



Illinois Department of Corrections

Administrative Directive

Number: 04.04.101	Title: Non-Emergency Services	Effective: 8/1/2021
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Authorized by:	<i>[Original Authorized Copy on File]</i> Rob Jeffreys Director
Supersedes:	04.04.101 effective 5/1/2016

Authority: 730 ILCS 5/3-2-2 20 IAC 415	Related ACA Standards: 5-ACI-6A-07, 5-ACI-6A-28, 5-ACI-6A-38 and 39
Referenced Policies:	Referenced Forms: DOC 0284 – Mental Health Master Treatment Plan DOC 0546 – Mental Health Master Treatment Plan Update

I. POLICY

The Department shall provide individuals in custody with mental health services based on need.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish uniform procedures to ensure adequate non-emergency mental health services are provided to individuals in custody with need.

B. Applicability

This directive is applicable to the Office of Mental Health Management and to all facilities within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. General Provisions

1. Receipt of mental health services shall be voluntary unless otherwise clinically indicated.
2. Non-emergency and routine mental health services shall be provided in accordance with the standards established in the Mental Health Standard Operating Procedural Manual.

F. Requirements

1. The Chief of Mental Health shall:
 - a. Develop and maintain a Mental Health Standard Operating Procedural Manual.
 - b. Ensure the mental health authority for each facility receives a manual and any updates.

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2. The mental health authority for each facility shall:
- a. Maintain the Mental Health Standard Operating Procedural Manual for his or her facility and ensure mental health staff is notified of updates.
 - b. Ensure mental health staff is aware of procedures for obtaining and documenting consent for services or refusal for treatment, as appropriate. Limits of confidentiality, including duty to warn, shall be discussed with the individual in custody when mental health services are rendered.
 - c. Ensure all non-emergency mental health services are provided as follows, and in accordance with the Mental Health Standard Operating Procedural Manual:
 - (1) All mental health records shall be documented in writing and shall be filed in the individual in custody's medical file.
 - (2) Assessment or evaluation resulting from a referral for non-emergency mental health services shall be completed within 14 calendar days.
 - (3) Individuals in custody returned to general population from a specialized mental health setting shall be evaluated by a Mental Health Professional (MHP) at the receiving facility within three calendar days of arrival. Individuals in custody shall be placed in the orientation area, crisis care area or holding unit pending this evaluation.
 - (4) A mental health treatment plan, including the establishment of a treatment team, if applicable, shall be established for all individuals in custody requiring on-going mental health services. The treatment plan for individuals in custody returned to general population from a specialized/residential mental health setting shall be consistent with what has been documented to be effective for the individual in custody or has been recommended by staff at the mental health treatment setting, unless alternative treatments are determined to be clinically preferable. The reason for changes in the therapy shall be documented.
 - (a) All treatment plans shall be documented on the Mental Health Master Treatment Plan, DOC 0284, or the Mental Health Master Treatment Plan Update, DOC 0546, as appropriate, and shall be signed by the assigned mental health treatment team and the individual in custody receiving services, unless clinically contraindicated.

NOTE: When not signed by the individual in custody, the reason shall be documented on the DOC 0284.
 - (b) Treatment plans shall be reviewed for individuals in custody designated as receiving outpatient level of care services annually, or sooner, when clinically indicated. For those individuals in custody receiving Special/Residential Treatment Unit level of care, treatment plans shall be reviewed and updated upon entrance into the level of care and thereafter no less than once every two months. In all other levels of care areas, treatment plans shall be reviewed no less than once every six months, or more frequently, if clinically indicated, to assess the progress of the documented treatment goals. Reviews shall be documented on the DOC 0284.
 - (c) Individuals in custody returned to general population or to an outpatient level of care setting from a Special/Residential Treatment Unit level of

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care, shall be reviewed by an MHP within 30 days to assess the progress of the treatment goals. The DOC 0284 shall be reviewed annually thereafter, unless otherwise clinically indicated.

- (5) Individuals in custody who are prescribed psychotropic medication shall be evaluated by a psychiatrist at least every 30 days, subject to the following:
 - (a) For individuals in custody in outpatient level of care, once stability has been observed and documented in the individual in custody's medical record by the attending psychiatrist, consideration for an extension of follow-up appointments may be considered, with no follow-up appointment to exceed 90 days.
 - (b) For individuals in custody at a Special/Residential Treatment Unit level of care, once stability has been observed and documented in the individual in custody's medical record by the attending psychiatrist, consideration for an extension of follow-up appointments may be considered, with no extension to exceed 60 days.
 - (6) Individuals in custody who are awaiting transfer to a specialized/residential mental health setting, and who are not on crisis watch, shall be monitored by an MHP at least once per week and shall be removed from general population and assignments unless otherwise coordinated by the MHP.
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