

**MENTAL HEALTH SERVICES  
GUIDEBOOK**



**APPROVED BY:** KATHLEEN A. MUTSCHLER, PH.D., DIRECTOR  
MENTAL HEALTH SERVICES

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## INTRODUCTION

Mental Health Services with the Michigan Department of Corrections (DOC) provides prison-based mental health services to prisoners with a serious mental illness/severe mental disorder. Mental Health Services provides an Inpatient Program at the Women's Huron Valley Correctional Facility and Woodland Center Correctional Facility and mental health consultation and care to prisoners receiving medical treatment at Duane Waters Health Center. Those prisoners not requiring inpatient care may receive mental health treatment from an Institutional Program, Counseling Services & Interventions, an Outpatient Mental Health Team, a Residential Treatment Program, an Adaptive Skills Residential Program or receive evaluation in a Crisis Stabilization Program.

Mental Health Services provides mental health treatment and services to eligible prisoners at no financial charge. Once treatment begins, it is expected that the person served will fully participate in a variety of recommended group therapies, activity therapies, medication management and case management dependent upon level of care. Mental Health Services are normally provided from 8:00 a.m. to 8:00 p.m. seven days per week in the Residential Treatment Program, 8:00 a.m. to 4:30 p.m. for Outpatient Services, Counseling Services and Intervention and Institutional levels of care and 24/7 at the Inpatient level of care. The majority of programming is provided Monday through Friday.

Institutional programming is available for all prisoners in need. Treatment will be provided timely and with reasonable access to care. Services include but is not limited to assessments, crisis intervention, segregation monitoring, suicide prevention, individual and group psychotherapy, parole board evaluations, treatment for co-occurring disorders, assaultive offender and sex offender programming, aftercare planning, services to developmentally disabled and cognitively impaired prisoners and treatment for incarcerated youth. The Assaultive Offender Program (AOP) and the Sexual Offender Program (SOP) are organized group psychotherapy programs for use by Mental Health Services therapists in the treatment of assaultive offenders and sex offenders. The Counseling Services and Intervention Program involves brief counseling/psychotherapy. It includes, but is not limited to, supportive counseling, brief therapy, solution focused therapy, cognitive – behavioral therapy and dialectical behavior therapy.

Prisoners who have a serious mental disability are provided services within the Corrections Mental Health Program. A multidisciplinary intake assessment is provided upon admission to each level of care for purposes of identifying the presenting problem and needs of the person served. An Individualized Treatment Plan is generated in collaboration with the person served. A treatment plan identifies primary treatment goals and objectives and recommended treatment interventions. Progress toward these treatment goals and objectives is assessed every 30 days by a case manager and every 6 months by the entire treatment team. Discharge planning is initiated at the onset of treatment with the goal of transfer to a lower level of care once treatment goals and objectives are achieved or facilitating return to the community upon parole or max-out. Each person served is assigned a case manager who is responsible for the coordination of mental health services.

When the person served exhibits marked mood or behavioral instability or is noncompliant with prescribed psychiatric medication, placement in an observation cell may be required to keep that person and other persons safe from harm. The person served may also require placement in an observation cell on safety precautions status if he/she verbalizes the intent or exhibits behavior designed to harm oneself or others. In these instances, a Qualified Mental Health Professional evaluation occurs at least every 24 hours. In addition, the person served may require placement on a management plan which restricts prisoner movement because of impaired judgment, poor impulse control, and impaired reality-testing or coping skill deficits. Observation status and management plans are typically rescinded once the person has regained both psychiatric and behavioral stability.

## **RIGHTS INFORMATION**

Within seven (7) days of your admission to Mental Health Services, you or your guardian are entitled to receive information about your rights related to mental health treatment. You have a right to have an Advance Directive for mental health care. You will also be informed about the procedure for contacting the Corrections Mental Health Rights Specialist.

## **CONSENT TO TREATMENT**

Voluntary admission to the Mental Health Services requires your consent to treatment. Consent means an agreement signed by you stating that you will accept treatment. In general, treatment will not be provided without your consent. This consent must also be “informed,” which means:

1. That the treatment and its benefits as well as risks have been explained to you and you indicated you understand them;
2. That you are not legally incompetent.
3. That you understand you can refuse treatment.
4. That you understand you have the right to withdraw your consent resulting in your discharge from the program.

## **INVOLUNTARY TREATMENT**

There are certain circumstances when treatment may be given without your consent, for example, to prevent you from physically harming yourself or others. If, following examination by a psychiatrist, you are found to be mentally ill and you refuse treatment proposed by the Corrections Mental Health Program, a hearing committee of qualified mental health professionals may be appointed to consider an order for your involuntary admission and treatment in the Mental Health Services.

You have the following rights with respect to such a hearing:

1. To refuse medication for twenty-four (24) hours before the involuntary treatment hearing;
2. Your psychotropic medications will be stopped twenty-four (24) hours before your involuntary treatment hearing;
3. Attendance at the hearing and, if you have a guardian, the guardian’s attendance at the hearing;
4. Assistance at the hearing of a mental health professional appointed by the Director of the Mental Health Services;
5. Presentation of evidence as to the presence or absence of mental illness at the involuntary treatment hearing, including witnesses, who may be family members, and cross-examination of witnesses, unless the hearing committee finds that the presentation, confrontation, or cross-examination would present a serious threat to the order and security of the facility or to your safety or the safety of others;
6. Appeal the decision of the hearing committee to the Director of Mental Health Services, if the appeal is filed within forty-eight (48) hours of your receipt of the report and order. Your treatment, however, will not be stayed pending the appeal.

7. Appeal the decision of the Director of Mental Health Services to the Circuit Court pursuant to Section 631 of the Revised Judicature Act of 1961, Act No. 236 of Public Acts of 1961, being Section 600.631 of the Michigan Compiled Laws, except that no oral argument will be permitted.

### **TREATMENT**

You should:

1. Receive mental health services suited to your condition in a manner that protects and promotes basic human dignity; and is free from abuse or neglect.
2. Be told why you are being treated and what your treatment is.
3. Within 24 hours after admission to Inpatient you shall receive a comprehensive physical and mental examination. Each resident shall be periodically reexamined not less often than annually.
4. Have periodic psychiatric evaluations depending on the level of care.
5. Have a plan in your record developed in partnership with you telling how people expect to help you and which staff will be involved.
6. Have staff review your plan periodically, keeping it current and modified when indicated.
7. Be told how you are doing at intervals established in the plan appropriate to your condition, unless there is a good reason why you should not be told. This reason must be explained to you and written in the record.
8. Be able to ask questions about your treatment, review your treatment plan, and discuss it with your case manager or members of your treatment team. If you think your treatment is not helping, you may ask for a change in treatment.
9. Be given the choice of hiring a private physician or psychiatrist at your own expense and being allowed to see them at reasonable times consistent with OP-04.06.135.
10. Expect to be followed by a mental health team for a period of up to 6 months after discharge or withdrawal of consent. You will be scheduled for follow up appointments with your facility mental health team.

### **MEDICATION / SECLUSION / RESTRAINT**

You will be given medication only if one (1) of the following applies:

1. If you or your guardian give consent;
2. If an involuntary hearing committee orders suitable treatment including medication.

Medical orders for seclusion and/or restraint may be written if you are receiving services in an inpatient treatment unit. You will be placed in seclusion and/or restraint only:

1. To prevent injury to yourself or others;
2. To prevent you from causing substantial property damage.

## **NON-MEDICAL RESTRAINT OR RESTRICTION OF MOVEMENT**

DOC may impose these when security precautions are required by DOC policy or regulation affecting the security of a state correctional facility or the protection of prisoners, employees, the public, or substantial damage to property.

## **QUESTIONS YOU MAY WANT TO ASK ABOUT MEDICATION**

1. Why do I have to take this medicine? What will happen if I do not take it?
2. Can I be treated without medication?
3. What is the name of the medicine prescribed for me?
4. How is it supposed to help me? How soon will I notice a difference?
5. How is it supposed to make me feel? What are the side effects?
6. Are there side effects I should report immediately?
7. Is it similar to or different from the medicine I was taking before this?
8. How much should I take? How many times a day? What time of day? Before or after meals? What would happen if I took too much?
9. Is there any food or drink I should avoid with this medicine?
10. Are there other medicines I should avoid when taking this medicine?
11. Should I operate machinery while taking this medicine?
12. Is there anything else I should know about this medicine? How often will you review with me what the medicine is doing? How long will I need to take the medicine?
13. If I take this medicine for a long time, what can it do to me?
14. What is tardive dyskinesia? Can I get it from taking this medicine? Can something be done to avoid this?
15. What will happen if I stop taking this medicine?
16. Can I become addicted to this medicine?

## **YOUR RESPONSIBILITIES**

You are responsible for:

1. Obeying the policies, procedures, and administrative rules of the Michigan Department of Corrections, as well as the rules of the facility or program to which you are assigned.
2. Giving correct and complete information about yourself and your health.

3. Reporting changes in your health to staff.
4. Following your treatment team's advice.
5. Asking questions of staff if you do not know what you are supposed to do.
6. Not interfering with the care of treatment of others

NOTE: Physical assaults on staff, public and/or other prisoners or inappropriate behavior that violates rules, policies, procedures, or staff orders may result in one (1) or more of the following:

1. Tickets and sanctions;
2. Criminal court proceedings;
3. A change in your treatment plan. For those receiving services in an inpatient treatment unit this may include medical seclusion and restraint;
4. Security reclassification

### **GRIEVANCE INFORMATION**

The DOC prisoner grievance policy provides you with an effective administrative remedy for alleged violations of your rights or unsatisfactory conditions of confinement. If you believe that your rights have been violated, you should request a grievance form from staff and follow Policy Directive 03.02.130 Prisoner/Parolee Grievances.

### **ADVANCE DIRECTIVES**

You may request and complete an Advance Directive/Durable Power of Attorney relating to your mental health to be kept in health care.

### **ACCESS TO HEALTH RECORD AND CONFIDENTIALITY**

In addition to an institutional file and a counselor file, a health record file is kept on you. Information in this health record is confidential and cannot be given to anyone except as permitted or required by law or by Department of Corrections policy. Information about you from the health record may be given to other people for one (1) of the following reasons:

1. If a law requires or a court orders your records to be released;
2. If you or your guardian (if you have one) agrees in writing to release it;
3. If information is needed to get certain government benefits for you;
4. If necessary for institutional transfer, program assignment or parole decisions;
5. If necessary to keep you or others from being hurt or to keep you from harming others;
6. If necessary for institutional staff to be able to provide prescribed supportive care;
7. If the information clearly affects the safety or security of the institution, or your own safety or security,

or that of others;

8. If needed for approved research, education, and statistical reporting, but your name will not be identified;
9. If the information is related to a legally reportable condition (for example, certain kinds of disease, such as tuberculosis, then it will be reported to the appropriate agency or authority).

This Guidebook is designed to give you information about the manner in which mental health services are provided. If you have any questions, Mental Health Services staff are available to answer them. In addition, following your admission to Mental Health Services, you may request, BY MAIL, a consultation with the Corrections Mental Health Rights Specialist.

**NOTE:** Your admission to a treatment program in the Mental Health Services will not affect your release from prison. Regardless of treatment status, you will be released from prison as soon as you reach the maximum outdate of your sentence, or if you are paroled. If you still require treatment after you are released from prison, the Mental Health Services staff will recommend suitable services available in the community.

You may request a copy of your health record upon approval by your treatment team. You or your guardian may obtain a copy of your health record through approved Department of Corrections procedures. However, if a part of this information is believed to be harmful to you or others, this part will be withheld and the reason will be explained to you.

### **MOVEMENT**

Your freedom of movement will not be restricted more than is necessary to provide mental health services and assure the safe operation and security of the institution.

### **PROTECTION FROM PHYSICAL, SEXUAL PSYCHOLOGICAL AND FIDUCIARY ABUSE**

You have the right to a clean, safe environment which includes not being physically, sexually, or psychologically abused including humiliations, threats, and exploitation actions. Also, you have the right not to be abused or exploited for financial gain. You should be treated with dignity and respect. If you should try to harm yourself or another person, or cause others to harm you, or attempt to destroy property, staff will act to prevent this.

### **CLINICAL STAFF INFORMATION**

All appointed clinical staff are licensed, registered or certified by his or her professional organization and/or by the State. All clinical staff operate under a professional code of ethics that serves as a guideline for professional conduct, with an overriding premise of promoting dignity and individual rights of each person served. All credentials of appointed clinical staff are verified prior to his or her appointment.

### **CONTACTING THE CORRECTIONS MENTAL HEALTH RIGHTS SPECIALIST**

If you have questions concerning your rights and/or responsibilities as a prisoner receiving services from Mental Health Services, you may use the enclosed form, "Request for Consultation with the Corrections Mental Health Rights Specialist" (CHJ-318), to request a written consultation with the Corrections Mental Health Rights Specialist. The Corrections Mental Health Rights Specialist will consult with the Office of

Recipient Rights for follow-up on cases, as necessary. Additional forms (CHJ-318) may be obtained from staff. This is not a grievance process.

### **INTERPRETER/TRANSLATION SERVICES AND ADAPTIVE DEVICES**

When requested by you and/or your treatment team, and when administratively possible Mental Health Services where you are housed will request from DOC to secure:

- An interpreter for those who are hearing-impaired;
- a translator for non-English or limited-English-proficient patients; or
- material and equipment for patients who are visually challenged.