1.0 PURPOSE

The purpose of this policy is to ensure that infirmary-level care, when provided, is appropriate to meet the medical, mental health, and dental care needs of incarcerated individuals.

2.0 SCOPE

This policy shall apply to all correctional facilities and their assigned personnel.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

a. Hawaii Revised Statutes, §353-1.4, Correctional health care program.

b. Hawaii Revised Statutes, §353-13.3, Mental health care.

c. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).

d. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).

e. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

.2 Definitions

a. Infirmary-Level Care: Care provided to incarcerated individuals with an illness or diagnosis that requires daily monitoring, medication, and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention. It is not the physical location that defines Infirmary-Level Care (although the care is often provided in a specific location within the facility); Infirmary-Level Care is defined by the scope of care provided.

b. Activities of Daily Living: Generally refers to ambulation, bathing, dressing, feeding, and toileting. In the mental health field, guidance in accomplishing these tasks, rather than direct assistance, is sometimes required. Incarcerated individuals diagnosed with severe and persistent mental

illnesses may also require assistance or guidance with other common issues involving activities of daily living, such as decision-making, keeping appointments, and social interaction.

c. Infirmary: An area in the facility accommodating incarcerated individuals for a period of 24 hours or more, expressly set up and operated for the purpose of caring for incarcerated individuals who need skilled nursing care, but do not require hospitalization or placement in a licensed nursing facility, and whose care cannot be managed safely in an outpatient setting.

d. Medical/Mental Health Observation: Infirmary Beds designated for medical or mental health observation for specific purposes, such as watching the incarcerated individual's response to a change in medication regimen, assisting incarcerated individuals through prevention from eating or drinking before a medical test that requires such restriction, allowing incarcerated individuals to recover from day surgeries or medical procedures, or watching the general behavior of incarcerated individuals whose mental stability appears questionable.

e. Qualified Health Care Professionals: Physicians, physician assistants, nurses, nurse practitioners, 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. Qualified Mental Health Professionals: Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and 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.

g. Sheltered Housing: Provides a more protective environment than general housing, but does not require 24-hour infirmary-level nursing care. Equivalent to home care for those not confined to an institutional setting. The beds may be located in the infirmary or in other designated areas (e.g., where hospice-level care or transitional mental health care is provided).

.3 Forms

a. DCR 0433, Medical Infirmary and Sheltered Housing Provider Order (attached)

b. Medical Provider Order (attached)

c. DCR 0457, Mental Health Provider Order (attached)

d. DCR 0438, Mental Health Treatment Plan (attached)

4.0 POLICY

.1 The scope of infirmary-level medical, psychiatric, mental health, dental, and nursing care available at a specific correctional facility is dependent on the prevalence of disease or disability requiring infirmary-level care in the population at the facility.

.2 The number of Qualified Health Care Professionals or Qualified Mental Health Professionals providing infirmary-level care is based on the number of incarcerated individuals who require infirmary-level care, the severity of the illnesses, and the level of care required.

.3 Initiation and discontinuation of infirmary-level care is by order of a physician, psychiatrist, dentist, nurse practitioner, physician assistant, or psychologist.

.4 Incarcerated individuals who require infirmary-level care are always within sight or hearing of a facility staff member who is trained in Cardiopulmonary Resuscitation and First Aid. At all times, a Qualified Health Care Professional (QHCP) is available to respond in a timely manner.

.5 At least daily, a supervising Registered Nurse ensures that care is being provided as ordered.

.6 The frequency of provider and nursing rounds for incarcerated individuals who require infirmary-level care is based on clinical acuity and the category of care.

.7 Health records for incarcerated individuals who receive infirmary-level care include:

a. An initial clinical note that documents the reason for infirmary-level care and outlines the treatment and monitoring plan.

b. Complete documentation of the care and treatment provided.

5.0 PROCEDURES

.1 The scope of infirmary-level care available at a specific correctional facility is dependent on the prevalence of disease or disability requiring infirmary-level

care in the population at the facility. The Clinical Services Section Administrator (CSSA) or designee and the Mental Health Section Administrator (MHSA) or designee provide the Medical Director, Physician Manager, Psychiatrist Manager, Responsible Physician, Chief Nursing Officer, Mental Health Branch Administrator, and facility Warden quarterly and annual reports on the prevalence of disease or disability requiring infirmary-level care in the population at the facility.

.2 When the provision of infirmary-level care is unavailable at a correctional facility, the incarcerated individual is transferred by provider order to a correctional facility capable of providing infirmary-level medical, psychiatric, mental health, dental, and/or nursing care.

a. Upon identification of a need to transfer an incarcerated individual to another facility for infirmary-level care, the Clinical Services Section Administrator (CSSA), the Mental Health Section Administrator (MHSA), or designee notifies the facility Warden or designee about the need to arrange for the transfer of the incarcerated individual.

b. The sending facility's Clinical Services Section Administrator (CSSA) or designee provides notification of the pending transfer to the Medical Director, Physician Manager, and Chief Nursing Officer (CNO). The sending facility's Mental Health Section Administrator (MHSA) or designee provides notification of the pending transfer to the Psychiatrist Manager and Mental Health Branch Administrator (MHBA).

c. The sending facility's Clinical Services Section Administrator (CSSA), Mental Health Section Administrator (MHSA), and/or designee provides notification of the pending transfer to the receiving facility's Clinical Services Section Administrator (CSSA), Mental Health Section Administrator (MHSA), and/or designee, respectively.

.2 The Clinical Services Section Administrator (CSSA) or designee and the Mental Health Section Administrator (MHSA) or designee develop and maintain staffing plans for the Medical and/or Mental Health Infirmary, which include the number of Qualified Health Care Professionals and/or Qualified Mental Health Professionals providing infirmary-level care that is based on the number of incarcerated individuals who require infirmary-level care, the severity of the illnesses, and the level of care required.

.3 All infirmary and sheltered housing admissions are by order of a provider (i.e., physician, psychiatrist, nurse practitioner, physician assistant, psychologist, or

dentist). When there is no provider on-site at the facility, nursing contacts the on-call provider for an admission order.

a. Medical Infirmary and Sheltered Housing admissions require completion of the Medical Infirmary and Sheltered Housing Provider Order form [DCR 0433] and the Medical Provider Order form.

b. Mental Health Infirmary and Sheltered Housing admissions require completion of the Mental Health Provider Order form.

.4 Upon admission to the infirmary, a Qualified Health Care Professional (QHCP) and/or a Qualified Mental Health Professional (QMHP) completes an initial clinical note that documents the reason for infirmary-level care and outlines the treatment and monitoring plan.

a. A QMHP initiates the Mental Health Treatment Plan [DCR 0438].

b. An admission nursing note shall also include a physical assessment, comprehensive skin assessment, complete vital signs, and weight.

.5 Incarcerated individuals who require infirmary-level care are always within sight or hearing of a correctional employee who is trained in Cardiopulmonary Resuscitation and First Aid. At all times, a Qualified Health Care Professional (QHCP) is available to respond in a timely manner.

.6 At least daily, a supervising Registered Nurse (RN) ensures that care is being provided as ordered. The supervising RN reviews provider orders for all incarcerated individuals receiving infirmary-level care and verifies execution of provider orders.

.7 The frequency of provider and nursing rounds for incarcerated individuals who require infirmary-level care is based on clinical acuity and the category of care.

a. All incarcerated individuals requiring infirmary-level care with acute clinical conditions shall:

i. Be seen by a provider no less than once a week and more frequently as clinically indicated. Provider visits shall be documented in progress notes.

ii. Have vital signs (i.e., temperature, pulse, respiration, and blood pressure), recorded by nursing staff at least daily or on a scheduled frequency as ordered by the provider.

iii. Have weight recorded by nursing staff at least weekly or on a scheduled frequency as ordered by the provider.

iv. Have a clinical progress note documented by nursing staff no less than once per shift or as often as clinically necessary.

v. Be seen by a Qualified Mental Health Professional (QMHP) at least daily (i.e., business days), when infirmary-level care involves an acute mental health condition. QMHP visits shall be documented in progress notes.

b. All incarcerated individuals requiring infirmary-level care with non-acute clinical conditions shall:

i. Be seen by a provider no less than once a week. Provider visits shall be documented in progress notes.

ii. Have vital signs (i.e., temperature, pulse, respiration, and blood pressure), recorded by nursing staff at least weekly or on a scheduled frequency as ordered by the provider.

iii. Have a clinical progress note documented by nursing staff no less than once daily or as often as clinically necessary.

iv. Be seen by a Qualified Mental Health Professional (QMHP) at least daily (i.e., business days), when infirmary-level care involves a non-acute mental health condition. QMHP visits shall be documented in progress notes.

.8 All incarcerated individuals requiring sheltered housing shall:

a. Be seen by a provider no less than once a month. Provider visits shall be documented in progress notes.

b. Have vital signs (i.e., temperature, pulse, respiration, and blood pressure), recorded by nursing staff at least weekly or on a scheduled frequency as ordered by the provider.

c. Have weight recorded by nursing staff at least weekly or on a scheduled frequency as ordered by the provider.

d. Have nursing physical assessment and comprehensive skin assessment at least monthly or on a scheduled frequency as ordered by the provider.

e. Have a clinical progress note documented by nursing staff no less than once daily or as often as clinically necessary.

.9 All infirmary and sheltered housing changes in watch status, including discharge, are by order of a provider (i.e., physician, psychiatrist, nurse practitioner, physician assistant, psychologist, or dentist). The provider shall only modify status or discharge incarcerated individuals from infirmary-level care within the applicable professional scope of service (i.e., medical, mental health, or dental). Mental Health Infirmary and Sheltered Housing status modifications require completion of the Mental Health Provider Order form [DCR 0457] by a psychiatrist, psychologist, psychiatric nurse practitioner.

APPROVAL RECOMMENDED:

JAN 0 1 2024

Deputy Director for Corrections Date

APPROVED:

JAN 0 1 2024

DIRECTOR Date

Health Care Division

PROVIDER ORDER FORM **INFIRMARY ADMISSION** **(Providers Must Sign All Orders)**	Inmate Name:
	SID #: DOB:
	Diagnosis:
	ALLERGIES:

DATE	TIME	INFIRMARY ADMISSION ORDERS
		Routine Assessments:
		1. Vital Signs Frequency: _____
		2. Neuro. Check Frequency: _____ N/A
		3. Intake and Output Frequency: _____ N/A
		4. Other:
		Diet:
		Medications:
		Activity (circle): Bedrest, OOB to chair as tolerated, Ambulate with assistance, Full Ambulation
		Labs:
		Treatments & Frequency:
		Special Needs or Referrals:
		Nurse Signature: **Provider Signature:**

Health Care Division

PROVIDER ORDER FORM

(Providers Must Sign All Orders)

Inmate Name:

SID #

ALLERGIES:

DATE	TIME	

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH PROVIDER ORDER

NAME:_____ **DATE:**_____

SID:_____ **DOB:**_____ **FACILITY:**_____ **MODULE:** _____

INMATE STATUS

- ☐ INFIRMARY
- ☐ SHELTERED HOUSING
- ☐ DISCHARGE FROM INFIRMARY
- ☐ DISCHARGE FROM SHELTERED HOUSING

- ☐ SUICIDE WATCH
- ☐ SAFETY WATCH
- ☐ MENTAL HEALTH OBSERVATION
- ☐ DISCONTINUE SUICIDE WATCH
- ☐ DISCONTINUE SAFETY WATCH
- ☐ DISCONTINUE MH OBSERVATION

TRANSFER TO: ☐ MENTAL HEALTH MODULE _____ ☐ SLU ☐ GP

MONITORING

- ☐ CONSTANT EYE
- ☐ FIVE (5) MINUTE RANDOM INTERVAL CHECKS
- ☐ FIFTEEN (15) MINUTE RANDOM INTERVAL CHECKS
- ☐ _____MINUTE RANDOM INTERVAL CHECKS
- ☐ CONSTANT CAMERA OBSERVATION
- ☐ INMATE OBSERVER/MEDICAL AIDE

SPECIAL INSTRUCTIONS

CLOTHING:

- ☐ Safety Smock ☐ Safety Gown ☐ Uniform ☐ Underwear ☐ Bra
- ☐ Slippers ☐ Socks ☐ Hairband ☐ Shoes (no laces) ☐ Other:

POSSESSIONS ALLOWED IN CELL:

- Mattress: ☐ AT ALL TIMES ☐ 2200-0600 ☐ NONE
- Safety Blanket: ☐ AT ALL TIMES ☐ 2200-0600 ☐ NONE
- ☐ Paper Spoon for Meals; No Other Utensils, No Bones, No Plastic Wrap ☐ Finger Foods Only
- ☐ Reading Material (must exchange 1 for 1) ☐ Glasses ☐ Safety Pen
- ☐ Other:

ACTIVITIES:

- Phone Use: ☐ LEGAL ☐ NO MH RESTRICTIONS
- Visits: ☐ LEGAL ☐ NO MH RESTRICTIONS
- ☐ Daily Shower ☐ Daily Recreation ☐ Law Library ☐ Other:

PROGRAMMING:

- ☐ LEVEL 1 (INDIVIDUAL SESSIONS)
- ☐ LEVEL 2 (STRUCTURED/SCHEDULED THERAPEUTIC GROUP ACTIVITIES)
- ☐ LEVEL 3 (ALL MODULE ACTIVITIES)
- ☐ OTHER:

_____ _____ _____
Signature/Title of LMHP Date Time

Original: Medical Record
Copy: Security

CONFIDENTIAL

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

NAME: _____
Facility: _____
Module: _____
SID: _____
DOB: _____
Date Treatment Plan Initiated: _____
Date Review Completed: _____

REASON FOR REVIEW:
☐ Follow-up
☐ Transfer
☐ Change in Condition
☐ Periodic Update

DIAGNOSES:
Axis I: _____
_____
_____
Axis II: _____
_____
_____
Axis III: _____
_____
_____
Axis IV: _____
_____
Axis V: Current: _____ Highest (Past Year): _____

List DSM criteria that justify the diagnoses (List differential diagnoses and rationale)

FUNCTIONAL IMPAIRMENT Specify: 1=Mild 2=Moderate 3=Severe 4=None Apparent

OTHER SPECIAL NEEDS CONSIDERATIONS THAT MAY EFFECT TREATMENT

☐ Chronic Disease ☐ Terminal Illness ☐ Serious Communicable Disease
☐ Pregnant ☐ Seizures ☐ Coma / Loss of Consciousness
☐ Visual Impairment ☐ Hearing Impairment ☐ Speech Impairment
☐ Mobility Impairment ☐ Frail or Elderly ☐ Victim of Violence or Trauma
☐ Sex Offense History
☐ Other (specify): _____
☐ Known Drug Allergies: _____

Narrative

_____
_____
_____

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

MENTAL STATUS EXAMINATION
(Appearance, Behavior/Cooperation, Orientation, Speech, Affect, Mood, Sleep/Appetite, Cognition, Thought Processes, Perception, Thought Content)

BEHAVIORAL RISKS AND/OR ALERTS:
☐ Suicidal ☐ Self Injurious ☐ Assaultive ☐ Gravely Disabled ☐ Other: _____

Suicide History: ☐ Ideation ☐ Intent ☐ Plan ☐ Attempt ☐ Gesture

☐ Suicide Risk Evaluation (most recent completed) Date: _____

Describe history, lethality, current risk, and protective factors:

_____

_____

_____

_____

Self Injurious Behavior (Type, Frequency, estimated lethality):

Current violence risk factors:

MENTAL HEALTH HISTORY: ☐ **None reported or documented**
Outpatient care:

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

Inpatient care:

DEVELOPMENTAL AND SOCIAL HISTORY (Family History, Childhood Trauma, Education, Marital Status, Substance Abuse History, Behavior Problems, Work History, Homelessness, Criminal History, Adjustment to Incarceration):

STRENGTHS

- ☐ Motivated for Treatment
- ☐ Adequate Support System
- ☐ Medication Adherent
- ☐ Positive Attitude
- ☐ Other:
- ☐ Receptive to Treatment
- ☐ Adherent with Staff Directions
- ☐ Task Oriented
- ☐ Other:
- ☐ Other:

Narrative:

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

CLINICAL SUMMARY AND FORMULATION:

_____
_____
_____
_____
_____
_____
_____
_____
_____
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_____

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 us.
☐ Develop effective relapse prevention and risk management strategies.
☐ Reduce parasuicidal behaviors.
☐ Reduce self-injurious behaviors (e.g. engaging in risky behaviors, not using safety precautions).
☐ Other: _____
☐ Other: _____

CONSENT FOR RELEASE OF INFORMATION ON FILE: ☐ **Yes** ☐ **No**

	Date:	Records obtained from:
☐ Records Requested:	_____	_____
☐ Records Requested:	_____	_____
☐ Records Requested:	_____	_____
☐ Records Requested:	_____	_____
☐ Records Requested:	_____	_____

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

Instructions: *Please complete the following pages and use the current group schedule to determine which groups are actively running. Note that, given inmates' typically short stays at OCCC, only 2-3 short-term objectives should be chosen. Though many of these objectives would be applicable to all inmates, choose the most pertinent goals to target.*

Medication:

List medications (dosage, route, frequency):

_____

_____

_____

_____

_____

☐ Refer to a psychiatrist.

☐ Encourage medication compliance.

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

SHORT-TERM OBJECTIVES	GROUP RECOMMENDATIONS	INDIVIDUAL INTERVENTIONS	FREQUENCY (INDIVIDUAL)
☐ Reduce suicidal ideation, parasuicidal, and/or other self-injurious behaviors ☐ Maintain self-control and remain safe while incarcerated ☐ Other:_____	***List recommended groups or N/A:*** • _____ • _____ • _____ • _____ • _____ • _____	☐ Crisis/trauma intervention services	☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
		☐ Create a safety plan.	☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
		☐ Other (specify): _____	☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
☐ Develop relapse prevention and risk management strategies ☐ Report side effects and effectiveness of psychotropic medication to mental health services staff ☐ Accept redirection, time-out, and/or changes in housing placement to decrease stimulation as needed. ☐ Other:_____	***List recommended groups or N/A:*** • _____ • _____ • _____ • _____ • _____ • _____	☐ Psychiatric medication follow-up evaluation and/or treatment (Side Effects DVD).	☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
		☐ Create a risk management plan.	☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
		☐ Other (specify): _____	☐ Daily ☐ Weekly ☐ Monthly ☐ As needed

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

SHORT-TERM OBJECTIVES	GROUP RECOMMENDATIONS	INDIVIDUAL INTERVENTIONS	FREQUENCY (INDIVIDUAL)
☐ Identify beliefs and other briers to treatment adherence ☐ Explore, identify, and verbalize thoughts and feelings related to mental illness ☐ Develop effective communication and coping skills to manage anger, stress, depression, anxiety, impulsivity, and/or other psychological symptoms and behaviors ☐ Develop a realistic sense of abilities and self-esteem ☐ Improve self-efficacy ☐ Other:_____ _____	***List recommended groups or N/A:*** • _____ • _____ • _____ • _____ • _____	☐ Provide activities and/or initiate discussions focused on improving self-awareness (e.g., into mental illness, benefits of treatment, consequences of behavior, etc.)	☐Daily ☐Weekly ☐Monthly ☐As needed
		☐ Other (specify): _____	☐Daily ☐Weekly ☐Monthly ☐As needed
☐ Take psychotropic medications as prescribed	***List recommended groups or N/A:*** • _____ • _____	☐ Provide medication education about the use, expected benefits, and side effects of psychotropic medications (pre-contemplative intervention).	☐Daily ☐Weekly ☐Monthly ☐As needed

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

SHORT-TERM OBJECTIVES	GROUP RECOMMENDATIONS	INDIVIDUAL INTERVENTIONS	FREQUENCY (INDIVIDUAL)
☐ Reduce altered thought processes ☐ Establish a regular pattern of sleep ☐ Establish and maintain appropriate hygiene, grooming, and other daily living skills ☐ Demonstrate ability to focus attention and participate at an appropriate level of goal-directed activity. ☐ Other:_____ _____	• _____ • _____ • _____	☐ Provide Symptom Management, and monitor medication adherence and effectiveness.	☐Daily ☐Weekly ☐Monthly ☐As needed
		☐ Provide a structured therapeutic environment with consistent rules and predictable daily routines	☐Daily ☐Weekly ☐Monthly ☐As needed
		☐ Psychoeducation concerning mental illness and treatment	☐Daily ☐Weekly ☐Monthly ☐As needed
		☐ Other (specify): _____	☐Daily ☐Weekly ☐Monthly ☐As needed
☐ Actively participate in psychosocial treatment programming ☐ Identify and explore behaviors and/or symptoms that have led to legal involvement ☐ Develop pro-social behaviors and avoid anti-social activities	***List recommended groups or N/A:*** • _____ • _____ • _____ • _____ • _____	☐ Create relapse prevention plan.	☐Daily ☐Weekly ☐Monthly ☐As needed
		☐ Other (specify): _____	☐Daily ☐Weekly ☐Monthly ☐As needed

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

SHORT-TERM OBJECTIVES	GROUP RECOMMENDATIONS	INDIVIDUAL INTERVENTIONS	FREQUENCY (INDIVIDUAL)
☐ Increase Relapse Prevention and Abstinence Skills ☐ Other:_____			

Summary Narrative Regarding Primary Treatment Objectives:			
Patient:	Date:	Authorized Representative:	Date:
Psychiatrist (01):	Date:	Psychologist (02):	Date:
Psychiatric Social Worker (03):	Date:	MH Registered Nurse (04):	Date:
Recreation Specialist (05)	Date:	Substance Abuse Counselor (06)	Date:
Paramedical Assistant (07)	Date	Residency Case Manager (08)	Date:
Adult Corrections Officer (09):	Date:	Other (10):	Date: