Male vs female or can system auto populate gender related testing?

Add Scheduling to every module -prompted after (*) subsection

Add Co-pay in within specific subsections

TDOC Modules:

1) Intake
   a) Completed within (14) fourteen days
   b) Behavioral health provider communicates with intake and conducts an initial medication review
      i) provider writes appropriate bridge order to ensure continuity of care.
      ii) patient assessed by nursing staff for suicidality/audio/visual hallucination etc. If needed a provider is contacted and patient placed on appropriate SP/MHS monitoring.
         (1) patient added to BH high risk log for additional monitoring
         (2) CSSRS completed
   c) Consent for treatment obtained
   d) Initial intake appraisal conducted by QMHP/LIMHP
      i) if BH services are indicated, referral sent to BHA to schedule initial BH evaluation.
         (1) Evaluation must occur within (7) seven days of the referral
      ii) If BH services not indicated, patients LOC entered into eTOMIS and process is complete
   e) Initial psychological evaluation conducted by LIMHP; if QMHP conducts evaluation a LIMHP must sign off on evaluation
      i) if patient is a transfer from another facility and has not had an evaluation within the previous 12 months, a new evaluation shall be conducted otherwise all new intakes require anew appraisal/evaluation
      ii) if LOC II or higher is determined, all applicable diagnoses will be listed on the Major Problem list, treatment plan developed and all documents signed by appropriate staff
         (1) LOC III patients are segregated from GP and security/wardens/central office are notified in order to make special accommodations for placement into a SLU III.
         (2) LOC IV patients are segregated from GP and security/wardens/central office are notified in order to make special accommodations for placement into a SLU IV/scheduled for TRC or placed at DSNF.
      iii) all diagnostics and LOC entered into eTOMIS
   f) If med management is needed, a referral to a BH provider is completed
      i) provider must be seen within (7) days of referral
      ii) provider reviews and signs off on treatment plan; reviews diagnostics and writes order for medications including rationale for prescription
      iii) provider submits a referral to therapist
      iv) provider documents encounter
      v) all appropriate information documented and entered into eTOMIS

g) (30%) of all intake appraisals shall be reviewed by a LIMHP/Psychologist
h) Patient is scheduled to be seen by therapist at least (1) one time each (90) ninety days

2) Behavioral Health
   a) Comprehensive Chart Review
      i) Complete within 60 days before/after birthdate
   b) Special Housing
      i) SLU 3 – requires bi-monthly individual visits by mental health staff
      ii) SLU 3 – requires daily programming a minimum of four hours
      iii) SLU 4 – no set hours or individual visits, determined by their individual needs
      iv) Annex Evaluations – inmates with a history of diagnosed mental illness (particularly violent behaviors) shall receive a clinical assessment by an LIMHP within 90 days prior to reclassification to trustee status
   c) Restrictive Housing
      i) If LOC 2, must have segregation check within 3 days of placement
      ii) If LOC 1, must have segregation check within 7 days of placement
      iii) Both LOC 1 & 2 will have a segregation check every 30 days thereafter
      iv) Every offender in restrictive housing must have a weekly visit by mental health staff ensuring they know how to access mental health services (policy 404.09 – it says this will be recorded in the seg log book, so not sure if we want it in the EHR?)
   d) Transfers Mental Health Incoming – LOC 2?
      i) For intra-system transfers, existing treatment plans and/or treatment plan reviews shall require signature of the new provider(s) or ne plans/reviews shall be developed within 14 days of the inmate's arrival at the facility
      ii) Transfers in from Core Civic facilities on medications, require that the inmate be seen within 14 days
   e) Transfers Incoming/Outgoing – LOC/SLU
      i) *See attached LOC 3 process directives*
   f) Transfers – LOC 5/Clinical Alert transfers
      i) Approval must be granted by the Director of Behavioral Health to transport offenders while on clinical alert
   g) Referrals Behavioral Health
      i) Intake Referrals – shall be completed by a QMHP or LIMHP within 14 days
      ii) Routine Referrals (includes med adherence & prea screenings) – shall be reviewed within 7 days of receipt of the referral. If further evaluation is needed, that shall occur within 7 days of the review. Initial review can be accomplished by scheduling an appointment, review of the health record, OMS review, Tx Team review, and/or face to face assessment.
      iii) Urgent Referrals – must be triaged within 7 days of the referral
      iv) Emergency Referrals – will be seen in accordance with policy 113.89.
   h) Emergency Behavioral Health
      i) Therapeutic Restraints

(1) Orders must be received from psychiatric provider within 1 hour of initiation of restraints
(2) Order duration can only be 4 hours before renewal is needed
(3) If an inmate is in restraints for 24 hours, a direct assessment by a the psychiatrist must occur
(4) After incident review completed within 72 hours

ii) Emergency Psychotropic Medication/Forced Medication
(1) If the inmate has a fiduciary, they shall be notified within 24 hours following any invasive clinical care resulting from a psychiatric emergency
(2) Cr 3330 shall be utilized when psychiatric emergencies exist
(3) Involuntary medications may be ordered for a period of 72 hours. Each administration psychotropic medication shall require a separate order.
(4) Health assessment to monitor for adverse reactions and side effects shall take place after administration.
(5) If the inmate remains at the current facility rather than transferring to DSNF, the treatment team must review the case at the next available opportunity. The involuntary medication can be renewed for another 72 hours. If it is needed after the existing 72 hour, it can only be accomplished after review and authorization of the TRC.

iii) Suicide Precaution & Mental Health Seclusion
(1) Must be seen within 72 hours of admission for the formal suicide risk assessment
(2) Inmates on SP will be monitored by security staff at irregular 15 minute intervals (not to exceed 15 minutes between checks)
(3) Inmates on MHS will be monitored by security staff at irregular 30 minute intervals (not to exceed 30 minutes between checks)
(4) A LIMHP, QMHP, or qualified health provider shall assess each inmate in MHS or SP daily
(5) Inmates shall receive post infirmary follow up visits within 24 hours, 72 hours, 7 days, 14 days, and 30 days. The inmate shall be seen every 30 days thereafter for 6 months unless such monitoring is no clinically indicated.
(a) The CSSR-S shall be administered at the 24 hr follow-up, 7 day follow up, and initial 30 day follow-up

iv) Hunger Strike
(1) A mental health evaluation shall be completed within 72 hours to determine whether mental health intervention is needed.
(a) If mental health intervention isn't needed, the results shall be summarized in section 10 of the health record
(b) Should mental health treatment be indicated, the Behavioral Health Administrator shall prepare a memorandum to be sent to the Warden/Superintendent/designee and Health Administrator with an evaluation, diagnostic impression and recommendation for the type of treatment indicated. A copy shall be maintained in the inmate's health record.

(c) Should the mental health treatment needed be unavailable at the institution, the inmate shall be transferred to an institution equipped to provide the required level of care.

v) Self-Injurious Behavior
  (1) Serious Suicide Attempt
    (a) After incident review shall be completed within 72 hours
    (b) QIR shall be completed within 14 days
  (2) NSSIB
    (a) QIR and/or After Incident Review only as needed

vi) Completed Suicide
  (1) QIR shall be completed within 14 days
  (2) Psychological autopsy will be completed by ?(Director of Behavioral Health?)

i) Evaluations/Assessments
  i) 90-day APN visits
    (1) Every offender under psychiatric care shall be seen at a minimum of every 90 days by the APN or MD
    (2) Inmates who's medication was discontinued by the psychiatric provider will be observed for at least 60 days thereafter before a level of care reduction
    (3) Inmates who discontinue medications AMA will be observed for at least 90 days before a level of care reduction
    (4) Consent forms shall be updated annually
    (5) Treatment plans shall be updated every 6 months
    (6) Inmates paroling/flattening shall receive a 30 day supply of all current medications
  ii) Annual MD
    (1) All patient's under the care of the APN must be seen annually by the MD
    (2) A supervising physician shall personally review at least 20% of charts monitored or written by the mid-level provider every 30 days. This review shall be verified in the medical record by the supervising physician signature, date, and the period reviewed noted on the Problem Oriented Progress Record, CR-1884, in the healthrecord on the plan of treatment receiving approval.
  iii) Therapy Visits
    (1) *No minimum set in policy specifically for therapists for loc 2's*
  iv) Intake Evaluations
    (1) Routine referrals shall be completed within 14 days from the time the inmate has been identified as requiring mental health intervention and the referral has been received by mental health
    (2) If an inmate was an LOC 1 prior to admission to SP or MHS and the psychiatric provider determines a level of care change is warranted, intake evaluation shall be completed within 72 hours of discharge from SP/MHS

j) Case Management
  i) Upon notification that an inmate is to be paroled, the BHA or designee shall forward a current copy of the Transfer/Discharge Health Summary CR 1895 to the re-entry counselor.

The clinical case manager shall ensure that any necessary referrals are made to local health care providers and community resources.

ii) The CR 1895 shall also be provided to each severely mentally ill or severely persistently mentally ill inmate in addition to being placed in the health record

iii) The clinical case manager shall file the release packet in section 10 of the health record

k) Discharge from Mental Health

i) Completed six months after all services have discontinued

l) Refusals

i) Completed by the appropriate QMHP or LIMHP at the time of the refused service

m) Treatment Review Committee/Conservatorship

i) *DSNF specific* - unless the initial TRC is done via telehealth

n) Telehealth

i) The telehealth remote site coordinator shall ensure that the appropriate mental health information is forwarded to a designated individual, via fax or secure e-mail, at the hub site within 72 hours prior to non-emergent telehealth encounters.

ii) Documentation is completed on the day of the encounter and returned to the inmate's residing institution