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HEALTH CARE SERVICES DIRECTIVE-YOUTH Manual of Policies and Procedures		4/1/2022	12	4.03Y

Title MENTAL HEALTH SERVICES PLAN

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5	01-02-101	National Correctional Healthcare Standards

I. PURPOSE:

All youth adjudicated to the Department with mental health needs will have access to comprehensive mental health services. This Health Care Services Directive (HCS) provides an overview of the manner in which mental health services are delivered to the youth population.

II. DEFINITIONS:

- A. GENERAL POPULATION FACILITY: Any juvenile facility which is not an Intake facility and provides on-site mental health services on an outpatient basis. For a facility that has both Intake and residential populations, the areas of the facility not dedicated to Intake housing will be considered general population.
- B. INDIVIDUALIZED TREATMENT PLANS (ITPs): A series of written statements specifying a course of mental health services for a youth and the roles and responsibilities of staff in carrying out the course of mental health services.
- C. MAKING A CHANGE UNIT (MAC): A structured and safe therapeutic environment that assists youth in developing appropriate social skills while continuing to participate in education and treatment within a controlled setting.
- D. MENTAL HEALTH SERVICES: The use of a variety of psychosocial and pharmacological therapies, provided individually or in groups, including

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biological, psychological, and social interventions to alleviate symptoms, eliminate maladaptive behavior, attain appropriate functioning and prevent relapse.

- E. **MENTAL ILLNESS:** A psychiatric disorder that substantially disturbs a youth's thinking, feeling, or behavior, and impairs the youth's ability to function.
- F. **MENTAL HEALTH TRAINED STAFF:** Includes licensed or qualified health care professionals and non-health care staff who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.
- G. **MULTIDISCIPLINARY TEAM (MDT):** A treatment team comprised of individuals from different disciplines that contribute a broad range of perspectives and treatment modalities in the management of youths' needs.
- H. **QUALIFIED MENTAL HEALTHCARE PROFESSIONAL (QMHP):** A person with professional training, experience, and demonstrated competence in the treatment of mental illness. QMHPs include physicians, psychiatrists, psychologists, social workers, mental health counselors, mental health nurse practitioners, mental health-trained nurses, or other qualified persons as designated by the Executive Director of Behavioral Health Services.

III. GUIDELINES:

Mental Health services within the Department shall include screening for, evaluating, and treating youth with mental illness.

- A. This document defines the manner in which mental health services are provided and the manner in which QMHPs and other staff provide consultation, clinical services and program support within the Division of Youth Services.
- B. There are a broad range of treatment activities taking place in DYS facilities that are designed to contribute to the wellbeing of the youth. The provision of mental health treatment is the responsibility of health services personnel.
- C. All youth shall be screened for mental illness ant Intake and upon transfer to a new facility.
- D. Mental health treatment shall be provided whenever a youth demonstrates a psychological, cognitive, emotional, or behavioral problem:

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- That is a threat to the safety of the youth or a threat to the safety of other individuals around the youth.
 - In which there is evidence of significant disruption in day-to-day functioning
 - Which is suggestive of mental illnesses.
- E. All mental health evaluations and treatment shall be documented or summarized in the electronic medical record (EMR).
- F. Each facility shall have identified a Lead QMHP , Psychologist or Psychiatrist, who functions as the coordinator for mental health services provided within the facility. The Lead QMHP shall collaborate with the Health Services Administrator (HSA), Warden, and other facility staff to ensure the facility's services are properly managed and appropriate for youth who require mental health services.
- G. All youth must have access to necessary mental health services including screening, evaluation, and treatment for mental illness. Mental health services must be provided in a manner which affords the youth confidentiality and provides physical protection for staff.

IV. CLINICAL SERVICES:

A. Nursing Intake Screen

1. Nursing Intake Screen

Upon arrival at an initial Intake facility, all youth shall be screened by mental health trained nursing staff as soon as possible after arrival. When emergency mental health needs are identified, the youth shall be immediately evaluated by a QMHP. For youth who are potentially suicidal, the youth must be placed under direct observation until an evaluation by, or consultation with, a QMHP has been completed.

A psychiatrist shall be available to the Intake staff at all times. Youth who arrive on psychotropic medication shall continue to receive treatment. Nursing staff shall attempt to verify medication reported by the youth and contact the provider for orders to continue the medication. There shall be no delay in an evaluation for psychotropic medication solely because the youth's medication cannot be verified by a community provider or retail pharmacy.

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For all youth who received mental health treatment prior to arrival, the Health Services staff shall attempt to obtain community health records from all primary care and mental health providers involved in the provision of mental health treatment. Records will be received and reviewed by a QMHP.

2. Mental Health Intake Appraisal

Within twenty-four (24) hours of arrival, the youth shall receive a mental health screen conducted by mental health trained staff to include administration of the MAYSI-2 and Limits of Confidentiality. The Limits of Confidentiality form shall be in the electronic medical record (EMR). A physical copy shall be retained in youth's medical chart along with any applicable testing results.

Within seventy two (72) hours of arrival, all youth shall receive a mental health intake appraisal conducted by a QMHP. At a minimum, the mental health appraisal shall include the following information:

- Mental status exam
- Review of available records of inpatient and outpatient mental health treatment including alcohol and other drug treatment
- Assessment of Past and current suicidal and self-injury potential
- Assessment of violence potential
- Inquiry into history of emotional, physical, and sexual abuse
- Inquiry into educational history including special education placement
- Psychosocial/family history and assessment of current family circumstances
- Developmental history
- Cerebral trauma or seizures
- Sex offenses
- Exposure to traumatic life events and losses
- Psychotropic medication
- Assessment of current alcohol and other drug abuse and/or addiction to identify treatment needs
- Orientation to person, place and time
- Emotional response to incarceration
- Use of additional assessment tools or referral for a mental health evaluation including cognitive testing results
- Diagnostic impression
- Identification of, and referrals to needed treatment

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Youth shall be assigned the appropriate behavioral health code and subsequent mental health treatment requirements, in accordance with HCSD 2.06Y, “Behavioral Health Classification Codes.”

If during the Intake process, the youth indicates they have experienced prior sexual victimization or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, mental health staff shall ensure that they are offered a follow-up meeting within fourteen (14) days of intake screening.

If the youth refuses this follow-up appointment, a refusal form shall be signed by the youth and QMHP, notated in the EMR with the physical copy placed in the youth’s paper chart.

3. Diagnostic Youth

- a. In accordance with Indiana Code 11-10-2-6, a juvenile court may order a youth who is before the court for disposition and is subject to a commitment to the Department to be temporarily committed to the Department for evaluation and determination of proposed assignment. The facility completing the diagnostic evaluation shall forward its written finding and recommendations to the sending court.
- b. Youth who have been committed to the Department by the court for disposition are subject to commitment to the Department temporarily for evaluation services. These youth may not remain at a facility in excess of fourteen (14) days (excluding Saturdays, Sundays, and legal holidays).
- c. The Warden shall ensure that the Pre-Dispositional Diagnostic Services are completed within fourteen (14) working days. The Warden shall ensure that the committing court will be notified and arrangements for return of the student to that court have been made prior to the expiration of the legal maximum limit of confinement in the Department.
- d. The Warden shall ensure that the Pre-Dispositional Diagnostic Evaluation is submitted to the court within seven (7) working days of the youth’s return to the court’s jurisdiction.
- e. If a youth resides at an Intake Facility for thirty (30) days or longer and/or is a safekeeper, they will need to be followed by mental health as

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if they were a youth at a general population facility. See section C, “Routine Mental Health Services,” below for requirements.

4. Psychiatric Intake Evaluation

All youth on psychotropic medication at the time of arrival and those who report taking such within the preceding sixty (60) days shall be referred to the psychiatrist and seen within seven (7) days. The psychiatrist shall assess the need to continue previously prescribed psychotropic medications on the basis of current symptoms, level of functioning, and treatment needs.

5. Transfer Screens

a. Nursing Transfer Screening

Upon arrival at receiving facility, youth shall be screened by a mental health trained nurse who will complete the same screening process as when a youth arrives at the initial intake facility in accordance with HCSD 2.07Y, “Interfacility Transfer.”

b. QMHP Transfer Screening

Upon arrival at receiving facility, youth shall be screened by a QMHP within seventy-two (72) hours. Documentation shall indicate the following was assessed:

- 1) Mental Status Examination;
- 2) Suicide Risk Assessment;
- 3) Review of current behavioral health code, diagnosis and treatment plan for accuracy and develop update as appropriate; and,
- 4) If the youth qualifies for an “E” Behavioral Health Code housing placement shall be initiated.

Parent or caregiver shall be sent a psychosocial / developmental questionnaire electronically and when results are received, they shall be documented in the EMR, if applicable.

A parent or caregiver interview will be completed for all youth within thirty(30) days of arrival. At a minimum, this interview will include inquiries into the youth’s:

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- Growth and development history
- Cognitive and school Functioning
- Peer relations
- Family relationships
- Prior history of mental health treatment
- Family psychiatric history

Just as in the Intake process, if a youth indicates they have experienced prior sexual victimization or perpetrated sexual abuse during intake or at any point during their incarceration, whether it occurred in an institutional setting or in the community, mental health staff shall ensure that they are offered a follow-up meeting within 14 days.

Results of all assessment tools must be incorporated into the electronic medical record. Assessments and treatment plans must be updated as new, historical, and diagnostic information becomes available.

B. Routine Mental Health Services

1. The scope of mental health services available in all juvenile facilities includes psychoeducational classes, group therapy, individual psychotherapy, crisis intervention and psychopharmacologic intervention, which will be provided when clinically indicated and in accordance with an individualized treatment plan.
2. Each facility shall maintain a roster of youth who are identified as requiring mental health services. Youth with no identified behavioral health needs shall be seen at a minimum one time per one hundred-eighty (180 days). Youth being monitored for suspected behavioral health needs must be seen at a minimum one time per 30 days by a QMHP and a determination about whether or not to add them to the mental health roster must be made within 90 days of arrival at the receiving facility. Youth with identified behavioral health needs (based on Behavioral Health Code "C") shall be seen at a minimum one time per 30 days by a QMHP.
3. Youth with identified behavioral health needs and who are determined to be at risk of suicide or self-injurious behavior (Behavioral Health Code "D"), and youth with severe or exceptional needs warranting sensitive placement within a facility and/or who are prescribed involuntary medications (Behavioral Health Code "E") shall be seen biweekly at minimum.

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4. Request for Service

- a. Youth may access mental health services by submitting State Form 45913, "Request for Health Care Services," and will be seen within 7 days.
- b. Staff may refer a youth for mental health services by submitting State Form 46325, "Staff Referral for Medical Services," and the youth shall be seen within 7 days. Crisis referrals shall be seen immediately by a mental health trained nurse during off-hours. Crisis referrals shall be seen immediately by a QMHP during normal business hours.

5. Multidisciplinary Team (MDT) Meetings

- a. MDT shall consist, minimally, of Lead QMHP, ARS Director or designee, treatment representative, HSA or designee, Program Director, Warden or designee, Custody representation, and an education representative.
- b. MDT shall occur weekly and shall review all aspects of the youth's care on the following schedule:
 - 1) Youth prescribed psychotropic medication or with a "D or E" Behavioral Health Code shall be reviewed every 30 days.
 - 2) Youth not prescribed psychotropic medication with a "B or C" Behavioral Health Code shall be reviewed every 90 day.
 - 3) A youth with an "A" Behavioral Health Code shall be reviewed every 180 days.

C. Treatment Plans

1. Treatment Plans must be individualized, identify the problem(s) being addressed, list the goals and objectives, and specify the interventions. The Treatment Plan shall include the discipline of group of staff responsible for overall management and the frequency or interval of follow up encounters.
2. Mental health staff responsible for implementing the Treatment Plan must chart the youth's progress at each scheduled follow up encounter.

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Treatment Plans shall be reviewed and updated if indicated at the following times:

1. Upon admission or transfer to a residential facility;
2. Upon diagnosis or when a significant change in clinical status occurs;
3. A course of planned treatment is completed; or,
4. If expected outcomes are not realized.

Treatment Plans must also be reviewed and revised at a minimum in accordance with the following time frames:

1. General Population Units – every 90 days
2. Youth with an “E” Behavioral Health Code – every 30 days.

D. Psychotropic Medications

Psychotropics shall be prescribed for the management of distinct target symptoms and initiated only after reviewing the potential risks, benefits, side effects, and alternatives with the youth, the Warden, and when possible, the youth’s parent or caregiver. Unless a psychiatric emergency exists, the use of psychotropic medication should be voluntary and not coerced. Psychotropic medications **shall never** be prescribed for disciplinary reasons.

A psychiatric evaluation shall be completed prior to placing a youth on or discontinuing psychotropic medication. Unless an emergency exists, the Consent for Treatment with Medication form shall be reviewed and signed by the youth and the Warden before psychotropic medication is initiated. If consent cannot be obtained from the Warden within seventy-two (72) hours or the need is determined to be urgent, a verbal authorization to initiate drug therapy shall be sought and the consent form signed by the next business day the Warden is on site.

The mental health trained staff should attempt to make telephone contact with the parents or caregivers whenever psychotropic medications are initiated or discontinued.

A “Comments/Concerns on Psychiatric Treatment” form shall be sent to the parent or caregiver of all youth who have been prescribed psychotropic medication. Completed forms returned to the facility shall be forwarded to the Warden for signature and to be filed in medical record.

When medication therapy has been initiated, the youth shall be seen by a

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QMHP and the psychiatrist no less frequently than every thirty (30) days. The psychiatrist shall discuss with the multidisciplinary team regarding the youth's adherence to the established treatment plan and to assess any change in the youth's functional abilities and limitations.

The QMHP shall discuss the youth's progress and compliance with recommended treatment with the psychiatrist prior to each psychiatric clinic. A summary of this discussion must be incorporated into the EMR. The psychiatrist shall note the effectiveness of the medication in addressing target symptoms, and comment on the presence of adverse effects of medication at each follow up encounter.

When medication therapy has been discontinued, the psychiatrist must conduct a follow up psychiatric assessment within thirty (30) days of the last dose to determine if a return to treatment with medication is necessary.

Youth have a right to refuse psychotropic medication as approved by the Warden, who is the guardian. If a youth refuses three consecutive doses of their prescribed psychotropic medication, the refusal must be documented in accordance with provision of HCSD 2.12Y, "Consent and Refusal," and the youth shall be seen by a QMHP within seven (7) days. If the youth is mis-using the medication, the Prescriber and Lead Psychologist need to be notified immediately and the nurse is to initiate medication counseling. If involuntary medications are indicated, staff shall refer to HCSD 4.05Y, "Involuntary Psychotropic Medication Administration, Non-Emergent," and HCSD 2.15Y, "Medication Management."

E. Prescribing Guidelines

Mental Health prescribers are expected to adhere to the current evidence-based treatment guidelines for psychiatric disorders.

Drugs from the benzodiazepine class should be avoided except for detoxification. Benzodiazepines are controlled substances with high misuse potential and are contraindicated in youth with substance use disorders.

Additionally, medications for ADHD are highly misused in the incarcerated population; however, in severe refractory cases, pharmacotherapy is to be reserved for severe symptoms and significant functional impairment.

F. Crisis Services

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Crisis intervention services shall be provided as indicated when the youth:

1. Talks about or engages in suicidal or self-injurious behavior or makes vague references to death;
2. Exhibits assaultive or markedly disruptive behavior;
3. Exhibits markedly sad, tearful behavior or reduced emotional reactivity;
4. Exhibits dramatic shift from depression to elation or agitated depression to calm;
5. Is informed of significant family crisis;
6. Expresses conflictual feelings about impending release;
7. Gives away items of value to others;
8. Is discovered hoarding medication;
9. Has command hallucinations involving suicide or self-destructive content; or,
10. Displays other behavior which causes facility staff to initiate or request crisis intervention.

Facility staff must intervene immediately whenever a youth attempts suicide or inflicts self-harm. Youth who are hemodynamically unstable shall be transported off site for emergency services. Any youth who is in danger of self-harm must be managed in accordance with the provisions of HCSD 4.06Y "Suicide Prevention."

A mental health risk assessment shall be completed as soon as the youth in crisis has been identified and when the youth is medically stable. At a minimum, the mental health risk assessment shall include:

1. Mental health status;
2. Self-report of behavior resulting in referral and events that triggered the behavior;
3. Assessment of current suicidal risk (i.e., ideation, plans, lethality of plans, goal of behavior, etc.);
4. History of suicidal behavior/ideation, how often, when, precipitators, method used or contemplated, and consequences of prior attempts/gestures.

When crisis intervention is deemed necessary and the youth is not already receiving mental health treatment, the youth shall receive a mental health assessment as set out above in section B. The psychiatrist shall be consulted whenever psychiatric evaluation or services are needed.

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If a QMHP determines that a youth is depressed and/or anxious but not a suicide risk, the youth shall be counseled and placed in a protected setting as needed. If the QMHP determines that the youth has no current suicidal ideation or intention, the youth may be returned to a housing unit with the recommendation to facility staff that the mental health staff be contacted again, if needed.

In the event that discipline is contemplated with student with a mental illness, the Disciplinary Review Officer shall contact the appropriate mental health professional. If it is determined that the event in question was a result of the student's mental illness, the student will receive a written reprimand documenting the behavior but will not receive other discipline.

G. Continuity of Care

All youth shall be screened for suicide risk and behavioral health history including a brief mental status exam upon transfer to another Department facility as indicated above.

Prior to a scheduled transfer to another Department facility for any youth currently receiving mental health treatment, the QMHP shall prepare a transfer summary using the transfer/discharge summary template in the EMR.

When youth need ongoing mental health and/or substance use treatment after release, they will be discussed at the MDT meeting where it shall be decided who is to make arrangements for follow up care. In addition, the QMHP shall prepare a summary of mental health treatment provided during confinement that shall be included in the youth's release documentation.

V. CONTINUING EDUCATION:

In addition to the training required in Policy and Administrative Procedure 01-05-101, "Staff Development and Training," All mental health staff shall receive 12 hours of continuing professional education or staff development in clinical skills annually in such areas as, for example:

- A. Mental/behavioral health needs of the incarcerated population (special needs);
- B. Behavior management techniques;
- C. Behavioral health issues with female populations;
- D. Aging/palliative care;
- E. Trauma-informed care;
- F. Confidentiality of the health record;

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- G. Suicide/self-injury prevention;
- H. Signs and symptoms of mental illness, substance abuse/relapse and neuro-cognitive disorders/neurodevelopmental disabilities;
- I. Assessment and diagnosis of mental disorders; and,
- J. Crisis intervention.

VI. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date