

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL



BILL SCHUETTE
ATTORNEY GENERAL

P.O. Box 30217
LANSING, MICHIGAN 48909

September 30, 2013

Ms. Mellie Nelson
Supervisory Attorney
U.S. Department of Justice
Disability Rights Section – NYA
950 Pennsylvania Avenue, N.W.
Washington, DC 20530

Ms. Judith Levy
Ms. Susan DeClercq
Assistant U.S. Attorneys
U.S. Attorney's Office
211 W. Fort Street, Suite 2001
Detroit, MI 48226

Re: Women's Huron Valley Tri-Annual Status Report of Access
Improvements and Other Program or Service Improvements

Dear Mellie, Judith and Susan:

This is the first of the Women's Huron Valley tri-annual status reports. The next tri-annual status report will be submitted January 31, 2014.

The purpose of these status reports will be to keep you apprised of progress made at WHV toward completion of the improvements described in my letter to you of March 8, 2013 and the MDOC's draft letter to you of September 26, 2013.

Physical Plant Improvements

The physical plant improvements are described in the physical plant grid. During our July 2013 meeting at Women's Huron Valley, we indicated that it might be possible to update the Excel spreadsheet with photo links so that you would be able to see a photographic confirmation or depiction of the particular items in the grid that were being improved from that time period going forward. The facility has been able to add photographic links, but unfortunately those photographic links do not allow the Excel spreadsheet to be sent by email, at least not in our email system. Therefore, I am enclosing a disc that will allow you to follow the

instructions I have included as Attachment A to this letter in order to open the photographic links. In addition, the grid itself on the disc has been color coded. The tabs which indicate the location for each project in this physical plant improvement grid are now colored. The color indicates the status of the projects described in the tab.

- A green tab means that all of the improvements on that particular tab have been completed.
- A yellow tab means that there has been progress or other update to this tab since the grid was last provided to you in July 2013. However, a yellow tab also means that all of the work is not yet completed.
- A gray tab indicates that there has been no change to report and that one or more items in that tab have not yet been completed.

The grid now also includes on the new tab entitled "main" an index of all of the tabs within the grid.

Mental Health Services and Suicide Risk Reduction Activities

1. PD 04.06.115 entitled "Suicidal and Self-Injurious Behavior," effective November 1, 2013 (Attachment B).
2. PD 04.05.112 entitled "Managing Disruptive Prisoners," effective November 1, 2013 (Attachment C). NOTE: This policy directive is exempt under the State of Michigan's Freedom of Information Act and would only be disclosed in litigation if covered by a protective order. Consistent with what I perceive to be the Department of Justice's behavior throughout its investigation and review at Women's Huron Valley, please consider this policy directive to be privileged and not appropriate for public release.
3. Program Statement for the OPT Dialectical Behavior Therapy Program (Attachment D). This program is provided in the B Wing of the Emmet housing unit. The first group of 16 prisoners participating in the program is expected to complete the program by the end of December 2013.
4. Program Statement: Counseling Services and Interventions (Attachment E). This program currently has 70 prisoners enrolled and an additional 136 prisoners have been discharged (completed) from their participation in CSI. The CSI program began at Women's Huron Valley in November 2011.

5. Frequency Update Regarding Suicide and Suicide Attempts at Women's Huron Valley:

a) Between January 1, 2011 and December 31, 2011, there were 25 suicide attempts and one completed suicide at Women's Huron Valley.

b) Between January 1, 2012 and December 31, 2012, there were eight suicide attempts and one completed suicide at Women's Huron Valley.

c) Between January 1, 2013 and September 22, 2013, there were three suicide attempts and no completed suicides at Women's Huron Valley. All three of the 2013 suicide attempts occurred on or before February 14, 2013.

Health Care Quality Improvement

1. Following the July 17 and 18, 2013 site visit at Women's Huron Valley and our review of the comments of your medical expert, Dr. Greifinger, the Department of Corrections in conjunction with its health care contractor, Corizon Medical Services, implemented what is known as the "Warfarin Initiative." Attachment F consists of the tracking grids used in this Warfarin Initiative for the prisoners at Women's Huron Valley who are receiving Warfarin (Coumadin). Attachment F has two pages, one for August 2013 and one for September 2013.

2. Attachment G is an updated chronic care clinic degree of control timeliness chart, one each for good, fair and poor control.

3. Attachment H is a chart indicating the changing Wait List count at Women's Huron Valley as compared to the regional average.

4. Attachment I is an update of the charts indicating compliance with timely annual health screens for both the general population and those enrolled in chronic care clinics.

5. Attachment J consists of the minutes from the September 12, 2013 facility performance improvement meeting. The minutes reference two performance improvement projects underway.

6. Attachment K consists of the two performance improvement project worksheets referenced in the September 12, 2013 performance improvement minutes described above.

Tri-Annual Status Report

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Conclusion

The Michigan Department of Corrections and the Women's Huron Valley Correctional Facility are committed to carrying out their access improvement projects and quality improvement for the delivery of mental health services and medical services as described above and in the Department of Corrections' letter to you of September 26, 2013. The facility has made significant progress in reducing the risk of suicide, as can be seen by the frequency statistics cited above. The information in this package will be updated for your review in the next tri-annual report, due on January 31, 2014.

Sincerely,



A. Peter Govorchin
Assistant Attorney General
Corrections Division
(517) 335-7021

APG:jah

Enclosures

cc: Daphne Johnson

Womens Huron Valley\DOJ\Tri-Annual Status Report Ltr

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE		EFFECTIVE DATE 11/01/13	NUMBER 04.06.115
SUBJECT SUICIDAL AND SELF-INJURIOUS BEHAVIOR		SUPERSEDES 04.06.115 (12/20/1999)	
		AUTHORITY MCL 791.203	
		PAGE 1 OF 5	

POLICY STATEMENT:

The Department shall provide services to prisoners in Correctional Facilities Administration (CFA) and Field Operations Administration (FOA) facilities as set forth in this policy to reduce the risk of suicide or self-injury during incarceration.

POLICY:

DEFINITIONS

- A. Mental Disability - Any of the following mental conditions:
 1. Mental illness, which is a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of life.
 2. Severe chronic brain disorder, which is characterized by multiple cognitive defects (for example, memory impairment resulting from a medical condition or brain injury due to trauma or toxins).
 3. Developmental disorder, which usually manifests before the age of 18 years and is characterized by severe and pervasive impairment in several areas of development (for example, autism; retardation).
- B. Qualified Health Professional (QHP) - A health care professional licensed by the State of Michigan or registered/certified to practice within the scope of his/her training.
- C. Qualified Mental Health Professional (QMHP) - A physician, psychiatrist, nurse practitioner, physician's assistant, psychologist, social worker, or registered nurse who meets the requirements set forth in MCL 330.1100b and is trained and experienced in the areas of mental illness or mental disabilities.
- D. Self-Injurious Behavior - Deliberate self-effected bodily harm or disfigurement of a socially unacceptable nature that lacks conscious suicidal intention.
- E. Suicidal Behavior - Written or verbal threats, acts, or gestures which could cause serious self-inflicted injury to one's body motivated by a decision to kill oneself.

GENERAL INFORMATION

- F. For purposes of this policy, "prisoner" includes probationers and parolees housed in correctional facilities. However, where this policy is in conflict with PD 05.01.142 "Special Alternative Incarceration Program" as to referral, evaluation, and transfer of probationers and prisoners who are believed to be at risk for suicidal or self-injurious behavior, PD 05.01.142 shall control.
- G. There are "critical periods" during which some prisoners may be at increased risk for suicidal or self-injurious behavior. Such critical periods include the initial arrival in prison, a parole denial, an additional term of incarceration, a family or relationship crisis or loss, holidays, involvement as victim or perpetrator in a traumatic critical incident, and the diagnosis of debilitating or terminal illness.
- H. All staff have a role and responsibility in the identification, referral, and management of suicidal and self-injurious behavior. The Administrator of the Training Division, Budget and Operations Administration, shall ensure that training is available to staff regarding the identification of prisoners at risk of suicidal and self-injurious behavior. Training also shall be available to QMHPs and QHPs in how to conduct suicide risk assessments. Staff shall

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attend such training as required.

- I. All critical incidents involving prisoner suicide, attempted suicide, and self-injurious behavior which require medical treatment shall be reported as required in PD 01.05.120 "Critical Incident Reporting".
- J. The Evaluation of Suicide Risk template in the Electronic Medical Record (EMR) shall be followed by all QMHPs and QHPs when assessing or evaluating a prisoner's risk for suicide or self-injurious behavior and in developing management plans to address these behaviors. All assessments and evaluations shall include a face-to-face interview with the referred prisoner, which may be conducted through telemedicine, and review of the prisoner's health record.

INTAKE RISK SCREENING AND EVALUATION

- K. Whenever a prisoner is initially delivered to a reception facility or, if sentenced in the Upper Peninsula, to the Marquette Branch Prison (MBP), custody staff shall immediately review the Sheriff's Questionnaire. If any indications of suicidal or self-injurious behavior are noted, or if warranted by the prisoner's behavior or statements, the prisoner shall be immediately referred to a nurse or other trained staff for a suicide/self-injury risk screening. The Suicide Prevention Screening template in the EMR or the Suicide Prevention Screening form (CHJ-179) shall be used to conduct the screening. If the screening indicates a risk of suicidal or self-injurious behavior, or if warranted by the prisoner's behavior or statements, the prisoner shall be referred to a QMHP or QHP for a mental health evaluation using the Mental Health Services Referral form (CHX-212). The prisoner shall be maintained under unrestricted face-to-face visual observation until the screening is completed and, if referred to a QMHP or QHP, the evaluation is completed and any management plan implemented.
- L. Prisoners who are not immediately referred for screening under Paragraph K shall be screened for suicide or self-injury risk by a nurse or other trained staff as soon as possible but no later than by the end of the prisoner's day of arrival at the facility, using the Suicide Prevention Screening template or the Suicide Prevention Screening form (CHJ-179). A prisoner shall not be assigned a cell until the risk assessment screening is completed. If the screening indicates a risk of suicidal or self-injurious behavior, the prisoner shall be referred to a QMHP or QHP for a mental health evaluation using the Mental Health Services Referral form (CHX-212) and maintained under unrestricted face-to-face visual observation until the evaluation is completed and any management plan implemented.
- M. Mental health evaluations conducted pursuant to Paragraph K or L shall be completed as soon as possible but no later than 12 hours after the referral and documented on a guided assessment developed by Mental Health Services. Upon completion of the evaluation, if a management plan is needed, it shall be developed as set forth in this policy and entered into the EMR.

REFERRAL OF PRISONER WHO THREATENS OR ENGAGES IN SUICIDAL OR SELF-INJURIOUS BEHAVIOR

- N. If a prisoner engages in suicidal or self-injurious behavior which is life-threatening, staff shall immediately respond as set forth in PD 03.04.125 "Medical Emergencies". If the behavior is not life-threatening but needs medical attention as soon as possible, health care staff shall be immediately notified and any necessary treatment provided. In both cases, the prisoner shall then be referred by health care staff to a QMHP or QHP for a mental health evaluation, using the Mental Health Services Referral form (CHX-212). If it is necessary to release the prisoner from the hospital or health care unit prior to completion of the evaluation, the prisoner shall be placed on unrestricted face-to-face visual observation in an observation room.
- O. If a prisoner engages in suicidal or self-injurious behavior which does not require medical treatment, or threatens to engage in suicidal or self-injurious behavior, the prisoner shall be promptly placed on unrestricted face-to-face visual observation in an observation room and referred to a QMHP or QHP for a mental health evaluation, using the Mental Health Services Referral form (CHX-212).
- P. Mental health evaluations conducted pursuant to Paragraphs O and P shall be completed by the QMHP or QHP as soon as possible after receipt of the referral but no later than the end of his/her workday. The evaluation shall be documented on the Evaluation of Suicide Risk template in the EMR. If a QMHP or QHP is not available to

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conduct the evaluation on-site, it shall be conducted through telemedicine. After completing the evaluation, the QMHP or QHP shall develop a management plan, as required by the Evaluation of Suicide Risk template in the EMR and this policy, before ending his/her workday.

OBSERVATION ROOM

- Q. An observation room is a cell or room designated pursuant to PD 04.05.112 "Managing Disruptive Prisoners" to temporarily house prisoners referred for mental health evaluation or continued on observation status pursuant to a management plan developed by a QMHP or QHP. An observation room shall not contain structures, fixtures, or objects which could reasonably be used to aid in a suicide attempt or other self-injurious, assaultive, or destructive behavior or obstruct the view of the prisoner. It also shall be stripped, except for a mattress and a tear-resistant blanket, prior to a prisoner being placed in the room. However, medically necessary items shall be allowed as ordered by a physician or psychiatrist. In addition to routine observation during rounds, a prisoner in an observation room shall be monitored through unrestricted face-to-face visual observation until the prisoner is evaluated by a QMHP or QHP and a management plan implemented. This may be supplemented by video-camera monitoring, but video-camera monitoring shall not be used instead of unrestricted face-to-face visual observation.
- R. The following precautions shall be implemented to reduce the risk of self-harm by the prisoner while in the observation room:
1. The prisoner shall be issued an approved tear-resistant gown of an appropriate size and length to provide for the prisoner's modesty. The prisoner also shall be issued toilet paper and, for female prisoners, necessary female personal hygiene items. All other personal and state-issued clothing and personal property shall either be secured or stored, except for a ring or wedding band set, prostheses, and dentures. These items also shall be secured or stored if used by the prisoner in the behavior that resulted in his/her placement in the observation room. Any secured or stored prescribed medications shall be administered to the prisoner by appropriate health care staff.
 2. Finger foods shall be provided to prisoners as a substitute for regular meals. If bagged, the bag shall not be given to the prisoner.
 3. Out-of-cell prisoner activity, including visits, shall be prohibited except as required to meet the prisoner's necessary personal hygiene needs, for treatment of urgent medical needs, for mental health evaluations or treatment, and as otherwise requested by the QMHP, QHP, or other health care staff.
- S. If a prisoner uses or attempts to use any item identified in Paragraph T to impede observation or to attempt to engage in self-injurious behavior, staff shall immediately respond and remove the item. As soon as possible after doing so, the Duty Administrative Officer shall be contacted by telephone to determine if the item should continue to be withheld for custody and security measures.
- T. A QHP shall monitor the prisoner's medical status and conduct assessments as needed. All staff shall document in the unit logbook pertinent information regarding the prisoner's behavior, including statements made by the prisoner and contacts with health care staff.

MANAGEMENT PLAN

- U. For each prisoner referred for a mental health evaluation, the QMHP or QHP shall collaborate with the Warden or designee to develop a management plan as required under the Evaluation of Suicide Risk template in the EMR. The management plan shall address in detail all of the following, tailored to the specific prisoner's needs:
1. Type and duration of precautions to be taken to reduce the prisoner's risk of self-harm, including any need to remain on observation status. The Mental Health Services Unit Chief and Regional Director shall be notified whenever a prisoner remains on observation status for seven continuous days, with notification every seven days thereafter until the prisoner is removed from that status. However, absent approval of the Mental Health Services Administrator, a prisoner shall not remain on observation status

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for more than 30 continuous calendar days. This restriction and notifications do not apply if the prisoner is in an in-patient mental health unit.

2. If continued on observation status, the type and duration of any allowed out-of-cell/room activity and frequency of required observation.
 3. Types of behavior which should be observed and reported by staff.
 4. Specific actions to be taken by staff when certain behaviors are observed.
 5. Frequency of QMHP or QHP contact, including description of behavior which requires immediate notification of the QMHP or QHP.
 6. Therapeutic interventions to be taken by staff to promote positive, rather than self-destructive, behavior by the prisoner.
- V. Appropriate health care staff shall personally deliver a copy of the management plan to the Control Center and to the unit in which the prisoner is housed. Staff shall note receipt of the management plan in appropriate logbooks.
- W. The QMHP or QHP who prepared the management plan shall personally review the overall plan of treatment with the prisoner upon its completion. Upon receipt of the management plan by the housing unit, the QMHP or QHP shall personally review the plan of treatment with appropriate housing unit staff, noting any special conditions required to be taken by unit staff. The housing unit staff who reviewed the plan with the QMHP or QHP shall personally review the plan of treatment with other housing unit staff and the prisoner. These reviews, including the review with the QMHP or QHP, shall be noted in the housing unit logbook.
- X. The management plan shall be reviewed by a QMHP or QHP, and revised accordingly, at a frequency based on the prisoner's level of risk for suicide or self-injury. The management plan shall be reviewed, and revised as necessary, whenever the prisoner's risk level is changed.
- Y. The Control Center shall maintain a master file of all currently active management plans for prisoners within the facility. A file shall be maintained in each housing unit of all currently active management plans for prisoners within that unit. Management plans shall be followed by all affected health care and housing unit staff, including custody staff assigned to the housing unit.
- Z. When a prisoner for whom a management plan has been prepared is to be transferred to another facility, the Mental Health Services Unit Chief or designee for the sending facility shall personally discuss the management plan with the Mental Health Services Unit Chief or designee for the receiving facility prior to the transfer regarding the management plan. The transfer coordinator for the sending facility also shall personally discuss the management plan with the transfer coordinator for the receiving facility prior to the prisoner's transfer. In addition, the Control Center copy of the management plan shall be attached to the Prisoner Detail for Inter-Institution Transfer form (CAJ-959). Upon arrival at the receiving facility, a QMHP or QHP for the receiving facility shall review the prisoner's management plan and tailor the plan to meet the prisoner's needs at that facility. The plan of treatment and the management plan shall be personally reviewed with the prisoner and personally communicated to staff as set forth in Paragraph W.

REFERRAL AND ADMISSION TO IN-PATIENT MENTAL HEALTH UNITS

- AA. If a QMHP or QHP determines that a prisoner is at high risk of harming himself/herself or others or is in need of intensive assessment and treatment, s/he shall refer the prisoner for admission to the appropriate in-patient mental health unit in accordance with PD 04.06.180 "Mental Health Services" and PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners". All transfers shall be in compliance with PD 05.01.140 "Prisoner Placement and Transfer".
- BB. When a prisoner admitted to an in-patient mental health unit is to be discharged, a Discharge Summary shall be completed and a new management plan developed prior to the prisoner's transfer. The receiving facility shall be

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notified of the management plan as set forth in Paragraph Z.

- CC. Transportation of the discharged prisoner to the receiving facility shall be arranged whenever possible so that the prisoner arrives during normal business hours. Upon arrival, a QMHP or QHP at the receiving facility shall review the Discharge Summary and the prisoner's management plan and tailor the plan to meet the prisoner's needs at that facility.

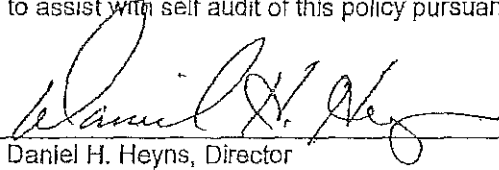
PROCEDURES

- DD. Wardens, in conjunction with the Regional Health Administrator and Mental Health Services Administrator, shall ensure that procedures are developed as necessary to implement requirements set forth in this policy directive; this shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring that existing procedures are revised or rescinded, as appropriate, if inconsistent with policy requirements or no longer needed.

AUDIT ELEMENTS

- EE. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

APPROVED:


Daniel H. Heyns, Director

9/30/13

Date

OPT Dialectical Behavior Therapy Program

The OPT DBT program is for prisoners who struggle with emotional, behavioral, cognitive, or interpersonal dysregulation. Prisoners who struggle with dysregulation are likely to have problems with anger, act impulsively, and/or engage in self-injurious behaviors. The program is voluntary and prisoners need to agree to participate and sign an agreement form. Prior to signing an agreement form the prisoners will be provided an orientation packet informing them of program expectations.

The OPT DBT program is an evidence-based treatment developed by Marsha M. Linehan that uses cognitive-behavioral techniques for emotion regulation and distress tolerance, coupled with the concepts of mindful awareness and acceptance.

Patients with problems of dysregulation are referred to the OPT DBT program by either OPT clinicians working with patients housed in general population, OPT clinicians working with patients in Level 4 housing, the Deputy Warden, or by clinicians in the RTP/Acute Care Unit who have patients that completed the RTP/Acute Care DBT program but need to demonstrate more skillful behavior before being transferred to general population.

The program is designed to be completed successfully within 6 months. After successfully completing the program prisoners are transferred back to general population. A resident will be considered to have successfully completed the program if she has consistently been working in group, working in individual therapy, accepting coaching, using skills, and the targeted problematic behavior has decreased. In addition, if after 6 months, an inmate is demonstrating very skillful behavior, she can be invited to be a mentor and stay for another 6 months.

Residents who display a lack of commitment are not attending individual sessions, not attending group sessions, not completing diary cards, not completing homework, and/or not following the milieu rules and expectations. A lack of commitment will be treated as a treatment issue and will be addressed in individual therapy. However, a lack of commitment that is not amenable to treatment will result in dismissal from the program. This will be decided by the Consultation Team in a Consultation Team Meeting (see below for definition of Consultation Team) if the resident continues to be noncompliant for four consecutive weeks.

Treatment

Therapy:

Patients in the DBT program are seen individually once a week for one hour and attend a two hour weekly skills training group. In addition, the milieu of the unit is considered to be a vital and critical component of the treatment program.

The purpose of individual therapy is to provide patients with direct treatment and additional education and support. The individual therapist works with the patient one on

one to help them use their DBT skills in their daily lives. Patients may be seen for Individual Therapy in the QMHPs' offices located in the West Side of the facility.

The skills being taught in the groups are rotated through six modules over the course of six months and are presented in the following order; Mindfulness (2 weeks), Distress Tolerance (6 weeks), Mindfulness (2 weeks), Interpersonal Effectiveness (6 weeks), Mindfulness (2 weeks), and Emotion Regulation (6 weeks). The Skills Training Groups are considered to be Open, meaning they can admit group members on a rolling basis. A new group member joining a group that has already been in progress does not join the group until the next mindfulness section. Skills Training Groups will be held on the unit.

Staffing:

Trained Custody Officers will staff the unit and work collaboratively with the Mental Health staff. The unit officers will provide coaching to the inmates as they learn more skillful ways of interacting with others. The officers will also reinforce adaptive behaviors as well as develop and maintain an environment of respect and cooperation. During the time residents are in the OPT DBT Unit they will be assigned a therapist and a psychiatrist who is trained in DBT.

DBT Consultation Team:

The OPT staff (therapists, psychiatrist) and the Custody staff (officers, the housing unit ARUS) working on the OPT DBT Unit, are collectively referred to as the Consultation Team, and will meet together for 1.5 hours weekly to support each other in the delivery of the treatment.

Expectations of Residents in the OPT DBT Program

1. Residents will attend a 2 hour per week skills training group
2. Residents will attend a 1 hour per week individual therapy session
3. Residents will complete weekly homework assignments
4. Residents will complete individual and group therapy diary cards
5. Residents will practice skills during and outside of the group
6. Residents will accept coaching
7. Residents will attend milieu activities/groups
8. Residents will follow MDOC rules and unit rules
9. **Residents will not be in romantic/sexual relationships or any other relationship that disrupts the program.**

Not only are such relationships disruptive to the unit, they also

- Distract the relationships' participants from focusing on their treatment
- Negatively effect priorities
- Distract staff from focusing on teaching skills and coaching when they are having to put out "relationship fires"
- Make it difficult to open up during treatment groups
- Place staff and residents in the difficult position of "picking sides"

- Increase emotional intensity in the person/unit/group
- Not allowed per MDOC policy

If residents are in romantic/sexual relationships or in any other relationship that disrupts the program, they will meet with the Consultation Treatment Team to discuss the problem. The ways in which the relationship is disruptive will be explained to the women involved in the relationship. They will be asked how they think the problem should be handled. If the women in the disruptive relationship are able to develop a plan to resolve the problem(s), the plan will be written up and everyone in the meeting will get a copy of the plan. If either or both women in the disruptive relationship engage in any of the problematic behaviors that were disruptive, she or they will be discharged from the program.

If either woman in the disruptive relationship says they would like to sign out of the program, they will first be asked if that is their only option. If the woman says it is her only option, she will be told to take 24 hours to think about the decision. If after 24 hours the person still wants to sign out of the program, she will then be discharged from the program. If the person changes her mind and decides she would like to stay in the program, the women in the disruptive relationship will meet with the Consultation Treatment Team (or representatives from the Team depending on members' availability) as outlined in the previous paragraph.

Egregious Behavior Protocol

It is understood, given that the women in the program are there because they struggle with dysregulation, that there might be times when a resident engages in self-injurious behavior, becomes threatening, or is assaultive. When a resident is assaultive, self-injurious, or engages in serious unit-destructive behavior, the Egregious Behavior Protocol is to be used.

- This protocol is applied every time a resident on the unit is assaultive, self-injurious, or engages in serious unit-destructive behavior.
- This form of treatment takes precedence over all other mental health treatments.
- The resident is removed from the community and placed in the Reflection Room (an observation room on the unit). The resident is then given a Behavior Analysis (BA) Form.
- If there is an injury, Health Care will be notified to do an assessment.
- The resident works on the BA alone in the Reflection Room, which is on the unit, for at least 1 hour. Then, the resident is assisted by either an officer or a clinician.
- When the BA has been completed, the resident must present their BA to the Team and all must agree on a repair plan.

- The Prisoner Discipline Policy, 03.03.105, will be applied as appropriate. Effort will be made, however, to keep the resident on the Unit whenever possible so she can remain in active treatment. Additional actions may take place as part of correction/overcorrection.

If the event that a resident is unable to stay on the Unit and is placed in Segregation, the Chief Psychiatric Officer will be notified. The Chief Psychiatric Officer will then meet with the Warden to review the case.

Protocol for Managing RTP and OPT DBT Prisoners on Non-bond Status

When a prisoner of the RTP DBT unit or the OPT DBT Unit is placed on non-bond status, they are to be placed in one of the DBT Unit's observation cells (in either Emmet A or Emmet B as appropriate). If there is not an observation cell available they can then be placed in a segregation cell in Housing Unit 1. An exception to placing an RTP or OPT DBT prisoner in the housing unit's observation cell is if the prisoner physically assaulted an officer.

The Egregious Behavior Protocol is to be followed, and the prisoner is to be given a Chain Analysis Form to complete.

A non-bond prisoner in the DBT program is to remain in the observation cell until EITHER;

they are heard on their ticket,

OR

The Clinical Treatment Team appeals the non-bond status for Mental Health/Programming reasons and a Deputy Warden approves or authorizes removing the prisoner from non-bond status.

The clinical decision to waive a prisoner off non-bond status is determined after a mental health evaluation is performed by one of the DBT program's Qualified Mental Health Professionals (QMHP).

Prior to the QMHP assessment the prisoner should have completed the Egregious Behavior Protocol. The evaluation to assess the prisoner's mental status includes (but is not limited to) a review of the chain analysis, behavior while in observation, ability to cooperate, thought processes, emotional stability, risk of suicide, and risk of hurting someone else.

After the QMHP evaluates the inmate, a decision to appeal the non-bond status will be made in collaboration with other members of the Treatment Team, which includes Custody (such as officers on the unit, the ARUS, and a representative from Shift Command).

A Deputy Warden (or representative) will then decide whether or not to waive the non-bond status. The Deputy Warden will then inform Shift Command of the decision.

In the event that the Treatment Team appeals the non-bond status, but the prisoner is not removed from Non-bond status, the Chief Psychiatric Officer will be notified. The Chief Psychiatric Officer will then meet with the Warden to review the case.

Privileges within the Unit

Prior to coming onto the unit, all inmates will have agreed to treatment and signed an agreement form.

All residents in the DBT Unit will be on a Positive Management Plan which will include any restrictions necessary to ensure safety, frequency of observations, behaviors to observe and report, staff interventions, and incentives to be offered based on the below classification of privileges. Determination of a resident's privileges is based on their level of commitment and participation in the program.

Prisoners housed in the OPT DBT Unit will be classified by Custody as Level 2 Security. Since some of the prisoners participating in the program will be coming from Level 4 Security Classification, they will need to earn the freedom associated with a Level 2 Security. Level 2 Security privileges are earned and maintained via the Unit's Privilege System. There are four levels of privileges, named by flower types (Orchid, Sunflower, Tulip, and Rose) through which the residents will work over the course of the 6 month program. Life can throw fertilizer at our feet, but if we can learn to use it our gardens rather than carrying it around, beautiful flowers can grow.

Orchid:

Currently, Security Level 4 inmates are to be in the cells unless they have a call out or they are going to the dining room. They are given one open hour outside of their cell in the morning and one hour to participate in a program in the evening.

Inmates who agree to commit to treatment coming from Level 4 Security Classification will start the program with two open hours in the morning and two open hours in the evening. They may have visits appropriate to Custody Security Level 4. Access to the yard is controlled therapeutically by individual management plans. If a Custody Security Level 4 inmate has outstanding violations and sanctions prior to starting the DBT Program, their violations and sanctions will be waived if they successfully complete the program. If they do not successfully complete the program they will return to Level 4 housing and will need to serve their previous sanctions.

Inmates who enter the OPT DBT program with a Security Classification of Level 2 or Level 1 enter the DBT Unit at the Sunflower level of privileges.

Sunflower:

Patients are showing a commitment to treatment – by going to skills training group and going to individual therapy. The residents are also participating in at least 70% of the unit's programming. This earns no restrictions on open hours other than those imposed by the facility (i.e., count, mobilization, lights out) and the number of visits

allowed for Custody Security Level 2 per month. Access to the yard is controlled therapeutically by individual management plans. Patients in this level may get to use the Unit's MP3 player, or get the use of a donated television.

Tulip:

Patients are doing what they are supposed to, that is working in group, working in individual therapy, and accepting coaching. Further, the residents are participating in at least 80% of the unit's programming. In addition to the privileges from the previous stage, women in this stage may participate in special events and program on the unit, such as popcorn night or arts and crafts night. Patients in this stage may have the option to request a cell change. Cell changes will be determined by the Consultation Team. Both inmates involved in a cell change need to have at least Tulip privileges.

Rose:

Patients are demonstrating skillful behavior. The residents are also participating in at least 90% of the unit's programming. In addition to the privileges from the previous stage, women in this stage may participate in special events or programs outside of the unit, like an activity in the Field House specifically scheduled for the OPT DBT residents. Further, the women in this stage can pick one reward themselves; however, the reward needs to be approved by staff.

Moving within the levels of privileges:

A resident's classification of privileges is determined by their participation in individual therapy, skills training group, participation in the unit's programming, and behavior on the unit. The decision is based on the resident's behavior (outlined in each category) for two week period.

Changes in privileges will be determined on Mondays and decisions to change privileges will be made by available members of the Consultation Team and information given by members of the Team who are not present.

It is important to note that privileges can not only be earned, but that privileges can also be lost depending on the resident's behaviors.

OPT DBT Agreement

1. I will attend individual and group sessions.

2. I will engage in individual and group sessions
3. I will complete homework and diary cards.
4. I will accept coaching from staff when offered.
5. I will be non-judgmental and respectful of others.
6. I will respect confidentiality; no personal information is to be shared about other residents.
7. I will do my best.
8. I have read, understand, and agree with the Orientation Packet which explains the rules and regulations of the DBT Program.

Patient

Date

OPT DBT Clinician

Date

COUNSELING SERVICES AND INTERVENTIONS

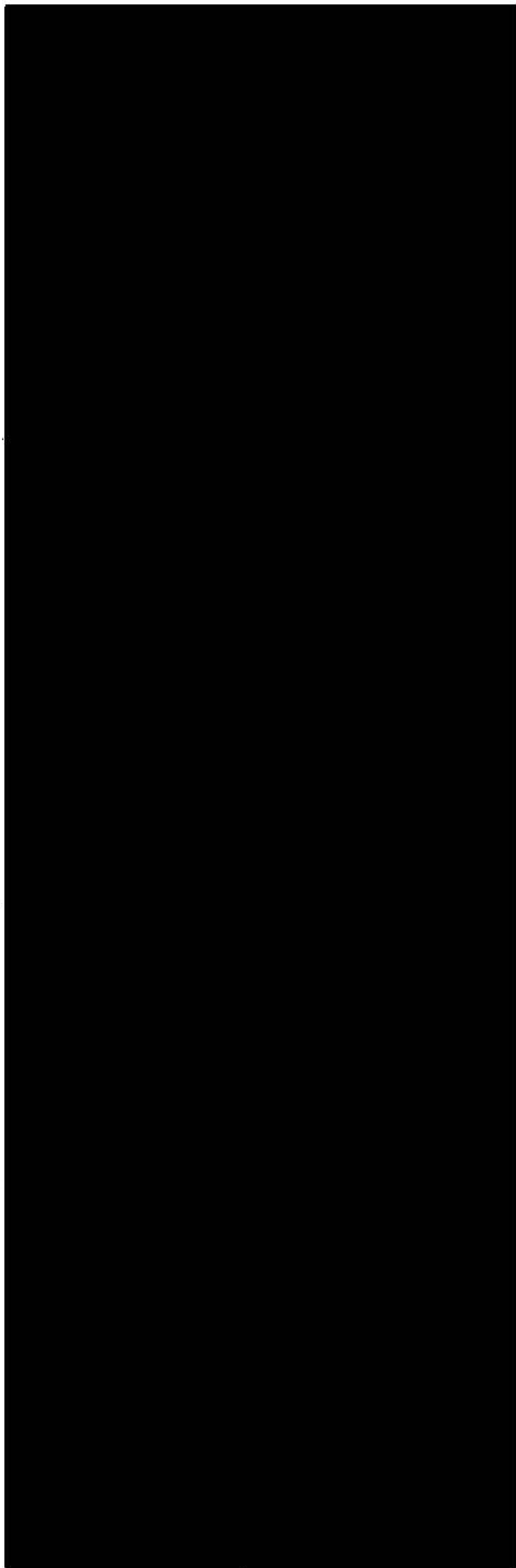
The Counseling Services and Interventions (CSI) program is provided to prisoners who exhibit psychological signs or symptoms that negatively affect ordinary demands of life. The Counseling program includes, but is not limited to, supportive counseling, brief therapy, solution focused therapy, cognitive – behavioral therapy and dialectical behavior therapy. Prisoners are admitted and discharged from the counseling program by a qualified mental health professional. The prisoners served with Counseling Services and Interventions are housed in general population housing and do not meet the threshold for admission to the Corrections Mental Health Programming and don't require psychiatrist services.

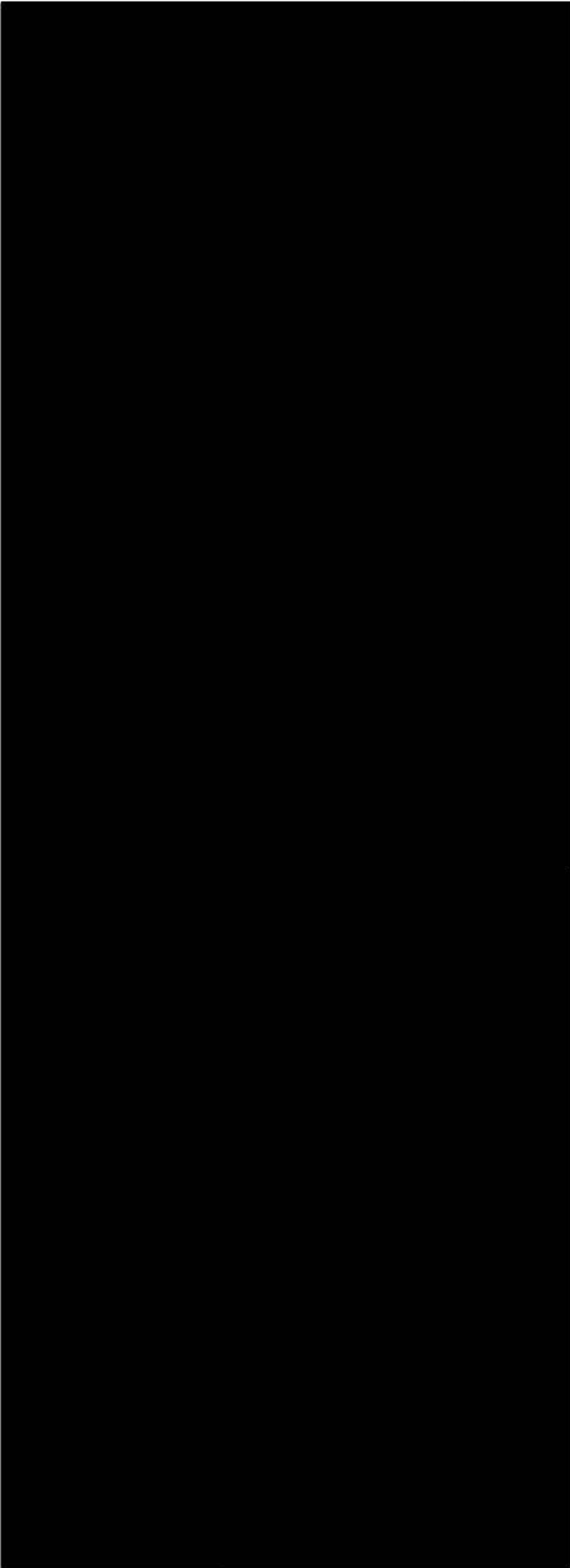
The target population for Counseling Services and Intervention consists of prisoners who are not currently on the active mental health services caseload. Prisoners who have been discharged from OPT or K6 who require additional counseling and support are also a target population for the Counseling Services and Intervention programming. Typical reasons for admission and diagnoses include, but are *not limited to*, the following: adjustment disorders, bereavement, eating disorders, impulse control disorders, conduct disorders, post traumatic stress disorder, dysthymia or anxiety disorders.

Prisoners can be admitted to CSI in one of two ways: Prisoners who are not currently on the mental health services caseload are evaluated by a QMHP either by sending a kite requesting mental health services, or in response to a mental health services referral (ROBERTA-R), CHX-212 or prisoners who have been discharged from OPT or K6 who require additional counseling and support.

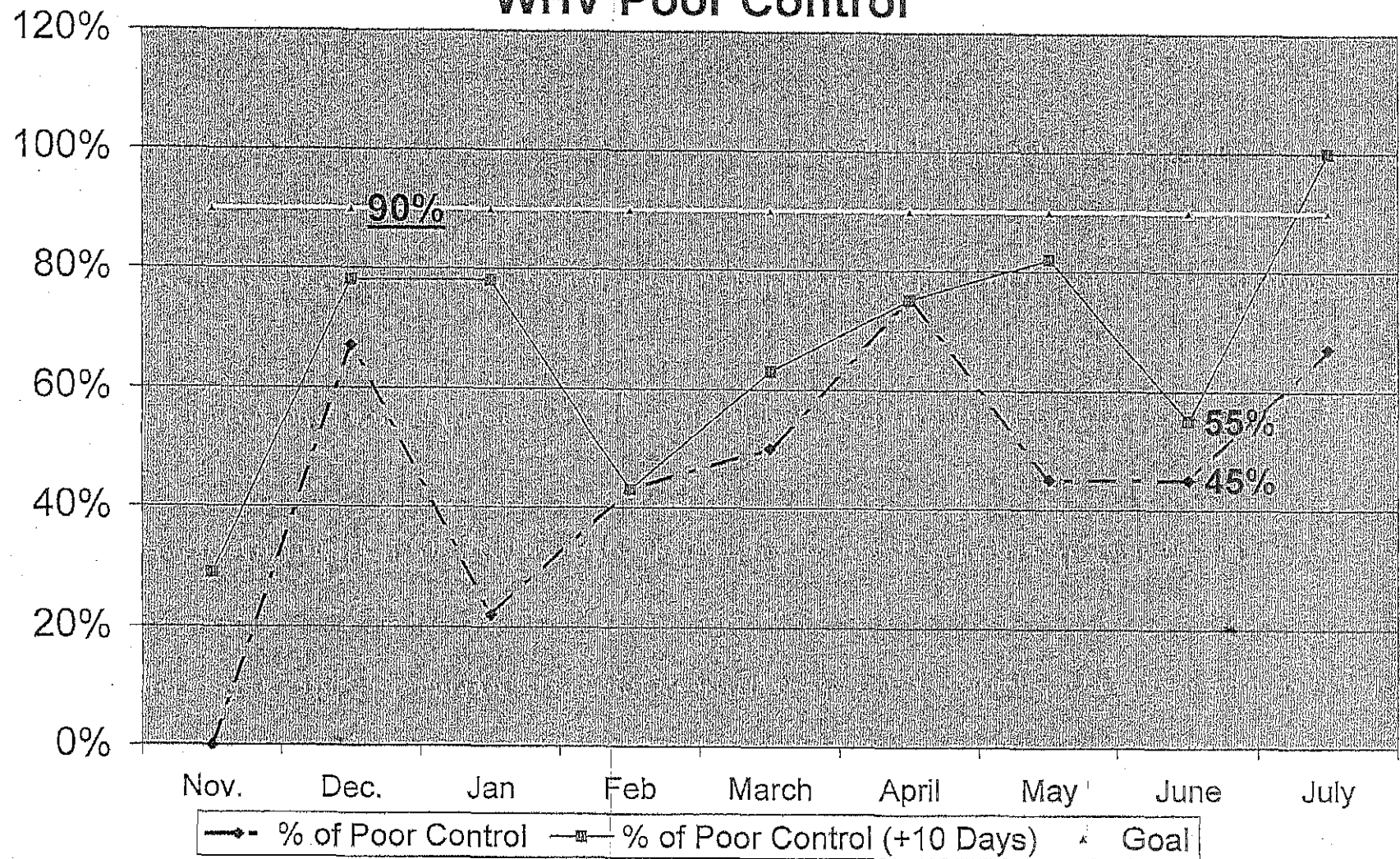
Primary symptoms associated with the condition are stabilized / in partial remission as indicated by a GAF score of 61 or above. A prisoner in CSI is determined to be capable of functioning in a correctional housing unit with regularly scheduled services provided by mental health services program. An Individual Treatment Plan is required for prisoners being treated in the CSI program. The patient must provide voluntary written consent to treatment for CSI programming.

Note: A prisoner on CSI cannot be diagnosed with a major mental disorder such as Schizophrenia, Schizoaffective Disorder, Bi-polar Disorder, Psychotic Disorders, Major Depression, or any other condition considered to be a **severe disorder of thought or mood** that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life. Such prisoners should be referred for psychiatric evaluation for admission to outpatient (OPT) or higher level of care.

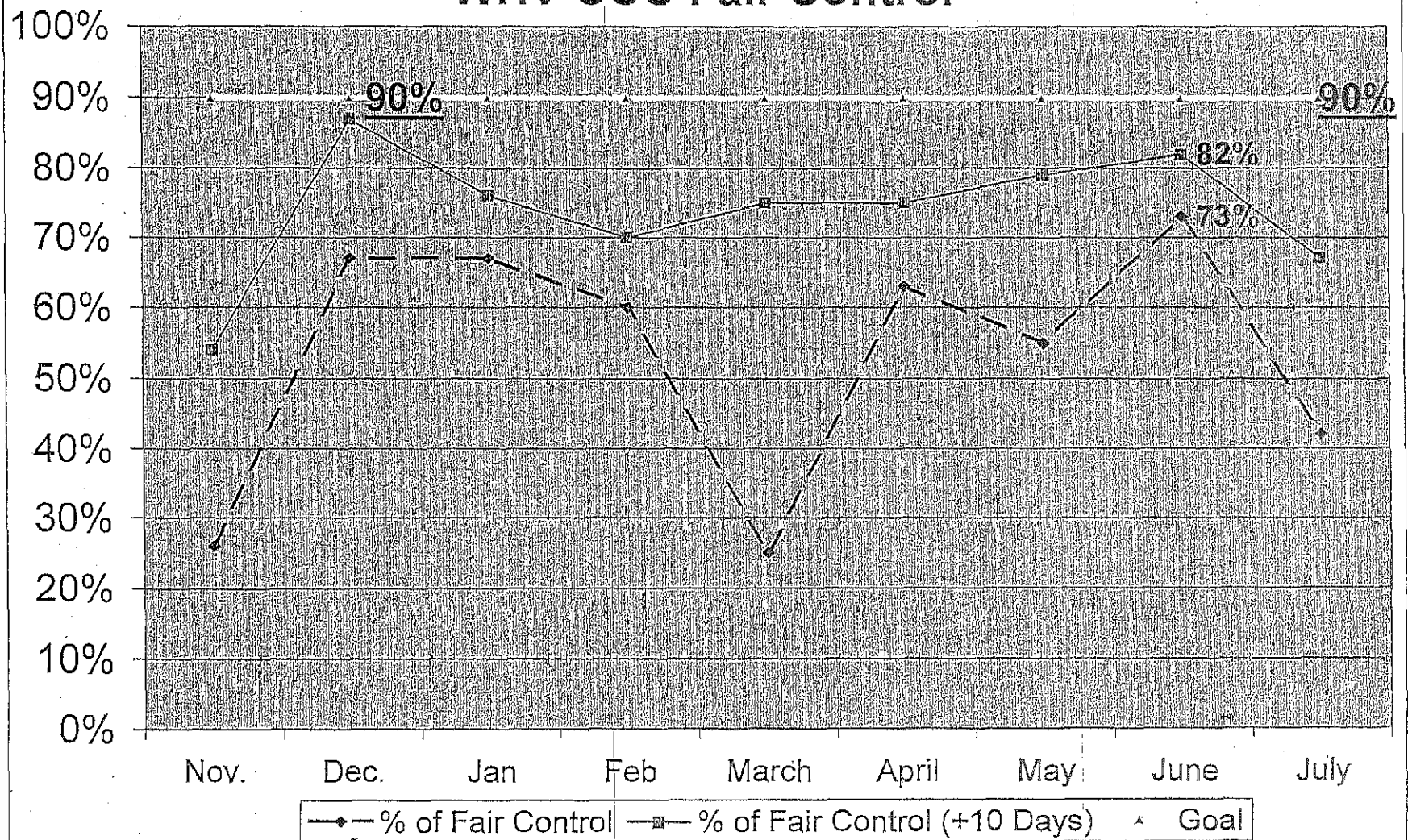




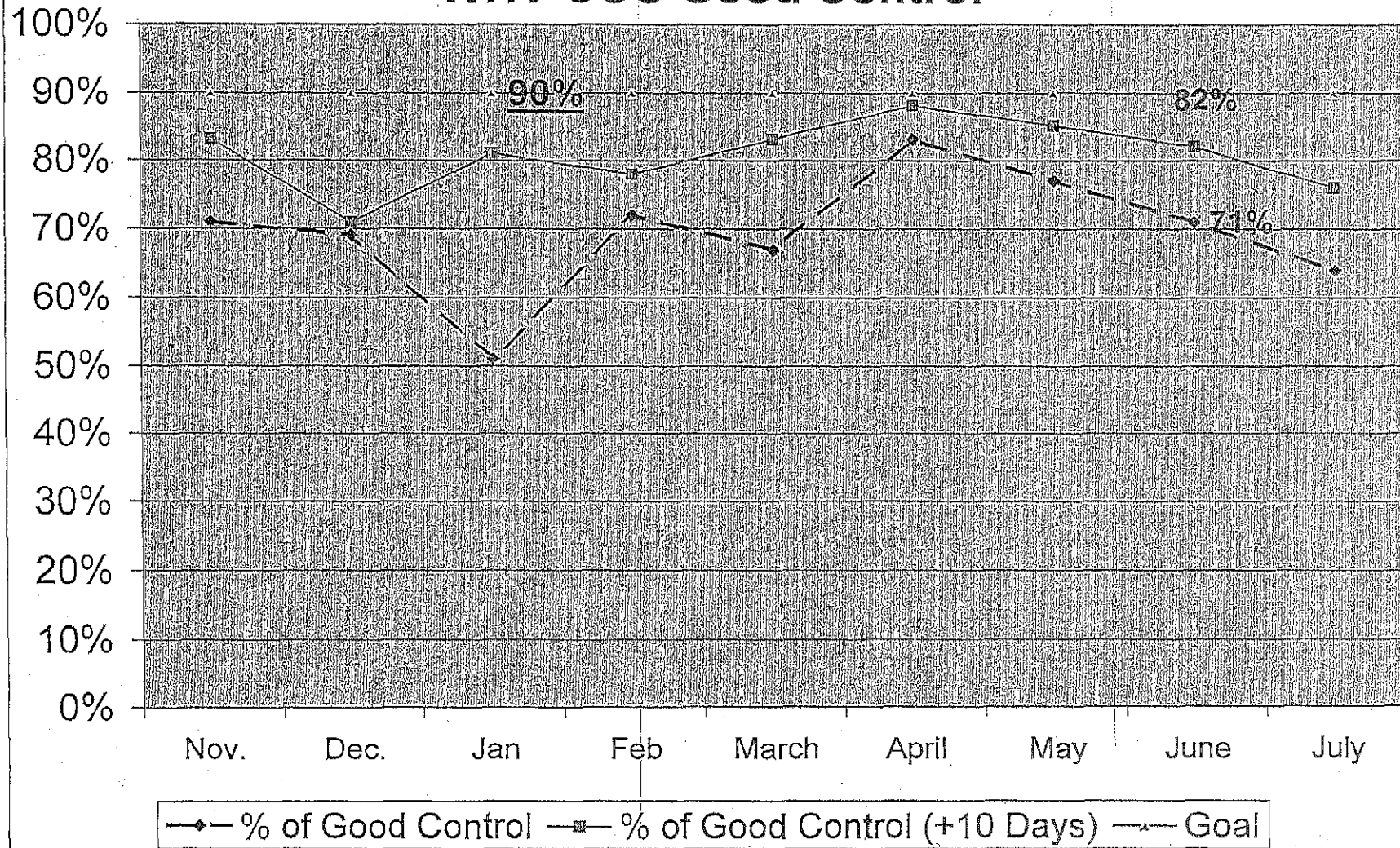
WHV Poor Control

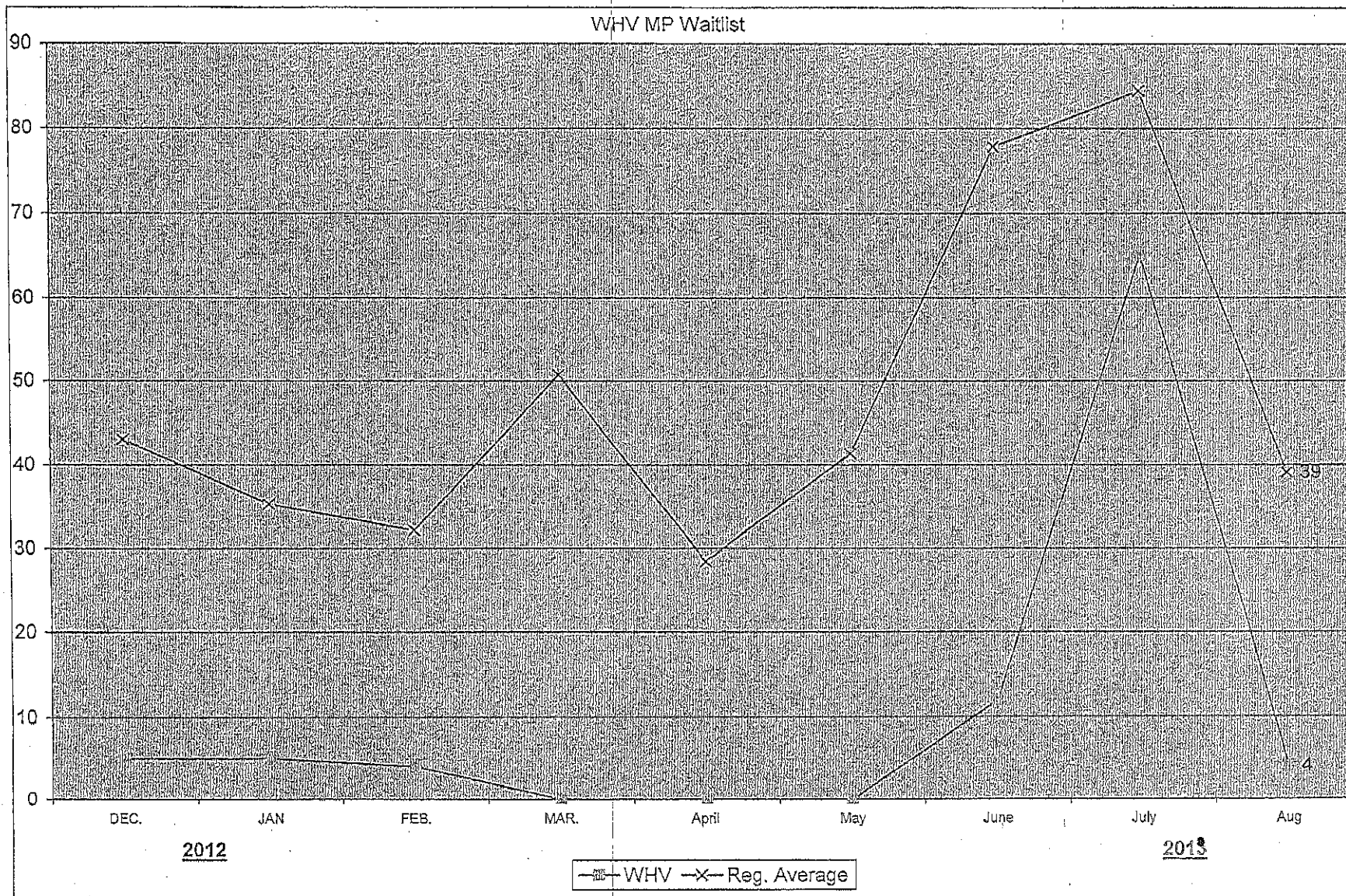


WHV CCC Fair Control



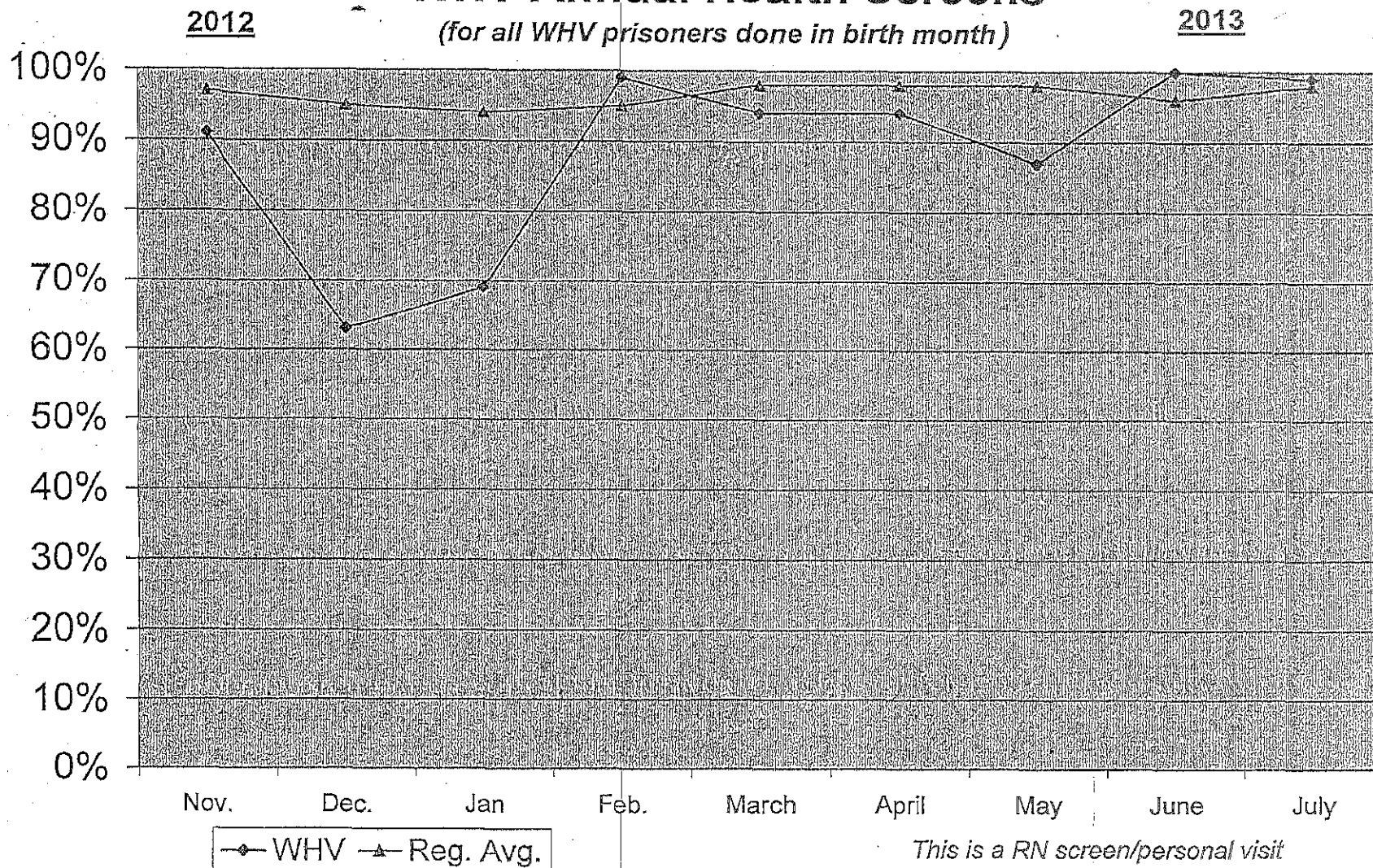
WHV CCC Good Control





WHV Annual Health Screens

(for all WHV prisoners done in birth month)

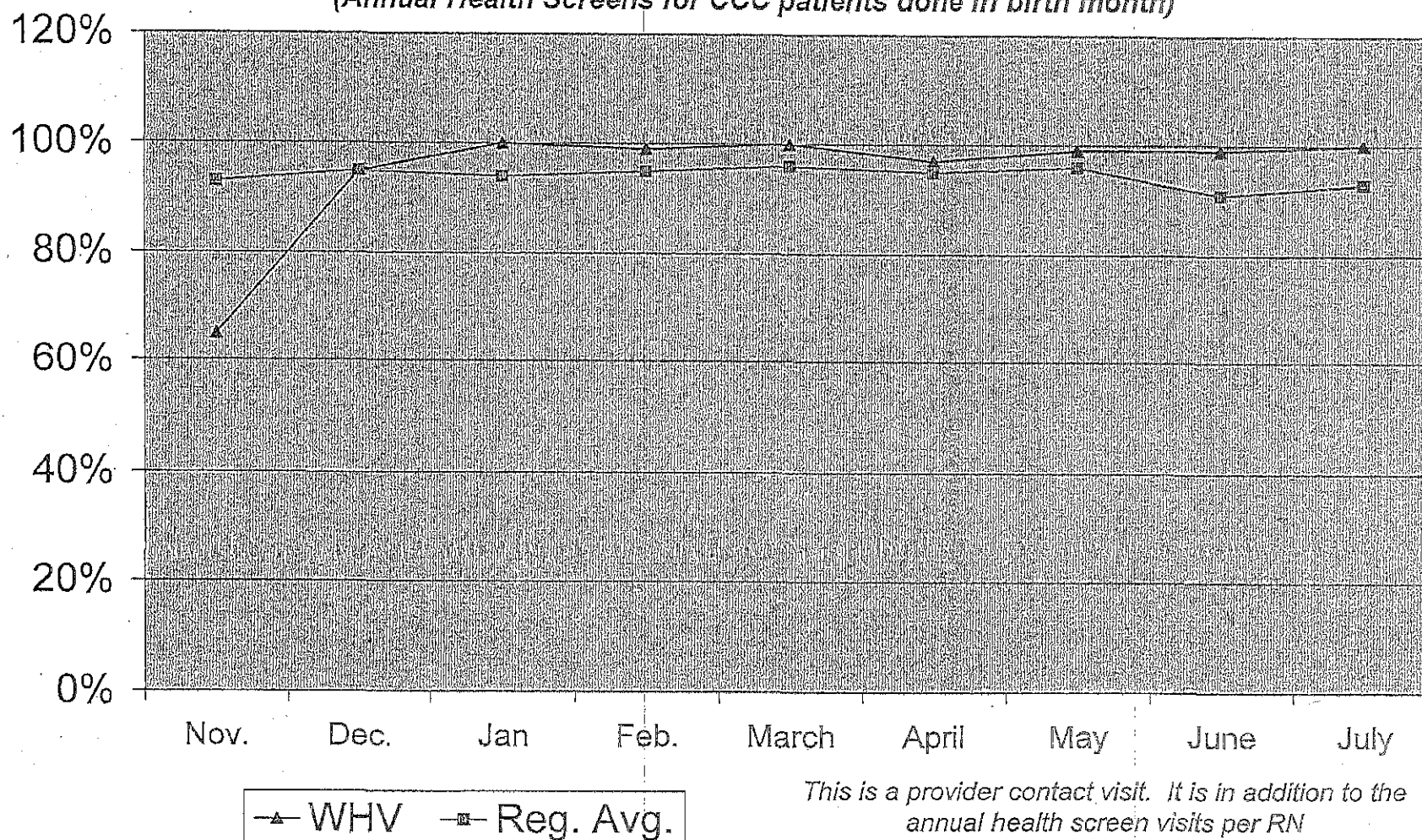


2012

Chronic Care

2013

(Annual Health Screens for CCC patients done in birth month)



This is a provider contact visit. It is in addition to the annual health screen visits per RN

Facility Performance Improvement Meeting Agenda/Minutes Template

Facility Name: Women's Huron Valley Correctional Facility (WHV)

Meeting Date: September 12, 2013

Invitees: HUM (Chair): Pamela Friess, RN

MH Unit Chief: John Macari Absent

Nursing Supervisor: Joyce Jackson Absent

MP: Audley Mamby

MP: Robert Lacy

Dentist: William Chapman Absent

Custody Rep: David Johnson, DW Housing Absent

RHIT: Sheila Tyus

Social Worker: Roslyn Turner Absent

Guests / Other

1. Review Previous Meeting Minutes

- Previous Performance Improvement meeting held January 10, 2013.

2. Utilization Review

- **KITES:** Health Care receives an average of 1400 – 1500 kites per month. Mental Health receives an average of 400 kites per month.
- **GRIEVANCES:** Health Care received an average of 64-70 grievances. Mental Health grievances have decreased; majority of grievances concern requests for the Beyond Violence program.
- **SEGREGATION:** The number of segregation rounds Mental Health staff are required to make were reduced. Staff are now required to make 3 segregation rounds per week.
- **CASE MANAGEMENT:**
 - (8) Infirmary Prisoners
 - (13) Pregnant Prisoners
 - (12) Special Needs Prisoners

3. Mental Health

- The DBT unit has been in operation since June, 2013. Operating the unit in a correctional setting is problematic at times. Discussions continue on how the unit will be managed. In addition, the DBT work load is very time consuming for staff when added to regular case load responsibilities.

4. Dental Services

- No information available

5. Communicable Diseases and Infection Control

- No information available

6. Risk Management

- No information available

7. Pharmaceuticals/Medications

- A MAR committee has been formed to review the medication administration process and increase compliance.
- Additional training will be provided for nursing staff
- The Coumadin clinic is ongoing

8. Staffing

- Resident Care Aide/Medical Assistant positions have been abolished.
- 3 MDOC RNs and 3 contractual RNs were hired. Total nsg. vacancies: (8) RN positions and (6) LPN positions.
- Mental Health is fully staffed. However, a GOA contractual position is being abolished effective October 1, 2013. This will negatively impact scheduling and alternative solutions are being reviewed.

9. Roundtable/Additional Items

- Medical charts are being removed from and not being returned to the RGC Health Care trailer. Charts must remain in the trailer.

Facility/Unit PI Committee Report

Summary of Performance Improvement Projects:

Project Title	Project Summary	Status
AHS Appointments	A Pap Smear questionnaire will be given to prisoners at their AHS appointments. Pap Smears will be offered on a yearly basis although they are only required every 3 years.	In development
RGC Log	An RGC log detailing the RGC intake process will be maintained.	In development
RN Case Managers	A RN Case Manager will be assigned to certain chronic care groups of prisoners to track/review treatment plans.	In development
MAR Completion	A MAR committee has been formed to review medication administration and to increase compliance with OP-03.04.100C Pharmacy Services and Medication Management.	In development

Recommendations:

Additional Comments/Actions:

PERFORMANCE IMPROVEMENT PROJECT WORKSHEET

This worksheet contains step-by-step instructions and definitions to assist with developing and implementing a successful performance improvement project. Unless shaded, this worksheet should be completed prior to implementing the improvement project. This worksheet is designed to be a tool that should be continuously updated and referred to throughout the project. The shaded sections should be filled during the project or when the project is completed.

1. Topic Selection

Topic	RN Case Managers
Aim	Assign certain chronic care groups of prisoners to a RN Case Manager to track and review prisoners treatment plans.
Facility/Unit/Committee/Contractor	WHV Health Care
Project Leader	Dr. Audley Mamby MD & Pam Friess RN HUM
Team Members	Dr. Audley Mamby MD, Pam Friess RN HUM, Sherri Sankey (A) RN Supervisor, J. Jackson (A) RN Supervisor, Tamika Hawkins Rn Supervisor
Month / Year	September 2013

2. Background Information

Statement of the Problem	Prisoner populations with chronic care or complex treatment plans that are missing scheduled appointments or procedures.
Root Cause(s) of Issue	Staff call ins, rescheduled appointments, prisoner no-shows.

3. Measure Specifications

Indicator(s) / Measure(s)	Follow each prisoner through their Case Manager for compliance and follow up within their specific treatment plan, including, Medical Provider appointments, nursing appointments, procedures, labs, medication compliance. The specific indicators are yet to be determined.
Population Definition	Infectious Diseases, Coumadin Clinic, Infirmary, Oncology, ER Services, Lab Services
Event Definition	The prisoners will be monitored through the Case Manager for compliance with the treatment plans. How this will be measured is yet to be determined.
Data Source	State exactly where the data will be retrieved from to determine performance on the indicator. <input type="checkbox"/> Administrative Data Report <input type="checkbox"/> Annual External Peer Audit <input type="checkbox"/> Accreditation Audit (e.g. CARF) <input type="checkbox"/> Infection Control Report <input checked="" type="checkbox"/> NextGen (EMR) <input checked="" type="checkbox"/> Other: EPM

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4. Data

Baseline Rate	To be determined	
Target / Goal Rate	>95%	
Schedule/Plan for Re-measurement	Once the protocols and guidelines are developed, re-measurement will be better able to be determined.	
Re-measurement #1 Rate		Date
Re-measurement #2 Rate		Date

5. Improvement Strategies

Intervention #1	Intervention: Request for staff RN volunteers who are interested in utilization review/case management.		
	Improvement Plan Description: Will discuss plan and request volunteers at Nursing Meeting Sept. 25, 2013		
	Date Implemented: 9/12/13	Date Terminated:	Date Modified:
Intervention #2	Intervention: Develop protocol for Case management.		
	Improvement Plan Description: Will develop a protocol and guideline for the staff to use while reviewing their caseload.		
	Date Implemented: 9/12/13	Date Terminated:	Date Modified:

6. Next Steps

Status Update #1:	Date: _____
Status Update #2:	Date: _____
Status Update #3:	Date: _____

Michigan Department of Corrections
Bureau of Health Care Services
Performance Improvement Project Worksheet

Status Update #4:	Date: _____	
PROJECT CONCLUSION: Was Improvement Project Successful?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	
Next Steps	<input type="checkbox"/> Annual Review <input type="checkbox"/> Continue Interventions <input type="checkbox"/> Re-measure on _____ (date)	<input type="checkbox"/> Update to Operating Procedure or Policy Directive <input type="checkbox"/> No Further Action Necessary – project complete <input type="checkbox"/> Other: _____
Additional Comments	_____	

NOTE: Please submit the worksheet for review and support at the start of the project and provide quarterly status updates for the duration of the project. Submit updates to the Regional Health Information Mgr (HIM) and save on the shared drive (northern region only)

PERFORMANCE IMPROVEMENT PROJECT WORKSHEET

This worksheet contains step-by-step instructions and definitions to assist with developing and implementing a successful performance improvement project. Unless shaded, this worksheet should be completed prior to implementing the improvement project. This worksheet is designed to be a tool that should be continuously updated and referred to throughout the project. The shaded sections should be filled during the project or when the project is completed.

1. Topic Selection

Topic	MAR Completion
Aim	Increase compliance with medication administration in accordance with OP 03.04.100C Pharmacy Services and Medication Management.
Facility/Unit/Committee/Contractor	WHV Health Care
Project Leader	Pam Friess RN HUM
Team Members	J. Jackson RN 13, E. Stewart Pharm Tech, E. Graham Pharm Tech, K. Hammons RN, M. Rose RN, D. Nehme RN, S. Pandrea LPN, C. Hines LPN,
Month / Year	September 2013

2. Background Information

Statement of the Problem	MARs not being completely filled out, initialed, incorrect orders, incomplete orders
Root Cause(s) of Issue	Staff being inconsistent with completing MARs. Incomplete understanding of the OP. Lack of resources available to complete the task.

3. Measure Specifications

Indicator(s) / Measure(s)	Medication Incident reports (CHJ-505) and MARs.
Population Definition	All MARs used for documentation of restricted medication dispensing.
Event Definition	MARs and CHJ-505s will be reviewed for each month to determine accuracy
Data Source	State exactly where the data will be retrieved from to determine performance on the indicator. <input type="checkbox"/> Administrative Data Report <input type="checkbox"/> Annual External Peer Audit <input type="checkbox"/> Accreditation Audit (e.g. CARF) <input type="checkbox"/> Infection Control Report <input checked="" type="checkbox"/> NextGen (EMR) <input checked="" type="checkbox"/> Other: MARs & CHJ 505

4. Data

Baseline Rate		
Target / Goal Rate		
Schedule/Plan for Re-measurement	Will remeasure each month after the monthly MARs are turned in for filing.	
Re-measurement #1		Date
Rate		
Re-measurement #2		Date
Rate		

5. Improvement Strategies

Intervention #1	Intervention: Review the OP at the monthly staff meeting. Instruct staff that the medication administration records will be audited for compliance.		
	Improvement Plan Description:		
	Date Implemented: 9/19/13	Date Terminated:	Date Modified:
Intervention #2	Intervention: Dispense individual performance improvement guidelines for staff.		
	Improvement Plan Description:		
	Date Implemented:	Date Terminated:	Date Modified:

6. Next Steps

Status Update #1:	Date: _____
Status Update #2:	Date: _____
Status Update #3:	Date: _____
Status Update #4:	Date: _____
PROJECT CONCLUSION: Was Improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____

Michigan Department of Corrections
Bureau of Health Care Services
Performance Improvement Project Worksheet

Project Successful?		
Next Steps	<input type="checkbox"/> Annual Review <input type="checkbox"/> Continue Interventions <input type="checkbox"/> Re-measure on _____ (date)	<input type="checkbox"/> Update to Operating Procedure or Policy Directive <input type="checkbox"/> No Further Action Necessary – project complete <input type="checkbox"/> Other: _____
Additional Comments		

NOTE: Please submit the worksheet for review and support at the start of the project and provide quarterly status updates for the duration of the project. Submit updates to the Regional Health Information Mgr (HIM) and save on the shared drive (northern region only)