	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.F.03
		SUPERSEDES (Policy No. & Date): COR.10.1G.04 (03/09/10)	
	SUBJECT: MENTAL HEALTH SERVICES	Page 1 of 14	

1.0 PURPOSE

The purpose of this policy is to establish the general scope and limits of mental health services provided to incarcerated individuals with serious mental health needs.

2.0 SCOPE

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

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. *Bowring v. Godwin*, 551 F.2d 44 (4th Cir.1977).
- b. Department of Corrections and Rehabilitation, Policy and Procedures, COR.08.08, Transfer of Defendants to the Director of the Department of Health.
- c. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1C.04, Health Training for Correctional Officers.
- d. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1E.03, Transfer Screening.
- e. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1G.01, Patients with Chronic Disease and Other Special Needs.
- f. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1G.03, Infirmiry-Level Care.
- g. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1G.05, Suicide Prevention and Intervention.
- h. *Estelle v. Gamble*, 429 U.S. 97 (1976).
- i. Hawaii Revised Statutes, §334-60.2, Involuntary hospitalization criteria.

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- j. Hawaii Revised Statutes, §334-74, Transfer of residents of correctional facilities.
- k. Hawaii Revised Statutes, §353-13.3, Mental health care.
- l. Memorandum of Agreement Between the Department of Health and the Department of Corrections and Rehabilitation Concerning Transfers Between the Oahu Community Correctional Center and the Hawaii State Hospital, (August 19, 2010).
- m. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- n. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- o. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).
- p. Performance-based Standards and Expected Practices for Adult Correctional Institutions. The American Correctional Association. Standards: 5-ACI-6A-28, 5-ACI-6A-37, 5-ACI-6A-38, 5-ACI-6A-39. (2021).
- q. *Vitek v. Jones*, 445 U.S. 480 (1980).

.2 Definitions

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

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- c. Mental Health Programs: Organized outpatient mental health interventions, time-limited or ongoing, that include individual or group interventions for incarcerated individuals regardless of their housing assignment.
- d. Mental Health Residential Units: Provide varying levels of care to meet the needs of incarcerated individuals with serious mental health needs.
 - 1. Acute Care Residential Units: Located in designated housing areas and offer stabilization and programming as clinically indicated for those who are psychotic, clinically unstable (including acutely suicidal or at imminent risk of self-harm), or waiting for placement into an inpatient psychiatric setting. The goal is to control psychotic symptoms, stabilize the incarcerated individual, keep the incarcerated individual safe, and improve activities of daily living.
 - 2. Nonacute Care Residential Units: Short-term or permanent designated housing areas that provide mental health services for incarcerated individuals with severe and persistent mental illnesses.
- e. Milieu: The nonverbal atmosphere in which social interaction takes place.
- f. 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.
- g. 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.
- h. Serious Mental Illness: Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders), as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* ("DSM") of the American Psychiatric Association, AND currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the incarcerated individuals' ability to adequately meet the ordinary demands of living (except with ongoing supportive mental health treatment or services) and requires an individualized treatment plan by a qualified mental health professional.

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1. Psychological: As relating to the mental and emotional state of an incarcerated individual.
 2. Cognitive: As relating to the cognitive and intellectual abilities of an incarcerated individual.
 3. Behavioral: As relating to actions or reactions of the incarcerated individual in response to internal or external stimuli that is observable and measurable.
 - i. Severe and Persistent Mental Illness: A serious mental illness where symptoms and associated functional impairment is prolonged (years rather than months), recurrent, and/or continues at high levels without remission.
 - j. 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 some other designated area (e.g., where hospice-level care or transitional mental health care is provided).
- .3 Forms
- a. DCR 0581, Mental Health Treatment Plan (attached)
 - b. DCR 0582, Mental Health Provider Order (attached)
 - c. DCR 0461, MH-9 Transfer Request – Prisoner in Need of Treatment (attached)

4.0 POLICY

- .1 Mental health services shall be available for incarcerated individuals with serious mental health needs, either on-site or by referral to appropriate alternative facilities.
- .2 When commitment or transfer to an inpatient psychiatric setting is clinically indicated:
 - a. Required procedures shall be followed.
 - b. The transfer shall occur in a timely manner.

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c. The incarcerated individual shall be safely housed and adequately monitored until the transfer occurs.

.3 Mental health, medical, and substance abuse services shall be sufficiently coordinated such that patient management is appropriately integrated, medical and mental needs are met, and the impact of these conditions on each other is adequately addressed in a timely manner.

5.0 PROCEDURES

The Responsible Mental Health Authority shall ensure that mental health services are available for incarcerated individuals with serious mental health needs either on-site as provided by the facility mental health program, and/or by referral to appropriate alternative facilities.

.1 Mental Health Programs with Mental Health Residential Units.

a. Acute Mental Health Residential Units.

1. The scope of care includes the provision of infirmary level of care and sheltered housing, in accordance with COR.10.1G.03 (Infirmary-Level Care) and COR.10.1G.05 (Suicide Prevention and Intervention), for incarcerated individuals with serious mental illnesses who are psychotic, clinically unstable, acutely suicidal, at imminent risk of self-harm, and/or waiting for placement into an inpatient psychiatric setting.
2. In facilities with adequate housing availability, the unit may also share the housing area and operate a mental health intake unit for initial mental health screening, monitoring, and/or evaluation of incarcerated individuals who may have a serious mental health need.
3. Continuous (24 hours, 7 days per week) coverage of the unit shall be provided by mental health staff. When mental health staff are not on-site, the on-call psychiatrist shall provide coverage.
4. Qualified mental health professionals shall develop and implement individual mental health treatment plans for incarcerated individuals with serious mental illnesses in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs) and/or

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COR.10.1G.05 (Suicide Prevention and Intervention) as applicable. Individual mental health treatment plans shall also include:

- a) Crisis intervention services, as needed.
 - b) Psychotropic medication management, when medically indicated.
 - c) Daily (7 days per week) patient evaluation of incarcerated individuals receiving infirmary-level care shall be conducted by a qualified mental health professional or a qualified health care professional with mental health and suicide prevention training in accordance with COR.10.1G.03 (Infirmary-Level Care) and COR.10.1G.05 (Suicide Prevention and Intervention).
 - d) Individual counseling or appropriate therapies, as clinically indicated.
 - e) Group psychosocial/psychoeducational treatment programs, as clinically indicated.
5. Orientation and training in mental health and suicide prevention shall be provided for adult corrections officers assigned to the unit in accordance with COR.10.1C.04 (Health Training for Correctional Officers).
6. The unit shall be designed to provide housing in a safe and therapeutic environment conducive to symptom stabilization and maintenance of good personal hygiene.
- b. Nonacute Mental Health Residential Units.
- 1. The scope of care includes short-term or permanent housing areas that provide mental health services for incarcerated individuals who meet the following criteria.
 - a) Inclusion Criteria:
 - i) The incarcerated individual has been diagnosed with a severe and persistent mental illness; the incarcerated individual is currently on a 704-404 (Examination of defendant with respect to physical or mental disease,

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disorder, or defect excluding fitness to proceed), or related court-ordered status; or the incarcerated individual has a serious mental health need and mental health services cannot be provided in an outpatient setting.

- ii) The incarcerated individual would benefit from the offered psychosocial treatment program; and
- iii) Admission ordered for Level 2 or 3 psychosocial treatment programming by a Licensed Mental Health Professional [DCR 0582, Mental Health Provider Order].

b) Exclusion criteria:

- i) The incarcerated individual requires a higher level of care or infirmary-level care;
- ii) The level of mental health services required for the incarcerated individual could be delivered in a less restrictive setting (e.g., outpatient mental health services); or
- iii) The incarcerated individual shows evidence of predatory, violent, or intimidating behavior (any instance would result in immediate transfer out of the unit).

2. Continuous (24 hours, 7 days per week) coverage of the unit shall be provided by mental health staff. When mental health staff are not on-site, the on-call psychiatrist shall provide coverage.

3. Qualified mental health professionals shall develop and implement individual mental health treatment plans for incarcerated individuals with serious mental illnesses in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs) and/or COR.10.1G.05 (Suicide Prevention and Intervention) as applicable. Individual mental health treatment plans shall also include:

- a) Crisis intervention services, as needed.
- b) Psychotropic medication management, when medically indicated.

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- c) Individual counseling or appropriate therapies, as clinically indicated.
 - d) Group psychosocial/psychoeducational treatment programs, as clinically indicated.
 - e) The frequency of provider chronic care follow-up services shall be conducted in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs).
 - 4. Orientation and training in mental health and suicide prevention shall be provided for adult corrections officers assigned to the unit in accordance with COR.10.1C.04 (Health Training for Correctional Officers).
 - 5. The unit shall be designed to provide a clean, safe, therapeutic environment and milieu, including facilities for maintaining good personal hygiene with guidance in the activities of daily living, if needed.
- c. Outpatient Mental Health Services.
 - 1. Incarcerated individuals with serious mental health needs shall be identified through screening/assessment, non-emergency requests and services, and emergency services protocols. Once identified, they shall be referred to qualified mental health professionals for further evaluation and mental health treatment, as indicated.
 - 2. Qualified mental health professionals shall develop and implement individual mental health treatment plans for incarcerated individuals with serious mental illnesses in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs) and/or COR.10.1G.05 (Suicide Prevention and Intervention) as applicable. Individual mental health treatment plans shall also include:
 - a) Crisis intervention services, as needed.
 - b) Psychotropic medication management, when medically indicated.
 - c) Individual counseling, as clinically indicated.

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- d) Group counseling and/or psychosocial/psychoeducational programs, as clinically indicated.
- e) Qualified mental health professionals shall provide follow-up outpatient mental health services for incarcerated individuals with serious mental illnesses at least every sixty (60) days.
- f) The frequency of provider chronic care follow-up services shall be conducted in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs).

.2 Mental Health Programs at Jails without Mental Health Residential Units.

- a. The immediate objective of jail mental health programs, without mental health residential units, is to alleviate symptoms of serious mental illnesses and prevent relapses in order to sustain the incarcerated individual's ability to function safely in the correctional environment.
- b. Outpatient mental health services shall be provided by qualified mental health professionals for incarcerated individuals with serious mental illnesses.
- c. Infirmary-level care shall be provided in accordance with COR.10.1G. (Infirmary-Level Care) and COR.10.1G.05 (Suicide Prevention and Intervention), for incarcerated individuals with serious mental illnesses who are psychotic, clinically unstable, acutely suicidal, at imminent risk of self-harm, and/or waiting for placement into an inpatient psychiatric setting and/or intra-system transfer to a facility for a higher level of care.
- d. Qualified mental health professionals shall develop and implement individual mental health treatment plans for incarcerated individuals with serious mental illnesses in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs) and/or COR.10.1G.05 (Suicide Prevention and Intervention) as applicable. Individual mental health treatment plans shall also include:
 - 1. Crisis intervention services, as needed.
 - 2. Psychotropic medication management, when medically indicated.
 - 3. Daily (7 days per week) patient evaluation of incarcerated individuals receiving infirmary-level care shall be conducted by a qualified mental

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health professional or a qualified health care professional with mental health and suicide prevention training in accordance with COR.10.1G.03 (Infirmiry-Level Care) and COR.10.1G.05 (Suicide Prevention and Intervention).

4. Individual counseling or appropriate therapies, as clinically indicated.
 5. Psychosocial/psychoeducational treatment programs, as clinically indicated.
 6. Qualified mental health professionals shall provide follow-up outpatient mental health services for incarcerated individuals with serious mental illnesses at least every sixty (60) days.
 7. The frequency of provider chronic care follow-up services shall be conducted in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs).
- e. When the treating psychiatrist or Responsible Mental Health Authority identifies that an incarcerated individual demonstrates the need for a higher level of care than can be provided at the facility, the Responsible Mental Health Authority and the Responsible Health Authority shall conduct an in-state intra-system transfer in accordance with COR.10.1G.03 (Infirmiry-Level Care) and COR.10.1E.03 (Transfer Screening).
- .3 Mental Health Programs at Prisons without Mental Health Residential Units.
- a. The objective of mental health programs in prison settings without mental health residential units is to maintain clinical stability, promote recovery, and prevent relapses in order to sustain the incarcerated individual's ability to function safely in the correctional environment.
 - b. Outpatient mental health services shall be provided by qualified mental health professionals for incarcerated individuals with serious mental illnesses.
 - c. Qualified mental health professionals shall develop and implement individual mental health treatment plans for incarcerated individuals with serious mental illnesses in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs) and/or COR.10.1G.05 (Suicide Prevention and Intervention) as applicable. Individual mental health treatment plans shall also include:

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1. Crisis intervention services, as needed.
 2. Psychotropic medication management, when medically indicated.
 3. Individual counseling or appropriate therapies, as clinically indicated.
 4. Psychosocial/psychoeducational treatment programs, as clinically indicated.
 5. Qualified mental health professionals shall provide follow-up outpatient mental health services for incarcerated individuals with serious mental illnesses at least every sixty (60) days.
 6. The frequency of provider chronic care follow-up services shall be conducted in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs).
- d. When the treating psychiatrist or Responsible Mental Health Authority identifies that an incarcerated individual demonstrates the need for a higher level of care than can be provided at the facility, the Responsible Mental Health Authority and the Responsible Health Authority shall conduct an in-state intra-system transfer in accordance with COR.10.1G.03 (Infirmarium-Level Care) and COR.10.1E.03 (Transfer Screening).
- .4 Structured Living Unit (SLU).
- a. The SLU program is a therapeutic alternative involving diversion of incarcerated individuals with severe and persistent mental illnesses, who do not require infirmarium-level care, from segregation to a structured living unit.
 - b. Admission, system level modification, and discharge involving incarcerated individuals in the SLU program shall be ordered by a Licensed Mental Health Professional [DCR 0582, Mental Health Provider Order].
 - c. Incarcerated individuals participating in the SLU program shall be provided at least three (3) hours out-of-cell time each day.
 - d. Qualified mental health professionals shall develop and implement individual mental health treatment plans for incarcerated individuals with severe and persistent mental illnesses in the SLU program in accordance

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with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs) and/or COR.10.1G.05 (Suicide Prevention and Intervention), as applicable. Individual mental health treatment plans shall also include:

1. Crisis intervention services, as needed.
 2. Inter-Disciplinary Behavior Modification Plans with identified treatment and program completion requirements to progress through the SLU system levels.
 3. Psychotropic medication management, when medically indicated.
 4. Individual counseling or appropriate therapies, as clinically indicated.
 5. Psychosocial/psychoeducational treatment programs, as clinically indicated.
 6. The frequency of provider chronic care follow-up services shall be conducted in accordance with COR.10.1G.01 (Patients with Chronic Disease and Other Special Needs).
- e. SLU Level System.
1. Level 1: Individual counseling or therapy sessions, therapeutic activities, recreation, hygiene, meals, telephone, visits, and other approved activities provided on an individual basis.
 2. Level 2: Group structured/scheduled psychosocial treatment program activities and all level 1 activities.
 3. Level 3: All module or unit activities.
- .5 Commitment or Transfer to an Inpatient Psychiatric Setting.
- a. Incarcerated individuals with serious mental illnesses, and the clinical need for urgent or emergent transfer to the Hawaii State Hospital for inpatient psychiatric care, shall adhere to the current version of the "Memorandum of Agreement Between the Department of Health and the Department of Corrections and Rehabilitation Concerning Transfers Between the Oahu Community Correctional Center and the Hawaii State Hospital."
 1. Involuntary hospitalization criteria are as follows:

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- a) The incarcerated individual is mentally ill or suffering from substance abuse;
 - b) The incarcerated individual is imminently dangerous to self or others; and
 - c) The incarcerated individual is in need of care, or treatment, or both, and there is no suitable alternative available through existing facilities and programs which would be less restrictive than hospitalization.
- 2. The treating psychiatrist or psychologist who identifies the clinical need for urgent or emergent transfer of an incarcerated individual with a serious mental illness to the Hawaii State Hospital for inpatient psychiatric care shall determine whether the involuntary hospitalization criteria have been met, and subsequently initiate the MH-9 process for eligible individuals by submitting DCR 0461 (MH-9 Transfer Request – Prisoner in Need of Treatment) to the Responsible Mental Health Authority.
- b. Incarcerated individuals with non-emergent and non-urgent mental health needs shall be transferred to the Hawaii State Hospital for inpatient psychiatric care, as mandated by court-orders, and in accordance with COR.08.08 (Transfer of Defendants to the Director of the Department of Health).
- .6 Multidisciplinary Treatment Team Meeting.
 - a. The Responsible Mental Health Authority, or their designee, shall chair weekly multidisciplinary treatment team meetings in order to review patient progress, coordinate services, and propose modifications in treatment strategy where necessary. Specific patients shall be discussed as clinically indicated; not every patient will be discussed every week.
 - b. Multidisciplinary treatment team meeting attendees shall include the Responsible Mental Health Authority or designee, the Responsible Health Authority or designee, the responsible physician or designee, qualified mental health professionals (e.g., treating psychiatrists, psychologists, psychiatric social workers), mental health staff (e.g., para-medical assistants, corrections recreation specialists), and other health care staff as appropriate. When coordination of care involves areas other than health


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care, representatives may also include administrative, program services, offender services, security, and others to ensure integrated patient management.

- c. Confidential minutes or summaries of the multidisciplinary treatment team meetings shall be distributed to health care attendees and other impacted health care staff within seven (7) calendar days of the meeting date.
- d. The Responsible Mental Health Authority, or designee, shall distribute the multidisciplinary treatment team meeting minutes to the Corrections Health Care Administrator, Medical Director, Physician Manager, Psychiatrist Manager, Chief Nursing Officer, Clinical Services Branch Administrator, and Mental Health Branch Administrator.
- e. The Responsible Mental Health Authority, or designee, shall retain the multidisciplinary treatment team meeting minutes on the secured mental health shared drive for reference.

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	
		Psychosocial Treatment Programming:			
		<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"/>					

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:

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH PROVIDER ORDER

NAME: _____ DATE: _____

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

INMATE STATUS

- | | |
|--|---|
| <input type="checkbox"/> INFIRMARY | <input type="checkbox"/> DISCHARGE FROM INFIRMARY |
| <input type="checkbox"/> SHELTERED HOUSING | <input type="checkbox"/> DISCHARGE FROM SHELTERED HOUSING |
| <input type="checkbox"/> SUICIDE WATCH | <input type="checkbox"/> DISCONTINUE SUICIDE WATCH |
| <input type="checkbox"/> SAFETY WATCH | <input type="checkbox"/> DISCONTINUE SAFETY WATCH |
| <input type="checkbox"/> MENTAL HEALTH OBSERVATION | <input type="checkbox"/> DISCONTINUE MH OBSERVATION |

TRANSFER TO: MENTAL HEALTH MODULE _____ SLU GP

MONITORING

- | | |
|---|---|
| <input type="checkbox"/> CONSTANT EYE | <input type="checkbox"/> CONSTANT CAMERA OBSERVATION |
| <input type="checkbox"/> FIVE (5) MINUTE RANDOM INTERVAL CHECKS | <input type="checkbox"/> INMATE OBSERVER/MEDICAL AIDE |
| <input type="checkbox"/> FIFTEEN (15) MINUTE RANDOM INTERVAL CHECKS | |
| <input type="checkbox"/> _____ MINUTE RANDOM INTERVAL CHECKS | |

SPECIAL INSTRUCTIONS

CLOTHING:

- | | | | | |
|---------------------------------------|--------------------------------------|-----------------------------------|---|---------------------------------|
| <input type="checkbox"/> Safety Smock | <input type="checkbox"/> Safety Gown | <input type="checkbox"/> Uniform | <input type="checkbox"/> Underwear | <input type="checkbox"/> Bra |
| <input type="checkbox"/> Slippers | <input type="checkbox"/> Socks | <input type="checkbox"/> Hairband | <input type="checkbox"/> Shoes (no laces) | <input type="checkbox"/> Other: |

POSSESSIONS ALLOWED IN CELL:

- | | | | |
|--|---------------------------------------|------------------------------------|--|
| Mattress: | <input type="checkbox"/> AT ALL TIMES | <input type="checkbox"/> 2200-0600 | <input type="checkbox"/> NONE |
| Safety Blanket: | <input type="checkbox"/> AT ALL TIMES | <input type="checkbox"/> 2200-0600 | <input type="checkbox"/> NONE |
| <input type="checkbox"/> Paper Spoon for Meals; No Other Utensils, No Bones, No Plastic Wrap | | | <input type="checkbox"/> Finger Foods Only |
| <input type="checkbox"/> Reading Material (must exchange 1 for 1) | <input type="checkbox"/> Glasses | | <input type="checkbox"/> Safety Pen |
| <input type="checkbox"/> Other: | | | |

ACTIVITIES:

- | | | | |
|---------------------------------------|---|---|---------------------------------|
| Phone Use: | <input type="checkbox"/> LEGAL | <input type="checkbox"/> NO MH RESTRICTIONS | |
| Visits: | <input type="checkbox"/> LEGAL | <input type="checkbox"/> NO MH RESTRICTIONS | |
| <input type="checkbox"/> Daily Shower | <input type="checkbox"/> Daily Recreation | <input type="checkbox"/> Law Library | <input type="checkbox"/> Other: |

PROGRAMMING:

- | |
|--|
| <input type="checkbox"/> LEVEL 1 (INDIVIDUAL SESSIONS) |
| <input type="checkbox"/> LEVEL 2 (STRUCTURED/SCHEDULED THERAPEUTIC GROUP ACTIVITIES) |
| <input type="checkbox"/> LEVEL 3 (ALL MODULE ACTIVITIES) |
| <input type="checkbox"/> OTHER: |

Signature/Title of LMHP

Date

Time

Original: Medical Record
Copy: Security
PSD 0582 (11/22)

CONFIDENTIAL

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MH-9 TRANSFER REQUEST – PRISONER IN NEED OF TREATMENT

**APPLICATION FOR TRANSFER OF RESIDENT
OF A CORRECTIONAL FACILITY TO HAWAII STATE HOSPITAL:
CERTIFICATION OF PSYCHIATRIST/PSYCHOLOGIST**

Date: _____

To: Director of Health

From: Director of Public Safety

Subject: _____ of _____
(Inmate's full name) (Facility)

Pursuant to HRS Section 334-74, your approval is requested for the transfer of the above named person, _____, and an inmate under
(Date of Birth)
the custody of this department to the Hawaii State Hospital, Department of Health.

The inmate is under the correctional custody of the Director of Public Safety for the period ending _____.
(Date)

The certificate of a psychiatrist/psychologist employed by the Department of Public Safety is provided below:

Signed: _____
(Officer in Charge)

CERTIFICATE OF PSYCHIATRIST/PSYCHOLOGIST

I, _____, a psychiatrist/psychologist
(Name)

employed by the Department of Public Safety, State of Hawaii, hereby certify that I have examined the above-named resident and recommended his/her transfer to the Hawaii State Hospital, Department of Health, because

Signed: _____
(Certifying Psychiatrist/Psychologist)

Date: _____

APPROVED: _____
(Director of Health or Designee)

Date: _____