	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 01, 2024	<b>POLICY NO.:</b> COR.10.F.01
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.10.1G.01 (10/20/15); COR.10.1G.02 (01/07/09)	
	<b>SUBJECT:</b> <b>PATIENTS WITH CHRONIC DISEASE AND OTHER SPECIAL NEEDS</b>		Page 1 of 6

## 1.0 PURPOSE

The purpose of this policy is to ensure that patients with chronic diseases, other significant health conditions, and/or disabilities receive ongoing, multidisciplinary care aligned with evidence-based standards.

## 2.0 SCOPE

This policy and procedure applies to all correctional facilities, their assigned personnel, and contract staff.

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References

- a. 29 U.S.C. §701 et seq., Rehabilitation Act of 1973, Section 504.
- b. Title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §12131-12134.
- c. 28 CFR Part 35, Americans with Disabilities Act of 1990, Title II Regulations, Part 35, Nondiscrimination on the Basis of Disability in State and Local Government Services.
- d. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1B.07, Communication on Patients' Health Needs.
- e. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1G.10, Durable Medical Equipment.
- f. Department of Corrections and Rehabilitation, Policy and Procedures, COR.14.27, Inmates with Disabilities.
- g. Hawaii Revised Statutes (HRS) Chapter 489, Discrimination in Public Accommodations.
- h. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).

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- i. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- j. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).
- k. Performance-based Standards and Expected Practices for Adult Correctional Institutions. The American Correctional Association. Standards: 5-ACI-6A-07. (2021).

.2 Definitions

- a. Aids to Reduce Effects of Impairment: Include, but are not limited to, eyeglasses, hearing aids, canes, crutches, BiPAP or CPAP machines, and wheelchairs.
- b. National Clinical Practice Guidelines: Guidelines promulgated by national professional organizations and accepted by experts in the respective medical field.
- c. Special Needs Patients: Incarcerated individuals with health conditions (to include physical and mental disabilities) that require development of an individualized treatment plan for optimum care.
- d. Treatment Plan: A series of written statements specifying a patient's course of therapy and the roles of qualified health care professionals in carrying it out.
- e. Qualified Health Care Professionals: Physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.
- f. Provider: A physician, nurse practitioner, or physician assistant.
- g. Responsible Health Authority: The Clinical Services Administrator is the designated individual tasked with ensuring the organization and delivery of all medical and clinical services care in the facility.

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.3 Forms

- a. DCR 0581, Mental Health Treatment Plan (attached)

**4.0 POLICY**

- .1 Clinical protocols, based on national clinical practice guidelines for chronic diseases and other special needs, and treatment plans shall be utilized, as clinically indicated, to reduce the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function for incarcerated individuals with chronic diseases and other special needs.

**5.0 PROCEDURES**

- .1 The Medical Director and responsible physicians shall establish and annually approve clinical protocols consistent with national clinical practice guidelines for the identification and management of chronic diseases or other special needs including, but not limited to, the following:
  - a. Asthma.
  - b. Diabetes.
  - c. Human Immunodeficiency Virus (HIV).
  - d. Hyperlipidemia.
  - e. Hypertension.
  - f. Mood Disorders.
  - g. Psychotic Disorders.
- .2 Chronic Care Program.
  - a. Upon identification of an incarcerated individual as having a chronic disease, at any point during incarceration, a provider shall enroll the incarcerated individual in the chronic care program.

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- b. Intra-system transfers (i.e., incarcerated individuals who are transferred between correctional facilities operated by the department within Hawaii), who have been enrolled in the chronic care program shall maintain enrollment in the chronic care program unless discontinued by a provider.
- c. The Responsible Health Authority shall maintain a list of incarcerated individuals enrolled in the chronic care program with the identified chronic disease.

**.3 Treatment Plan.**

- a. Upon identification of chronic diseases or other special needs, individualized treatment plans shall be developed by a provider or other qualified health care professional, as clinically indicated.
- b. The treatment plan may be developed using any standard format. Examples include: Approved departmental individualized treatment plan forms (e.g., DCR 0581 Mental Health Treatment Plan) facilitate developing a comprehensive plan that is easily identifiable; SOAP (subjective, objective, assessment, plan) notation in the progress notes is another way to document a treatment plan.
- c. Medical Treatment Plans shall include:
  - 1. Treatment goals and objectives.
  - 2. Clinically indicated interventions and services to assist with the attainment of short- and long-term goals.
  - 3. Frequency of follow-up for medical evaluation and adjustment of treatment modalities.
- d. Mental Health Treatment Plans shall be developed for incarcerated individuals with serious mental health needs. Mental Health Treatment Plans shall include, at a minimum:
  - 4. Treatment goals and objectives.
  - 5. Clinically indicated interventions to assist with the attainment of short- and long-term goals.

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6. Adjustment of psychotropic medications, if indicated.
  7. When appropriate, instructions about diet, exercise, personal hygiene, and adaptation to the correctional environment.
  8. Notation on clinical progress.
  9. Referrals for psychological testing, medical testing, and evaluation, including blood levels for medication monitoring as required.
  10. Frequency of follow-up for evaluation and adjustment of treatment modalities.
- e. Chronic illnesses and other special needs requiring a treatment plan shall be classified and coded on the master problem list using the most recent version of the International Classifications of Diseases (ICD).
  - f. A provider or other qualified health care professional shall update individualized treatment plans when warranted.
4. Providers shall demonstrate adherence to chronic disease protocols and special needs treatment plans as clinically indicated through documentation in the health record by:
- a. Monitoring the patient's condition (e.g., poor, fair, good), and status (e.g., stable, improving, deteriorating), and taking appropriate action to improve patient outcome.
  - b. Providing patient education (e.g., diet, exercise, medication).
  - c. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication).
  - d. Determining the frequency of follow-up for medical evaluation based on disease control using the following guidelines:
    1. Good Control: Patients shall be seen every ninety (90) days or more frequently as clinically indicated.
    2. Fair Control: Patients shall be seen every sixty (60) days or more frequently as clinically indicated.

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3. Poor Control: Patients shall be seen as clinically necessary, but no greater than every thirty (30) days until control improves.

If a patient has multiple diagnosed chronic illnesses, the scheduling of follow-up visits shall be to the level of control of the disease with the poorest control.


- e. Clinically justifying any deviation from the clinical protocol.
- .5 Medical and dental orthoses, prostheses, and other aids to reduce effects of impairment shall be supplied in a timely manner when patient health would otherwise be adversely affected, in accordance with COR.10.1B.07 (Communication on Patients' Health Needs), COR.10.1G.10 (Durable Medical Equipment), and COR.14.27 (Inmates with Disabilities).

APPROVAL RECOMMENDED:

  
\_\_\_\_\_  
Deputy Director for Corrections

**JAN 0 1 2024**  
\_\_\_\_\_  
Date

APPROVED:

  
\_\_\_\_\_  
DIRECTOR

**JAN 0 1 2024**  
\_\_\_\_\_  
Date

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STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY  
HEALTH CARE DIVISION

**MENTAL HEALTH TREATMENT PLAN**

**NAME:** \_\_\_\_\_

**DIAGNOSES:**

Facility: \_\_\_\_\_

\_\_\_\_\_

Module: \_\_\_\_\_

\_\_\_\_\_

SID: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

Date Treatment Plan Initiated: \_\_\_\_\_

\_\_\_\_\_

Date Review Due: \_\_\_\_\_

\_\_\_\_\_

**IDENTIFIED PROBLEM**

- Suicidal Ideation/Communication/Behavior
- Self-Mutilation/Self-Injurious Behavior
- Violent/Aggressive Behavior
- Depression
- Mania/Hypomania

- Schizophrenia/Psychosis
- Substance Abuse/Dependence
- Anxiety
- PREA
- Other: \_\_\_\_\_

**SPECIAL NEEDS CONSIDERATIONS**

**Serious Mental Health Need**

- Severe and Persistent Mental Illness
- Therapeutic Restraints Contraindicated

**Developmental Concern**

- Developmental Disability
- Adolescent
- Frail or Elderly

**Other**

- Sex Offense History
- Language/Cultural Differences
- \_\_\_\_\_

**Medical Condition**

- Chronic Disease
- Terminal Illness
- End-stage Renal Disease
- Serious Communicable Disease
- Pregnant
- Known Drug Allergies: \_\_\_\_\_

**Physical Disability**

- Visual Impairment
- Hearing Impairment
- Mobility Impairment

**STRENGTHS**

- Motivated for Treatment
- Adequate Support System
- Medication Adherent
- Positive Attitude
- Other: \_\_\_\_\_

- Receptive to Treatment
- Compliant with Staff Directions
- Task Oriented
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**LONG TERM TREATMENT GOALS**

- Complete incarceration safely and successfully.
- Stop illegal behaviors by using legal means to meet needs.
- Accept responsibility for decisions or behaviors that have resulted in incarceration.
- Decrease mental illness symptoms and/or eliminate substance use.
- Develop effective relapse prevention and risk management strategies.
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

SHORT-TERM TREATMENT OBJECTIVES	Status	INTERVENTIONS	Frequency	Staff Code	
<input type="checkbox"/> Take psychotropic medications as prescribed. <input type="checkbox"/> Report side-effects and effectiveness of psychotropic medication to staff. <input type="checkbox"/> Maintain self-control and remain safe while incarcerated. <input type="checkbox"/> Accept redirection, time-out, and/or changes in housing placement. <input type="checkbox"/> Reduce altered thought processes. <input type="checkbox"/> Establish a regular pattern of sleep. <input type="checkbox"/> Establish and maintain appropriate hygiene, grooming, and other daily living skills. <input type="checkbox"/> Actively participate in psychosocial treatment programming. <input type="checkbox"/> Demonstrate ability to focus attention and participate at an appropriate level of goal-directed activity. <input type="checkbox"/> Identify beliefs and other barriers to treatment compliance (e.g., medication, programming, evaluation). <input type="checkbox"/> Identify and explore behaviors and/or symptoms that have led to legal involvement. <input type="checkbox"/> Explore, identify, and verbalize thoughts and feelings related to mental illness. <input type="checkbox"/> Develop effective communication and coping skills to manage anger, stress, depression, anxiety, impulsivity, and/or other psychological symptoms and behaviors. <input type="checkbox"/> Develop a realistic sense of abilities and self-esteem. <input type="checkbox"/> Improve self-efficacy. <input type="checkbox"/> Develop relapse prevention and risk management strategies. <input type="checkbox"/> Reduce Acute Risk Factors <input type="checkbox"/> Enhance and/or Maintain Protective Factors <input type="checkbox"/>		<input type="checkbox"/> Provide education about the use, expected benefits, and side-effects of psychotropic medications.	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Medication Monitoring: Adherence, Effectiveness, and Laboratory Testing.	<input type="checkbox"/> Daily <input type="checkbox"/> Quarterly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Provide a structured therapeutic environment with consistent rules and predictable daily routines.	<input type="checkbox"/> Daily	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Decrease external stimuli and orient to reality.	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Crisis Intervention Services	<input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Interdisciplinary Behavioral Modification Program	<input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Psychiatric follow-up evaluation, psychotropic medication re-evaluation, and/or adjustment.	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<b>Psychosocial Treatment Programming:</b>			
		<input type="checkbox"/> Individual Counseling and/or Individual Therapy	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Social and Independent Living Skills Training (e.g., instructions about diet, personal hygiene, adaptation to the correctional environment)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Therapeutic Activities Group	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Psycho-education concerning mental illness and treatment	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Recreational Activities (including instructions about exercise)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Develop Wellness Recovery Action Plan	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Mental Health Rounds	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Manage Risk for Self-Harm	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Develop Safety Plan	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Refer for Psychological Testing and Evaluation	<input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Refer for Medical Testing and Evaluation	<input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
		<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	01 05 02 06 03 07 04 08	
<input type="checkbox"/>	<input type="checkbox"/>				

**Status Key: OM = Objective Met I = Improvement NC = No Change DC = Discontinued**

Patient:	Date:	Authorized Representative:	Date:
Psychiatrist (01):	Date:	Clinical Psychologist (02):	Date:
Psychiatric Social Worker (03):	Date:	Registered Nurse (04):	Date:
Corrections Recreation Specialist (05):	Date:	Occupational Therapist (06):	Date:
Para-Medical Assistant (07):	Date:	Other (08):	Date: