



Illinois Department of Corrections

Administrative Directive

Number: 04.04.200	Title: Inpatient Mental Health	Effective: 2/1/2022
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Authorized by:	<i>[Original Authorized Copy on File]</i> Rob Jeffreys Director
Supersedes:	04.04.200 effective 12/1/2019

Authority: 730 ILCS 5/3-2-2 20 IAC 415 DR 503 and 535	Related ACA Standards: 5-ACI-1A-07 and 10, 5-ACI-1D-10, 14, 5-ACI-1F-01, 02, 06, 07, 5-ACI-6A-01, 04 – 08, 28, 30 – 34, 37 – 39, 43, 44, 5-ACI-6B-01, 13, 5-ACI-6C-03, 04, 10, 5-ACI-6D-05
Referenced Policies: 04.03.104, 04.25.101, 05.06.112	Referenced Forms: DOC 0090 – Health Status Transfer Summary DOC 0323 – Notice of Impending RTU/Inpatient Transfer DOC 0535 – Mental Health Inpatient Unit Referral DOC 0558 – Psychiatric Inpatient Discharge Summary

I. POLICY

The Department shall establish and maintain a system of admission and care at specialized or designated facilities for individuals in custody whose mental health needs cannot be met at the outpatient or residential treatment unit level of care; and shall ensure individuals in custody are stepped down in such a manner to ensure a continuum of care.

II. PROCEDURE

A. Purpose

The purpose of this directive is to provide instruction for referral, admission and discharge of individuals in custody recommended for placement in an inpatient mental health facility.

B. Applicability

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

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. Definitions

Discharge Planning – is conducted to plan for when a patient leaves a care setting. Its goal is to provide for a smoother transition to a lower level of care, reduce avoidable readmissions and provide detail on the continuing care needs after he or she leaves the care setting.

Inpatient Level of Care – the most intensive level of care, involving an individual plan on active psychiatric treatment, which includes 24-hour access to a full range of psychiatric and mental health staff.

Individuals in custody appropriate for this level of care require a level of treatment that exceeds the level of care that the Department is able to provide at the outpatient or special/residential treatment unit (RTU)

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levels of care and results in commitment to an inpatient facility for a duration as considered clinically necessary by the individual in custody's treatment team.

Mental Health Authority – the facility's Psychology Administrator, or in his or her absence, a mental health professional who has been designated by the Chief Administrative Officer to make mental health decisions.

Mental Health Professional (MHP) – a board certified and licensed psychiatrist; a psychologist with a Ph.D. or Psy.D and licensed as a clinical psychologist; a licensed psychiatric nurse (i.e., a nurse with an R.N. and training as a psychiatric nurse practitioner); a licensed clinical social worker; or an individual with clinical training and a Master's degree in Psychology or a Social Worker who is licensed.

Utilization Review (UR) – a safeguard against unnecessary and inappropriate medical care that allows health care providers to review patient care from perspectives of medical necessity, quality of care, appropriateness of decision-making, place of service and length of hospital stay.

F. General Provisions

1. The Director shall designate facilities or dedicated units within facilities that shall be utilized for inpatient mental health treatment.
2. Nothing herein shall preclude the emergency or non-voluntary placement of an individual in custody in an inpatient facility; however, the individual in custody shall be notified of his or her right to request a placement hearing. Requests for hearing must be submitted within 24 hours of the notice of transfer.

G. Requirements

1. Referrals for Inpatient Mental Health Treatment.

- a. All referrals for inpatient mental health treatment shall be documented on a Mental Health Inpatient Unit Referral, DOC 0535.
- b. Upon determination that the individual in custody's treatment needs exceed what is available in his or her current residential or crisis level of care setting and that he or she would benefit from inpatient treatment, a DOC 0535 shall be completed and reviewed by the referring facility's Mental Health Authority.
- c. If the referring Mental Health Professional (MHP) and Psychiatric Provider concur with the recommendation for referral, the completed DOC 0535 shall be sent to the Mental Health Authority at the appropriate inpatient location.
 - (1) If the referral is denied by either the MHP or Psychiatric Provider at the referring facility, his or her decision and justification shall be documented on the DOC 0535.
 - (2) If the referral is approved, the Mental Health Authority at the inpatient facility shall indicate his or her decision on the DOC 0535 and notify the referring facility's Mental Health Authority of the determination.

NOTE: Individuals in custody that have specialized medical needs or require skilled nursing care may be denied placement depending on the inpatient facility's available resources.

2. Admission Process

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- a. Upon receipt of the inpatient facility's approval for admission, the referring facility shall make preparations for transfer of the individual in custody.
- b. Transfers shall be processed in accordance with Administrative Directive 05.06.112. Transfer documents shall be sent to the Office of the Transfer Coordinator and shall include:
 - (1) The Health Status Transfer Summary, DOC 0090, completed by the Office of Health Services; and
 - (2) Notice of Impending RTU/Inpatient Transfer, DOC 0323, signed by the individual in custody.

NOTE: If the individual in custody refuses to sign, he or she shall be notified of the right to request a placement hearing. Requests must be received within 24 hours of notice of transfer and a hearing shall be conducted by the Placement Review Committee within five days to determine if involuntary placement is appropriate. In emergencies, the placement review hearing can take place at the receiving facility in accordance with Departmental Rule 503.
- c. At the time of transfer, the referring facility shall:
 - (1) Forward the individual in custody's medical file to the inpatient facility. If the medical records are captured in an electronic health record system, all files shall be accessible by the inpatient staff at intake.
 - (2) Ensure the individual in custody's property is processed for transfer in accordance with Departmental Rule 535.

NOTE: Any requested religious items shall be permitted, in accordance with Administrative Directive 04.25.101, as long as they are deemed safe and suitable for the requesting individual in custody.
 - (3) Forward the master file and property to the parent facility of the inpatient location. Personal property, excluding those items specifically referenced in Paragraph II.G.2.d., shall be prohibited at the inpatient facility.
 - (a) For male individuals in custody, the inpatient parent facility shall normally be Joliet Treatment Center.
 - (b) For female individuals in custody, the inpatient parent facility shall normally be Logan Correctional Center RTU.

NOTE: Should additional information be required from the master file, the parent facility shall provide requested information as soon as possible but not to exceed 72 hours after the request.
 - (4) Transfer the individual in custody with approved religious items and the following state-issued clothing:
 - (a) One undershirt;
 - (b) One pair of underpants;
 - (c) One pair of socks;

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- (d) For females or transgender women as approved by the Transgender Care Review Committee in accordance with Administrative Directive 04.03.104, one bra;
- (e) One jacket or coat (weather appropriate);
- (f) One jumpsuit or approved transfer outfit; and
- (g) One pair of shoes, gym (no shoestrings) or canvas.

NOTE: All of the individual in custody's state-issued clothing shall be absorbed by either the referring or receiving facility, whichever is in need.

3. Discharge Planning Process and Continuum of Care

- a. Upon determination that an individual in custody has been stabilized or has received maximum benefit from the inpatient level of care, he or she shall be stepped down to a residential treatment unit.
 - b. Prior to transfer:
 - (1) The mental health treatment team at the inpatient facility shall complete a Psychiatric Inpatient Discharge Summary, DOC 0558, that identifies the treatment plan and description of services provided by the inpatient facility, medications provided and the individual in custody's ongoing psychiatric needs; and
 - (2) The Office of the Transfer Coordinator and the receiving facility shall be notified that the individual in custody is being prepared for transfer.
 - c. To ensure continuum of care, the individual in custody's complete medical file including, but not limited to, medical and clinical treatment notes, consultation reports, treatment plans and medication administration records, and a seven day supply of all medications shall be transferred with the individual in custody.
 - d. The receiving facility shall ensure that the individual in custody's treatment plan is followed and medication is administered accordingly. Any modification shall be documented with detailed rationale in the individual in custody's medical file. Further evaluations and treatment plans shall be established in accordance with the Mental Health Standard Operating Procedures Manual.
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