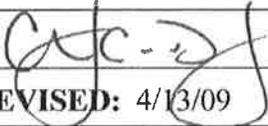


<p align="center"><b>POLICY OF STATE OF DELAWARE</b></p>	<p align="center"><b>POLICY NUMBER</b> G-02.1</p>	<p align="center"><b>PAGE NUMBER</b> 1 of 2</p>
<p><b>DEPARTMENT OF CORRECTION</b></p>	<p><b>RELATED NCCHC/ACA STANDARDS:</b> P-G-02 / 1-HC 1A-07</p>	
<p><b>CHAPTER: 11 HEALTH SERVICES</b></p>	<p><b>SUBJECT: MENTAL HEALTH TREATMENT PLAN</b></p>	
<p><b>APPROVED BY THE COMMISSIONER:</b> </p>		
<p><b>EFFECTIVE DATE:</b> 11/14/07      <b>REVISED:</b> 4/13/09</p>		
<p><b>APPROVED FOR PUBLIC RELEASE:</b></p>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services
- II. PURPOSE: To provide an individualized plan which identifies how the treatment needs of offenders receiving mental health services will be addressed.
- III. APPLICABILITY: All Department of Correction employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. DEFINITIONS: See glossary.
- V. POLICY:
  - 1. Offenders receiving mental health treatment will have an individualized mental health treatment plan completed upon admission into the mental health chronic clinic.
  - 2. Individualized mental health treatment plans will include at a minimum:
    - a. Complete five axis diagnosis, corresponding to the latest edition of the APA Diagnosis and Statistic Manual, reflected on the Master Problem List.
    - b. Specific problem driven treatment goals and interventions, including the frequency at which they are to be provided.
    - c. Appropriate adjustment of goals and interventions, based on progress toward achieving identified goals.
    - d. Referrals based on individual needs, as clinically indicated.
    - e. Discharge planning information recorded for all unsentenced offenders and sentenced offenders within 2 years of release and a discharge plan

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completed, in those instances where one is required by Bureau of Healthcare Services Policy E-13, Discharge Planning.

3. Treatment plan updates for offenders housed in general population will be completed, at a minimum, every 180 days, but may be updated more frequently as clinically indicated.
4. Treatment plan updates for offenders housed on a Special Needs Unit are to be completed every 90 days or more frequently, as clinically indicated.
5. Treatment plans will be updated within 72 hours of placement on psychiatric observation, and will include interventions developed with input from the offender, if possible, to identify and address issues related to risk management.
6. Treatment planning sessions will be recorded on the DOC Mental Health Treatment Plan form (Attachment A).
7. Treatment planning sessions will be directed by the treating psychiatrist and will include participation from the mental health clinician and the offender.
8. A roster of all offenders receiving mental health treatment is maintained by mental health staff at the facility and is provided to the DOC Mental Health Director on a monthly basis.
  - a. The roster will include a means of identifying those offenders with serious mental health needs; i.e. those with basic psychotic disorders or mood disorders (e.g. manic-depressives), self-mutilators, the aggressive mentally ill, those with post-traumatic stress disorders, and suicidal offenders.
  - b. The monthly report provided to the Bureau of Health Care Services shall separately identify the total number of offenders receiving mental health treatment from the number of those designated as having serious mental health needs.

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-G-02,  
American Correctional Association: 2008 Standards Supplement, 1-HC 1A-07

**Current Diagnosis** (include substance disorders in Axis I)

Axis I: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
 Axis II: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
 Axis III: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
 Axis IV: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
 Axis V: Current \_\_\_\_\_ Past year \_\_\_\_\_

**Strengths** (check all that apply)

- Able to communicate effectively       Good insight       Strong support system \_\_\_\_\_  
 Good judgment       Educational background       Willingness to participate in treatment  
 Vocational skills \_\_\_\_\_       Other: \_\_\_\_\_

**Problems**

1. \_\_\_\_\_  
 Objective: \_\_\_\_\_ ; \_\_\_\_\_  
 Intervention: \_\_\_\_\_ ; \_\_\_\_\_  
 Progress: \_\_\_\_\_
2. \_\_\_\_\_  
 Objective: \_\_\_\_\_ ; \_\_\_\_\_  
 Intervention: \_\_\_\_\_ ; \_\_\_\_\_  
 Progress: \_\_\_\_\_
3. \_\_\_\_\_  
 Objective: \_\_\_\_\_ ; \_\_\_\_\_  
 Intervention: \_\_\_\_\_ ; \_\_\_\_\_  
 Progress: \_\_\_\_\_
4. \_\_\_\_\_  
 Objective: \_\_\_\_\_ ; \_\_\_\_\_  
 Intervention: \_\_\_\_\_ ; \_\_\_\_\_  
 Progress: \_\_\_\_\_

**Self-Harm / Safety Concerns** (Include PCO history, date and reason)

Current: \_\_\_\_\_  
 History: \_\_\_\_\_  
 Objective: \_\_\_\_\_ ; \_\_\_\_\_  
 Intervention: \_\_\_\_\_ ; \_\_\_\_\_  
 Progress: \_\_\_\_\_

Inmate Name: _____	SBI#: _____	DOB: _____
Institution/Housing Unit: _____	Date: _____	

**Referrals**

- Psychological Evaluation: Date \_\_\_\_\_ Reason \_\_\_\_\_ Referred to (name) \_\_\_\_\_
- Referral to Medical: Date \_\_\_\_\_ Reason \_\_\_\_\_ Referred to (name) \_\_\_\_\_
- Substance abuse treatment: Date \_\_\_\_\_ Reason \_\_\_\_\_ Referred to (name) \_\_\_\_\_
- Chaplain: Date \_\_\_\_\_ Reason \_\_\_\_\_ Referred to (name) \_\_\_\_\_
- Other: \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_ Referred to (name) \_\_\_\_\_

**Discharge Planning**

Estimated Release Date \_\_\_\_\_  Detentioner (release date unknown)

**Mental Health Aftercare (as applicable):**

- Prospective plan discussed \_\_\_\_\_
- Provider \_\_\_\_\_ Address \_\_\_\_\_
- Appointment Date \_\_\_\_\_ Confirmed by \_\_\_\_\_ Date confirmed \_\_\_\_\_

**Post-Release Housing Plans:**

- Private residence (if with someone, specify) \_\_\_\_\_
- Public Housing \_\_\_\_\_
- Other \_\_\_\_\_

**Income Source:**

- Medicaid  Medicare  Disability  Other \_\_\_\_\_

**Employment Plans:** \_\_\_\_\_

**Mode of Transportation:**

- Public Transportation via: \_\_\_\_\_
- Private Transportation by: \_\_\_\_\_

**Subjective:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Objective:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Plan:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

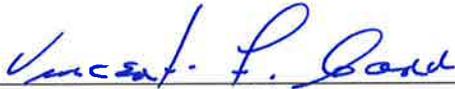
Date of next psychiatry appointment: \_\_\_\_\_

Date of next review: \_\_\_\_\_

Psychiatrist Signature :	Date:
Clinician Signature/Title:	Date:
Inmate Signature:	Date:
Inmate Number:	Institution:

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-02.1	<b>PAGE NUMBER</b> Review Addendum
<b>SUBJECT: MENTAL HEALTH TREATMENT PLAN</b>		

I have reviewed this policy and it is being revised.

  
\_\_\_\_\_  
Acting BCHS Bureau Chief  
Vincent F. Carr, DO, FACP

6/15/15  
Date