psychotropic medication and administer it involuntarily to patients who are involuntarily-committed (COT) at the ASPC-Phoenix or ASPC-Perryville licensed inpatient program.
  - 4.1.1 In a non-emergency, a review and consent is obtained from a committee composed of staff Physicians, Psychiatrists, and Psychologists.
- 5.0 Medications administered involuntarily shall be documented in the same way as medication administered voluntarily. The injections shall be clearly documented on the MAR, including location of injection.

 <p>Arizona Department of Corrections</p>	<p>Protocols for Psychiatric Services at Non-Corridor Complexes</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 8.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide guidance regarding the processes for provision of psychiatric services to patients housed at non-corridor complexes.

**Responsibility:** The Mental Health Lead at the non-corridor facility is responsible for coordinating the psychiatric services and/or requesting the transfer of patients to an appropriate corridor facility as clinically indicated.

- 1.0 Each non-corridor facility shall have a corridor facility with which they are affiliated for purposes of psychiatric coverage.
- 2.0 Procedure
  - 2.1 A patient identified by mental health staff as needing a psychiatric evaluation or psychiatric care shall be scheduled for the next P/PNP’s appointment line.
  - 2.2 Patients identified as needing to be seen by the P/PNP shall be transported to the appropriate facility by security staff from the sending unit.
    - 2.2.1 Telemedicine appointments may be scheduled where appropriate, following Telemedicine Technical Manual procedures.
  - 2.3 The mental health clinician at the non-corridor complex shall initiate the movement of any patient who is prescribed psychotropic medications during their contact with the P/PNP.
  - 2.4 The affiliated corridor complex shall provide emergency support services to the designated non- corridor complex.
  - 2.5 Affiliations for outlying facilities shall be designated by the Vendor’s Administration in consultation with the MHD, or designee.

 <p>Arizona Department of Corrections</p>	<p>Discontinuation Of Psychotropic Medication</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 9.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Purpose:** To provide direction regarding the protocols and personnel involved in the timely initiation and assessment of patients who are refusing psychotropic medications or whose psychotropic medications have been discontinued.

**Responsibility:** It is the responsibility of the P/PNP assigned to each complex to ensure the appropriate treatment and subsequent follow-up of any abrupt, unexpected, or planned discontinuation of psychotropic medication.

- 1.0 Clinical events, at the discretion of the P/PNP, that may lead to the discontinuation of psychotropic medications include:
  - 1.1 Intolerable adverse reactions;
  - 1.2 Pregnancy;
  - 1.3 Laboratory studies;
  - 1.4 Drug-to-drug interactions;
  - 1.5 Medication diversion;
  - 1.6 Onset of complicating medical comorbidity;
  - 1.7 Iatrogenic mental status change;
  - 1.8 Substance intoxication / abuse / dependence
  - 1.9 Patient request (via communication with health staff verbally or by written HNR);
  - 1.10 The absence of, or clinically inappropriate low, serum blood levels of prescribed psychotropic medications;
  - 1.11 Refusal of three consecutive medication administrations; or

1.12 Refusal of two P/PNP appointments.

2.0 Procedure:

2.1 Emergent situations may warrant immediate discontinuance of medications such as urinary retention, acute change in mental status, suspicions of Neuroleptic Malignant Syndrome, suspicions of Serotonin Syndrome, or critical labs.

2.1.1 The patient shall be seen immediately by either a medical/psychiatric provider or an RN.

2.1.1.1 If the patient is assessed by an RN, the RN shall contact a P/PNP and staff the case. The RN shall note all verbal orders and document the clinical occurrence in the medical record.

2.1.2 Discontinuing medications following a face-to-face interaction, nurse triage, provider staffing, or critical / emergent event, shall prompt the responsible P/PNP to document reasons for the immediate discontinuation, treatment plan to address emergent situation, and the formal plan for follow up.

2.1.3 When psychotropic medications are stopped abruptly secondary to an emergent situation, follow up care by a P/PNP shall occur within three (3) business days.

2.2 For all planned medication discontinuations, the patient shall be seen by a P/PNP for an evaluation, and the reasons for the discontinuation shall be clearly documented in the medical record.

2.2.1 For patients who are no longer on any psychotropic medications, they shall be seen again by a P/PNP no more than thirty (30) days after the discontinuation of the medications.


2.2.2 For patients who are still on at least one psychotropic medication, the P/PNP shall document a formal plan for follow up related to the discontinued medication(s).

2.3 If patient refuses to attend their psychiatric appointment, then the P/PNP shall document in the medical record a formal plan for follow up to include a required contact by a psychiatric RN or a mental health clinician prior.

2.3.1 If clinically indicated, the P/PNP may write an order for continuance of medication up to a 30 day period and set a new return to clinic appointment within 30 days.




- 2.3.2 If clinically indicated, P/PNP may discontinue medications immediately and schedule return to clinic appointment within 30 days.
- 3.0 It is the responsibility of the P/PNP to notify the mental health team that a patient is no longer prescribed psychotropic medications.
  - 3.1 The P/PNP is also required to change the mental health score to a MH-3D (unless the patient is SMI or in a Residential/Inpatient Treatment Program).
- 4.0 Upon the discovery of any unplanned discontinuation of psychotropic medication, the patient shall be seen immediately by a mental health clinician or an RN to determine if the patient needs to be placed on watch until psychotropic medications can be resumed.

 <p>Arizona Department of Corrections</p>	<p>Management of Photosensitivity Reactions to Medications</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 10.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide direction regarding the management of medication-induced photosensitivity.

**Responsibility:** It is the responsibility of the P/PNP, medical provider, and/or RN, to assess all suspected medication-induced sunburns and duly act in accordance with the protocols outlined in this section.


- 1.0 All suspected cases of medication-induced sunburn, shall be verified by direct clinical examination by medical staff. Health record documentation shall support an unequivocal diagnosis of significant sunburn (to include erythema at a minimum), via progress note and/or physical assessment.
- 2.0 If the P/PNP, or medical provider, determines that the rash is consistent with medication-induced photosensitivity, the P/PNP shall meet with the patient and discuss management options.
  - 2.1 These options include, but are not limited to:
    - 2.1.1 Avoid photosensitizing medications
    - 2.1.2 Switch psychotropic medications
    - 2.1.3 Avoid excessive skin exposure to sunlight
    - 2.1.4 Sun protection to include sunscreen and/or protective clothing
- 3.0 For cases in which the P/PNP and patient agree that switching psychotropic medications is not desirable, the patient shall be counseled as to proper use of sunscreen. The P/PNP shall order sunscreen for the patient (minimum SPF 30).

 <p>Arizona Department of Corrections</p>	<p>Management of Heat Intolerance Reactions to Medications</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 4 Section 11.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide direction regarding the management of heat intolerance and psychotropic medications.

**Responsibility:** It is the responsibility of the P/PNP, and/or RN, to assess heat intolerance in combination with psychotropic medications and duly act in accordance with the protocols outlined in this section.

- 1.0 All cases of suspected Heat Intolerance shall be verified by direct clinical examination by medical staff.
- 2.0 Medical staff shall document in the medical record their clinical examination, pertinent laboratory findings, and the unequivocal diagnosis of hyperthermia (body temperature above 99.5 degrees), heat stroke, heat exhaustion, or orthostatic hypotension (drop of 20mm Hg or greater on rising).
- 3.0 If the patient is prescribed psychotropic medication by the P/PNP, medical staff shall refer the patient for additional psychiatric management.
  - 3.1 The P/PNP assessment shall occur within fourteen (14) days of the referral.
- 4.0 If the P/PNP determines that the psychotropic medication is contributing to heat intolerance, the P/PNP shall meet with the patient and discuss treatment alternatives.
- 5.0 For cases in which the P/PNP and patient agree that alternative treatment options are not appropriate, the P/PNP shall consult with the medical provider regarding a duty status, including issuing special clothing, to minimize heat exposure.
- 6.0 If all reasonably available steps have been taken to prevent heat injury or illness and the symptoms continue, the patient shall be transferred to a housing area where the temperature does not exceed 85 degrees.

 Arizona Department of Corrections	Mental Health Watch Protocol	OPR: Assistant Director Health Services Contract Monitoring Bureau
Mental Health Technical Manual	MHTM Chapter 5 Section 1.0	Supersedes: MHTM 6/18/15 Effective Date: 12/24/19

**Reference:** DO 807

NCCHC MH-G-04 – Suicide Prevention Program

**Purpose:** To provide direction regarding mental health watches for patients displaying suicidal ideation, suicidal gestures, and/or bizarre behavior.

**Responsibility:** It is the responsibility of all mental health clinicians and providers to assign the appropriate level of mental health watch to patients in crisis.

#### 1.0 Continuous Mental Health Watch:

1.1 Mental health clinicians or providers shall order a Continuous Watch when a patient has demonstrated signs or symptoms of significant mental disorder and is acting in a manner indicating imminent suicide risk or risk to others due.

1.1.1 This watch is for patients whose mental status has deteriorated and are considered acutely suicidal (actively engaging in self-injurious behavior and/or threatening suicide with a specific plan). Any gesture or attempt to self-harm shall necessitate a continuous watch for a minimum of one (1) day.

#### 2.0 10 Minute Mental Health Watch:


2.1 Mental health clinicians or providers shall order a Ten (10) Minute Watch when a patient has demonstrated signs or symptoms of significant mental disorder and is acting in a manner indicating high suicide risk and/or risk to others.

2.1.1 Any verbal or written communication indicating suicidal ideation (without a specific plan) by the patient shall, at a minimum, necessitate a Ten (10) Minute Watch.

#### 3.0 30 Minute Mental Health Watch:

- 3.1 Mental health clinicians or providers shall order a Thirty (30) Minute Watch when a patient has demonstrated acute signs or symptoms of significant mental health disorder, but is not acting in a manner indicating significant suicide risk.
  - 3.2 Thirty (30) Minute Watch shall not be ordered by an urgent responder.
  - 3.3 An in-depth suicide risk assessment shall be completed with all patients prior to removing them from a mental health watch.
- 4.0 A face-to-face assessment is required when placing a patient on any level of mental health watch.
- 4.1 The assessment can be completed by any of the following:
    - 4.1.1 A mental health clinician or provider,
    - 4.1.2 Or a medical/mental health RN if it is after regular business hours (weekends, nights, or holidays).
  - 4.2 If the assessment is not completed by a clinician or provider, then the RN (medical or mental health) shall attempt to obtain verbal orders from an urgent responder immediately.
    - 4.2.1 If an urgent responder cannot be contacted, then the patient is to be placed on a Continuous Mental Health Watch until mental health has a face-to-face with the patient.
  - 4.3 The assessment is to be documented in the medical record.
- 5.0 Any deviation from the items required on the Watch Disposition Form (807-1) shall only be approved by the MHD.
- 6.0 Only licensed mental health clinicians shall reduce the level of observation and/or discontinue a watch. Any health care staff can increase the level of observation based on safety concerns.
- 6.1 All daily watch contacts that occur during regular business days shall be conducted by a licensed mental health clinician.
  - 6.2 Daily watch contacts that occur during weekends and holidays can be completed by an RN.
    - 6.2.1 If a patient is on a continuous watch at an inpatient program, then all contacts must be completed by a licensed clinician, including weekends and holidays.

- 7.0 At a minimum, patients shall remain on each level of watch for a one (1) day, and shall be reduced from a higher to a lower level of observation in the following manner: continuous watch, 10-minute watch, 30-minute watch, then discontinue watch.
- 8.0 If at any time a patient's behavior deteriorates or suicidal ideation or gestures increases, the level of watch shall be increased according to the policy outlined above.
- 9.0 For Complexes utilizing an electronic medical record, the Watch Disposition Forms shall be scanned in by, and attached to the encounter of, the staff member writing the watch order.
  - 9.1 When the licensed mental health clinician makes a change to the level of watch, the canceled watch order and the new watch order shall be scanned in and attached to the documented contact.

 <p>Arizona Department of Corrections</p>	<p>Progressive Mental Health Restraints</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 5 Section 2.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Reference:** DO 807  
NCCHC MH-I-01 – Restraint and Seclusion

**Purpose:** To provide reference to policy and procedures relating to additional delivery of services by mental health clinicians and providers.

**Responsibility:** It is the responsibility of the mental health clinicians and providers to familiarize themselves with the policies related to the interdisciplinary services discussed in this section.

1.0 Progressive Mental Health Restraints

1.1 DO 807.9 – The use of restraints shall only be authorized in a progressive fashion by a Psychologist or Psychiatrist.


1.1.1 The restraint is not to exceed twelve (12) hours.

1.1.1.1 If restraints past twelve (12) hours are required, the Psychologist shall staff with the MHD.

1.1.1.2 If restraints continue to be needed beyond a twenty-four (24) hour interval, then a transfer to a licensed mental health facility shall be considered and staffed with the MHD.

1.1.2 If four-point restraints are being used, then a face-to-face evaluation of the patient shall occur.

1.1.3 If methods of restraint have been inadequate to prevent serious acts of self-harm, the MHD, or designee, shall consult with a Psychiatrist regarding emergency psychotropic medication.

 <p>Arizona Department of Corrections</p>	<p>Double-Bunking Patients on Watch</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 5 Section 3.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>


**Reference:** DO 807

**Purpose:** To provide guidelines regarding the safety review, appropriateness, and mutual decision-making process between security and mental health staff regarding double-bunking patients while on mental health watches.

**Responsibility:** It is the responsibility of the security shift commander and the on-duty mental health staff member to assign double-bunked watches according to the criteria outlined below.

- 1.0 Patients on mental health watches may be double-bunked according to the following criteria:
  - 1.1 Patients on watch may only be double-bunked after a review of pertinent patient data by security staff and a review of the mental health record by a mental health clinician.
  - 1.2 Security and mental health staff assigned to the unit shall consult one another regarding a decision to double-bunk patients on watch.
    - 1.2.1 If consensus between security and mental health staff cannot be reached, then the patient shall not be double-bunked.
  - 1.3 Patients shall only be double-bunked if each patient is within one custody level of the potential cellmate. Patients must also be on the same level of watch (i.e., a 10” watch with another 10” watch).
- 2.0 The decision to double-bunk patients, and any conditions or changes shall be documented in each patient’s medical record by the responding mental health clinician at the time of the event.
- 3.0 In the event the issue of double bunking two patients on watch arises during non-business hours, under no circumstances shall the On-Call Urgent Responder be contacted to address this situation. This decision shall be completed during normal business hours.




 <p>Arizona Department of Corrections</p>	<p>Medication Distribution During Watch and Post Watch</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 5 Section 4.0</p>	<p>Supersedes: MHTM 6/18/15 Effective Date: 12/24/19</p>

**Purpose:** To provide direction regarding the management of psychotropic and medical medications with regards to patients who are placed on watch and those who have been discontinued from watch.

**Responsibility:** The P/PNP and medical provider are responsible for managing prescribed medications for mental health watch admissions and discharges. The appropriate clinical specialty shall order psychiatric and/or medical medications as indicated in the treatment plan, medication administration record, and/or by the clinical assessment.

- 1.0 Patients who are placed on any level of mental health watch shall have all medications dispensed as DOT.
  - 1.1 Once the mental health watch paper work is complete, the psychologist, psychology associate, and/or psychiatric provider shall inform a psychiatric RN or receiving RN at the unit where the patient will be for the mental health watch.
  - 1.2 The psychiatric RN or receiving RN at the mental health watch unit shall review the health records and identify if KOP medications are prescribed.
  - 1.3 If KOP medications are prescribed, the psychiatric RN or receiving RN at the mental health watch site, shall contact the appropriate clinical specialty/provider for DOT medication orders.
    - 1.3.1 The RN can accept telephone orders from the provider; or
    - 1.3.2 The responsible provider can change the KOP order to DOT in the health record.
  - 1.4 Patients placed upon watch shall not have access to KOP medications.
- 2.0 Prior to the mental health watch discontinuation, the mental health clinician conducting the daily watch contacts shall notify an RN of the pending watch discontinuation.

- 2.1 Prior to discontinuation, the RN shall review the MAR for accuracy, DOT status, and prescription dispense duration for all prescribed medications.
- 2.2 Patients discharged from mental health watch shall have all prescriptions designated as DOT status and a minimum dispense duration of thirty (30) days.
- 3.0 After mental health watch discontinuation, patients shall continue to receive their medications DOT for the following minimum dispense duration:
  - 3.1 For a minimum of thirty (30) days if there is no suicidal gesture or attempt.
  - 3.2 For a minimum of twelve (12) months if a suicidal gesture or attempt was involved.
  - 3.3 If the patient is placed on watch subsequent to an intentional overdose of prescription or OTC medications, then the patient shall remain on DOT status indefinitely.
- 4.0 After the minimum time period has elapsed, the P/PNP may discuss with the patient KOP and DOT psychiatric medication status. In addition, the P/PNP may collaborate with the responsible medical provider regarding KOP and DOT status of medical medications.


 <p>Arizona Department of Corrections</p>	Mental Health Follow-up After Discharge from Watch	OPR: Assistant Director Health Services Contract Monitoring Bureau
Mental Health Technical Manual	MHTM Chapter 5 Section 5.0	Supersedes: MHTM 6/18/15 Effective Date: 12/24/19

**Reference:** DO 807

**Purpose:** To provide direction regarding mental health service delivery and post watch follow-up for patients being discharged from a mental health watch.

**Responsibility:** It is the responsibility of the licensed mental health clinician discontinuing any watch, to notify appropriate security staff and the mental health team at the Complex. It is the responsibility of the Mental Health Lead, or designee, to notify the mental health clinicians on a daily basis of the dates of watch discharges and the patients' current locations.

- 1.0 Post watch follow-up for patients being discharged from any level of mental health watch shall be conducted by a mental health clinician, psychiatric provider, or psychiatric registered nurse between twenty-four (24) hours and seventy-two (72) hours after watch discontinuation. An additional watch follow-up appointment shall occur between seven (7) and ten (10) days after watch discontinuation, and a final follow-up appointment shall occur between twenty-one (21) and twenty-four (24) days after watch discontinuation.
- 2.0 The mental health staff performing the first watch follow-up check shall verify the appropriateness of the Mental Health Score, and make any necessary changes in the medical record (and in AIMS if one of the private prison facilities).
  - 2.1 If the patient engaged in any suicidal gestures or actions, then the score shall be at least a MH-3. If the patient only verbalized suicidal ideation, then the clinician shall decide if the score needs to be raised. If the clinician decides that the score can remain a MH-2 (MH-1 is not allowed once the patient goes on watch), then a detailed SOAPE note shall be written indicating the reasons the score remained a MH-2.

 <p>Arizona Department of Corrections</p>	<p>Overview of Residential Programs</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 6 Section 1.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-G-02 – Mental Health Programs and Residential Units

**Purpose:** To provide residential mental health programming and housing to male and female patients who demonstrate a mental disorder and who meet specific admission criteria.

**Responsibility:** The Mental Health Lead shall be responsible for the provision of mental health programming in accordance with the below outlined protocol.


1.0 Admission Criteria and Procedure

- 1.1 The patient exhibits emotional or behavioral functioning which would benefit from an increased level of services.
- 1.2 The patient has a Mental Health Score of 3 or higher.
- 1.3 The placement into the program is not voluntary, but the patient’s participation in the services offered is voluntary.

2.0 Therapeutic Interventions

- 2.1 Interventions provided are developed by the Mental Health Lead and in conjunction with security staff (e.g., stage level incentives, individual and group psychotherapy, education).
- 2.2 All patients assigned to these programs shall have their MH score changed to a 4 upon admissions to the program.
- 2.3 An individual counseling session shall be offered a minimum of every thirty (30) days by a mental health clinician.
- 2.4 Weekly group programming shall be offer by mental health clinicians and behavioral health technicians.

- 2.5 If on psychotropic medications, the patient shall also be seen a minimum of every ninety (90) days by a P/PNP.
    - 2.5.1 Patients under an active PMRB order shall be seen a minimum of every thirty (30) days.
  - 2.6 The decision to admit a patient into the program is decided jointly by the MHD and the Mental Health Leads. All potential admissions shall be discussed on the weekly teleconference call with the complex DWOPs.
- 3.0 Discharge Criteria and Procedure
- 3.1 The patient shall be discharged from the residential program if the following criteria are met:
    - 3.1.1 The patient has reached maximum treatment benefit, and/or has completed all program elements.
    - 3.1.2 The patient fails to participate actively or in a positive fashion in programming.
    - 3.1.3 The patient has exhibited behavior that threatens the safe and secure operation of the unit, the patient's own personal safety, or the safety of others.
      - 3.1.3.1 Such behaviors shall be documented in accordance with DO 105 (Information Reporting).
  - 3.2 The decision to discharge a patient from a residential program shall be discussed among the MHD and Mental Health Leads. All potential discharges shall be discussed on the weekly teleconference call with the complex DWOPs.
    - 3.2.1 The MHD, or designee, shall arrange for movement to an appropriate yard through Central Office Count Movement.
  - 3.3 Mental Health Lead shall document the review, discussion, and decision regarding the transfer to the new complex.
  - 3.4 A patient's MH Score shall remain MH-4 until the date he/she is to be transferred to another unit.
  - 3.5 The mental health clinician at the receiving unit shall meet with the arriving patient within seven (7) days of transfer.

 <p>Arizona Department of Corrections</p>	<p>Residential Programs for Male Patients</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 6 Section 2.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Reference:** DO 704

**Purpose:** To provide residential mental health programming and housing to patients who demonstrate a mental disorder and who meet specific admission criteria.

**Responsibility:** The Mental Health Lead shall be responsible for the provision of mental health programming in accordance with the below outlined protocol.

1.0 Mental Health Units (MHU) for male patients:


- 1.1 Aspen MHU – this program houses those patients who are able to live in a dorm setting housing environment.
- 1.2 Rincon MHU – this program houses those patients who need to live in a structured setting to include single and double occupancy housing environment, but are able to participate in an open milieu.
- 1.3 Kasson MHU – this program houses those patients who need to live in a highly structured setting to include a single occupancy housing environment.

2.0 Behavioral Management Unit (BMU) for male patients:

- 2.1 To be admitted to the BMU program an patient must:
  - 2.1.1 Have a persistent personality disorder as defined in the current version of the Diagnostic and Statistical Manual of Mental Disorders.
  - 2.1.2 Have a history of problematic adjustment to incarceration as evidenced by a persistent and ongoing inability to self-regulate assaultive, destructive and/or self-injurious behaviors.

2.2 Behavior Management Plans (BMPs)

- 2.2.1 Upon admission to the BMU, a face-to-face interview shall be conducted, and an individualized behavior plan shall be developed to address:
    - 2.2.1.1 The patient's mental health issues, and
    - 2.2.1.2 Established realistic goals, interventions, and consequences that is specific to the management of the patient's behavior.
  - 2.2.2 The BMP shall be reviewed at a minimum of every ninety (90) days and reflect progress made towards the identified goals.
- 2.3 Action Response for Regressive Behaviors
- 2.3.1 Clinically indicated behavioral interventions shall be implemented to encourage a patient's continued motivation and improvement regarding behavioral health symptoms.
  - 2.3.2 During each regressive event the mental health clinician shall discuss with the patient the need to improve their behavior according to their identified goals.
    - 2.3.2.1 During this meeting the patient shall be provided with a description of conditions and time frames of expected behaviors and shall be documented in the patient's medical record

 <p>Arizona Department of Corrections</p>	<p>Residential Programs for Female Patients</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 6 Section 3.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Reference:** DO 704

**Purpose:** To provide residential mental health programming and housing to female patients who demonstrate a mental disorder and who meet specific admission criteria.


**Responsibility:** The Mental Health Lead shall be responsible for the provision of mental health programming in accordance with the below outlined protocol.

1.0 Mental Health Units (MHU) for female patients:

1.1 Complex MHU – for patients who are able to live in a dorm setting housing environment.

1.2 Lumley MHU – for patients who need to live in a structured setting to include single and double occupancy housing environment, but are able to participate in an open milieu.



 <p>Arizona Department of Corrections</p>	<p>Overview of Inpatient Programs</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 7 Section 1.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Reference:** NCCHC MH-D-05 – Inpatient Psychiatric Care

**Purpose:** To provide direction regarding the placement, treatment, and discharge processes for the Inpatient Mental Health Programs located at ASPC-Phoenix and ASPC-Perryville.

**Responsibility:** The Clinical Director shall ensure that the processes outlined in this policy are complied with.

1.0 Admission Criteria and Procedure

- 1.1 The patient exhibits significant emotional or behavioral functioning which would benefit from an increased level of services.
- 1.2 The patient’s specific mental health needs cannot be met by being placed in a residential mental health program.
- 1.3 The placement into the program is not voluntary, but the patient’s participation in the services offered is voluntary.
  - 1.3.1 Should the patient not wish to reside in the inpatient program, the Clinical Director shall petition the patient for a COT when clinically indicated.
- 1.4 The decision to admit a patient into the program is decided jointly by the MHD and the Mental Health Leads. All potential admissions shall be discussed on the weekly teleconference call with the complex Deputy Warden of Operations.
  - 1.4.1 Once a patient has arrived to the inpatient program area, they must be admitted by a psychiatric provider within seventy-two (72) hours in order to remain in that housing location.
    - 1.4.1.1 Within twenty-four (24) hours of admissions to the inpatient program, a mental health clinician, BHT, or psychiatric RN shall complete a 24-hour Admissions assessment.

1.4.2 Within ninety (90) days of admission, a SMI Determination Form shall be completed by a licensed clinician.

## 2.0 Therapeutic Interventions

2.1 An individual counseling session shall be offered a minimum of every seven (7) days.

2.2 Daily group programming shall be offered by mental health clinicians, psychiatric RNs, and behavioral health technicians.

2.3 If on psychotropic medications, the patient shall also be seen a minimum of every thirty (30) days by a P/PNP.

## 3.0 Discharge Criteria and Procedure

3.1 The patient shall be discharged from the inpatient program if the following criteria are met:

3.1.1 The patient has reached maximum treatment benefit, and/or has completed all program elements.

3.1.2 The patient has exhibited behavior that threatens the safe and secure operation of the unit, the patient's own personal safety, or the safety of others.

3.1.2.1 Such behaviors shall be documented in accordance with DO 105 (Information Reporting).


3.2 The decision to discharge a patient from an inpatient program shall be discussed among the MHD and Mental Health Leads. All potential discharges shall be discussed on the weekly teleconference call with the complex Deputy Warden of Operations.

3.2.1 Every effort shall be made to transition any patient being discharged from the inpatient program to a residential mental health program prior to placement in an outpatient setting.

3.2.2 The MHD, or designee, shall arrange for movement to an appropriate yard through Central Office Count Movement.

3.3 The Clinical Director/Mental Health Lead shall document the review, discussion, and decision regarding the transfer to the new complex.

- 3.4 A patient's MH Score shall remain MH-5 until the date he/she is to be transferred to another unit.
- 3.5 The mental health clinician at the receiving unit shall meet with the arriving patient within seven (7) days of transfer.

 <p>Arizona Department of Corrections</p>	<p>Inpatient Programs for Male Patients</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 7 Section 2.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Reference:** DO 704


**Purpose:** To provide direction regarding the placement, treatment, and discharge processes for the Inpatient Mental Health Programs located at ASPC-Phoenix.

**Responsibility:** The Clinical Director shall ensure that the processes outlined in this policy are complied with.

1.0 Inpatient program for male patients:

1.1 ASPC-Phoenix Complex:

- 1.1.1 Baker Ward – for higher functioning patients whose symptoms are subacute.
- 1.1.2 John Ward – for those who have difficulty with mood regulation, and those who have recently graduated from the BMU program.
- 1.1.3 King Ward – short-term placement where the patients will be assessed regarding their current level of functioning and programmatic needs.
- 1.1.4 George Ward – for acutely unstable patients who present with a minimal risk of violence.
- 1.1.5 Ida Ward – for the lower functioning patients who symptoms are subacute.
- 1.1.6 Quiet Ward – for those individuals who need to be placed on any level of mental health watch.

 <p>Arizona Department of Corrections</p>	<p>Inpatient Programs for Female Patients</p>	<p>OPR: Assistant Director Health Services Contract Monitoring Bureau</p>
<p>Mental Health Technical Manual</p>	<p>MHTM Chapter 7 Section 3.0</p>	<p>Supersedes: NEW Effective Date: 12/24/19</p>

**Reference:** DO 704

**Purpose:** To provide direction regarding the placement, treatment, and discharge processes for the Inpatient Mental Health Program located at ASPC-Perryville.

**Responsibility:** The Mental Health Lead shall ensure that the processes outlined in this policy are complied with.

1.0 Inpatient program for female patients:

1.1 ASPC-Perryville Complex:

1.1.1 Complex Ward – for acutely unstable patients who need to reside in a more structure program.

