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Employees' Manual
Title 3
Chapter A

# MENTAL HEALTH INSTITUTES

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## Overview

The purpose of each mental health institute is to operate as a regional mental health institute providing one or more of the following:

- Person-centered treatment, training, care, habilitation, and support services for individuals with mental illness or a substance abuse problem that supports the individual's recovery plan.
- Facilities, services, and other support to the communities located in the region being served by a mental health institute so as to maximize the usefulness of the mental health institutes while minimizing overall costs.

The mental health institute shall assure that:

- The professional clinical employees are committed to providing treatment services in the most integrated manner possible to maximize good health and well-being of the persons being served.
- Services provided comply with current professional standards and that an ongoing process shall be in place to evaluate clinical judgment against practice standards along with the implementation of processes that continuously seek to improve the quality of the services provided.
- Written policies and procedures are established, maintained, and adhered to that comply with applicable federal and state law, policy, regulations, and that policies and procedures reflect a commitment to quality through integrated teamwork.
- Each facility's policies shall be subject to the review and approval of the division administrator.

### Legal Basis

Iowa Code chapter 125 provides for the voluntary or involuntary treatment of individuals who have an addiction or dependency, either physical or psychological, on a chemical substance.

Iowa Code Chapter 218 governs the general administration of the Department's facilities.

Iowa Code section 218.1 provides that the director of the Department of Human Services has full authority to control, manage, direct, and operate the Department's facilities and may assign this authority to the division administrator.

Iowa Code section 218.13 requires the Department to conduct background checks of any person who is:

- Being considered for employment involving direct responsibility for an individual or with access to an individual when the individual is alone; or
- Requesting permission to reside on the grounds of the mental health institute.

Iowa Code section 218.64(2) requires the county medical examiner to conduct a preliminary investigation of all deaths at facilities covered by Iowa Code, Chapter 218.

Iowa Code section 218.65 governs the handling of the property of an individual who dies at a state facility.

Iowa Code Chapter 226 outlines the authority and responsibilities of the state mental health institutes.

Iowa Code Chapter 228 prohibits the disclosure of mental health information without proper authorization or authority.

Iowa Code sections 225C.25 through 225C.32 provide that persons with mental retardation, developmental disabilities, brain injury, or chronic mental illness retain the same rights granted to all other persons and cannot be denied these rights without due process.

Iowa Code Chapter 229 governs the hospitalization of persons with mental illness.

Iowa Code Chapter 230 defines responsibility for the necessary and legal costs and expenses attending the taking into custody, care, investigation, admission, commitment, and support of a person with mental illness admitted or committed to a state hospital.

Iowa Code sections 232.67 through 232.77, Iowa Code Chapter 235A, and 441 Iowa Administrative Code Chapter 175 define child abuse and requires reporting, investigation, and actions to be taken to protect children from abuse.

Iowa Code Chapter 235B and 441 Iowa Administrative Code, Chapter 176 and Iowa Code chapter 235E define dependent adult abuse and require reporting, investigation, and actions to be taken to protect dependent adults from abuse.

Iowa Code section 331.393 creates the office regional administrator.

Iowa Code section 331.394 defines county of residence and provides a dispute resolution process.

Iowa Code sections 331.802 and .805 details the responsibilities of the county medical examiner in deaths of public interest and defines all deaths at a facility governed by Iowa Code Chapter 218 as deaths of public interest.

Iowa Code section 709.1 defines sexual abuse.

Iowa Code sections 812.3 through 812.9 define mental incompetence and placement of persons found to be mentally incompetent to stand trial.

Iowa Code sections 901.4A and 901.5(8) provide for the substance abuse evaluation and treatment of individuals as part of the individual's sentencing in a criminal case.

Rules of Criminal Procedure, 2.22(8) provides for the evaluation and treatment of individuals found not guilty by reason of insanity.

Department rules at 441 Iowa Administrative Code 28.4(6) provide that individuals served by the mental health institutes have the right to the least restrictive conditions necessary to achieve the purposes of treatment. Individuals shall be free from restraint or seclusion, except when necessary to prevent harm to themselves, harm to others, or damage to property.

Civil Rights of Institutionalized Person Act (CRIPA) at 42 USC §§1997j requires the United States Attorney General to investigate conditions of egregious or flagrant deprivation of rights of persons residing in public institutions.

Public Law 106-402, the Developmental Disabilities Assistance & Bill of Rights Act of 2000: (DD Act), codified at 42 USC 15001, provides that programs, projects, and activities for persons with developmental disabilities shall be carried out in a manner consistent with supporting the rights of the persons served.

The Children's Health Act of 2000, by amending the Public Health Services Act (42 U.S.C. § 290ii, § 9501; and § 10841; 42 C.F.R. § 482.13) imposed federal statutory protections regarding the use of restraint and seclusion in federally funded health care facilities.

As a result, the U.S. Department of Health and Human Services issued regulations for hospitals establishing standards related to the use of restraint and seclusion. Hospitals must meet the patients' rights condition of participation to be approved for, or to continue participation in, the Medicare and Medicaid programs.

## Definitions

**"Abuse"** occurs when a caretaker intends to inflict harm on a child or dependent adult individual or, where the caretaker fails to act or acts in a reckless manner, which has the consequence of causing that individual harm, or has the potential to cause such harm. Abuse may also occur when a caretaker threatens harm in a manner that a reasonable person believes that the harm might occur. Types of abuse include:

- **Exploitation:** An act or process of taking advantage of an individual or an individual's physical or financial resources for personal gain. Exploitation includes but is not limited to:
  - Misleading or deceiving an individual to gain access to personal resources,
  - Stealing an individual's personal property, or
  - Requests for or using individuals to perform work duties for the caretaker or to perform services for the mental health institute that are not in accordance with the individual's treatment plan.
- **Mental or psychological abuse:** Actions that result or may result in a negative impact on an individual's sense of well-being, safety, integrity, or self-esteem. The impact may be recognized by an individual's expression of anxiety, depression, withdrawal, or by aggressive behaviors. Such abuse includes but is not limited to:
  - Intimidation,
  - Withholding attention,
  - Threat to physically harm, or
  - Taunting or harassment.

- **Neglect or denial of critical care:** Actions or inactions that result in the failure to provide food, shelter, clothing, physical or mental health, supervision, or any other care necessary to prevent imminent risk of or potential risk for harm or death. Neglect or denial of critical care includes but is not limited to:
  - Lack of appropriate supervision of individuals which result in an elopement,
  - Withholding of food or clothing or other activities to punish an individual or any other such action which is not included in the individual's treatment plan,
  - A medication error when it results in an immediate or imminent health risk,
  - Lack of appropriate supervision of individuals which results in sexual contact between minors,
  - Lack of appropriate supervision of individuals which results in non-consensual sexual contact between adult individuals or when one of the adults is incapable of giving consent, or
  - Lack of appropriate supervision, which results in assault.
- **Physical abuse:** An act that causes, or may have caused an injury to an individual.

  Physical abuse includes but is not limited to:
  - Hitting, slapping, pushing, pinching, throwing objects directed at the individual or otherwise striking an individual,
  - Physical assault,
  - Corporal punishment (physical punishment for an individual's actions),
  - Use of excessive force (failure to use least restrictive interventions),
  - Unauthorized use of restrictive interventions including restraint, seclusion, aversive conditioning, time out or punishment, or
  - Incitement to act, which includes circumstances where caretakers instigate individuals to inflict harm on another individual.

- **Sexual abuse:** Any sexual contact between an individual and a caretaker is sexual abuse. Sexual abuse occurs when there is any sexual contact with a minor. Sexual abuse includes but is not limited to:
  - Inappropriate touching,
  - Attempted or actual sexual relations,
  - Penetration,
  - Solicitation,
  - Indecent exposure,
  - Sexual assault,
  - Invasion of privacy for sexual gratification,
  - Use of sexually explicit language to harass or suggest sexual activity, or
  - Sexual exploitation (having individuals perform sexual acts with other individuals for the employee's benefit or sexual gratification).
- **Verbal abuse:** Any oral (including tone of voice), written or gestured language to belittle, ridicule, scorn, assault, dehumanize, otherwise denigrate, socially stigmatize, or show contempt for an individual. Such behaviors include but are not limited to:
  - Yelling,
  - Swearing,
  - Name-calling,
  - Teasing,
  - Insulting, or
  - Use of disrespectful or derogatory terms to describe an individual.

**"Administrator"** means the administrator of the Department's Division of Mental Health and Disabilities Services.

**"Admission"** means the acceptance of an individual for receipt of services at a mental health institute on either a voluntary or involuntary basis.

**"Adult"** means an individual 18 years of age or older.

**"Adverse drug reaction"** means an unexpected and untoward reaction to medication.

**"Allegation"** means an assertion of misconduct or wrongdoing that has yet to be proven or confirmed by supporting evidence.

**"Ambulatory restraint"** means the use of restraints such that an individual is still able to walk and move from one place to another while in restraints.

**"Aspiration pneumonia"** means an inflammation of the lungs and bronchial tubes caused by inhaling foreign material, usually food, drink, vomit, or secretions from the mouth into the lungs.

**"Assault"** means the actual physical or sexual attack of an individual or threat of a physical or sexual attack. Sexual assault occurs between individuals when one of the individuals has not given consent or when one of the individuals is incapable of giving consent. See Iowa Code section 708.1.

**"Bio-psycho-social"** means a philosophy identifying the inter-relatedness and interdependence of the biological, psychological, and social components of a human being.

**"Board of supervisors"** means the elected governing body of a county as defined in Iowa Code Chapter 331.

**"Business day"** means a working day in the usual Monday-through-Friday workweek. A holiday falling within this workweek shall not be counted as a business day.

**"Caretaker"** means an employee, contractor, or volunteer of a mental health institute.

**"Catchment area"** means the group of counties, designated by the deputy director, that each mental health institute is assigned to serve.

**"Central point of coordination process"** means the process defined in Iowa Code section 331.440(1)(a).

**"Chemical restraint"** means a medication that is used to control extreme behavioral symptoms. A drug used as a restraint means any drug that:

- Is administered to manage an individual's behavior in a way that reduces the risk to the safety of the individual or others;
- Has the temporary effect of restricting the individual's freedom of movement; and
- Is not a standard treatment or dosage for the individual's medical or psychiatric condition.

Chemical restraint does not include medications that comprise the individual's regular, prescribed medical regimen that is part of the individual's treatment plan. Medicine that is used to control ongoing behavior is not considered chemical restraint. These medicines may have a "PRN" order or a single dose order.

**"Chemotherapy"** means a treatment of an individual by use of a drug or a substance that cannot be legally delivered or administered to the ultimate user without a physician's prescription or medical order.

**"Clinical services"** means a group of specialized practices addressing the bio-psychosocial needs of an individual. For the purposes of this policy, these practices include the specialized care provided by licensed practitioners in the fields of dentistry, medicine, neurology, neuropsychiatry, nursing, nutrition, occupational therapy, pharmacology, physical therapy, psychiatry, psychology, social work, and speech and language pathology.

**"Community integration"** means the process of including persons with mental illness in the environments, activities, and social networks of typical persons.

**"Competency-based training"** means a type of training in which the student must demonstrate, through testing or observed practicum, a clear understanding of the learning material presented.

**"Contractor"** means a person employed under a personal services contract by the institute that has direct personal contact with an individual.

**"County of residence"** means as defined in Code of Iowa section 331.439F.

**"Declaration of county of residence"** means the declaration made by an applicant at the time of application or admission stating which Iowa county the applicant declares to be the applicant's county of residence when a prior determination has not been made.

**"Department"** means the Iowa Department of Human Services.

**"DIA"** means the Department of Inspections and Appeals.

**"Discharge"** means another provider has accepted responsibility for providing services and supports to an individual, the individual no longer needs services, or the individual has rejected services and the mental health institute no longer has legal responsibility for proving direct services to the individual.

**"Discharge plan"** means the plan developed for an individual that identifies the major barriers to discharge and the strategies that will be developed and implemented to overcome the barriers to enable the individual to move to the most integrated setting appropriate to the individual's needs.

**"Division"** means the office of the Department's Division of Mental Health and Disability Services.

**"Division administrator"** means the administrator of the Division of Mental Health and Disability Services as defined in Iowa Code sections 225C.3 and .4.

**"Due process"** means assuring that an individual's rights are not limited unless done so by court order through a process defined by law or through an individual's approved program plan process that includes informed consent.

**"Elopement"** occurs when:

- An individual's location is unknown by employees who are assigned responsibility for oversight; or
- An individual who is allowed to travel independently on campus does not arrive or return when expected; or
- An individual who is either on or off campus leaves without permission and is no longer in continuous oversight.

**"Employee"** means a full-time, part-time, or temporary person on the payroll of the institute.

**"Evidence-based practice"** means the integration of best research evidence with clinical expertise and patient values.

**"Expected death"** means a death where the individual is diagnosed with a terminal illness or condition whose health status, based on current medical knowledge, is not expected to improve but likely to deteriorate. The illness or condition is expected to be fatal within a reasonable period, and the determination is supported by the individual's treatment record and course of treatment.

**"Facility"** means a mental health institution listed in Iowa Code section 218.1.

**"Facility admission"** means the determination that the individual meets all the admission requirements and has been admitted for an overnight stay at a mental health institute.

**"Family contact"** means for an adult individual, the family member the individual has designated, in writing, to receive information concerning the individual's services at the mental health institute or, a person often referred to as a surrogate decision-maker, who has been legally authorized to make care decisions for the individual if the individual loses decision-making capacity.

**"Five-point restraint"** means a four-point restraint with the addition of a strap that is placed around an individual's waist or chest and secured to the bed frame.

**"Five-point restraint with bicep cuffs"** means the use of five-point restraint with the addition of soft cuffs placed on the biceps of an individual and secured to the bed frame.

**"Four point restraint"** means the use of soft bracelets encasing the wrists and ankles of an individual lying on a bed that are secured to the bed frame.

**"Gradual release"** means the selective removal of certain restraints in order to evaluate an individual's mental and behavioral status.

**"Grievance"** means a written or oral complaint by an individual involving a rights violation, or unfairness to the individual, or any aspect of the individual's life that the individual does not agree with.

**"Guardian"** means the person other than a parent of a child who has been appointed by the court to have custody of the person of the individual as provided under Iowa Code section 232.2(21) or 633.3(20).

**"High risk or dangerous behavior"** means a behavior or action on the part of an individual that a reasonable and prudent person would deem as of immediate danger to the individual's health or safety or the health or safety of another person. This includes threatened behavior when the individual has the immediate opportunity and capacity to carry out the behavior.

**"Incident"** means any action, situation, behavior, or occurrence that is not consistent with the care, treatment, or habilitation plan of an individual or that may affect the health or safety of the individual.

**"Independent physician"** means a licensed physician who is not an employee of the facility and who has no personal or professional connections to the individual who died.

**"Individual"** means any minor or adult voluntarily admitted or committed to and receiving services from a mental health institute. For the policies on human rights and abuse, it also includes any minor or adult not residing in but receiving services from a mental health institute.

**"Individual education plan"** means the primary document outlining an individual's educational needs and the services and supports required for the individual to receive a free appropriate public education in the least restrictive environment.

**"Individual treatment plan"** means the plan of treatment, education, and support services developed for each individual to address the individual's identified needs, values, and includes the individual's treatment and recovery goals.

**"Informed consent"** means an agreement by an individual or by the individual's parent, guardian, or legal representative to participate in an activity based upon an understanding of:

- A full explanation of the procedures to be followed, including an identification of those that are experimental.
- A description of the attendant discomforts and risks.
- A description of the benefits to be expected.
- A disclosure of appropriate alternative procedures that would be advantageous for the person.
- Assurance that the consent is given freely and voluntarily without fear of retribution or withdrawal of services.

**"Institute"** means a mental health institution listed in Iowa Code section 218.1.

**"Joint Commission"** means the Joint Commission on Accreditation of Healthcare Organizations, a national accrediting body.

**"Leave"** means any status where the individual is not physically present in the facility but has not been discharged and the facility retains some responsibility for the care, oversight, or treatment of the individual.

**"Legal representative"** means a person, including an attorney or an attorney in fact under Iowa Code Chapters 144A and 144B, who is authorized by law to act on behalf of an individual.

**"Licensed physician"** means a person licensed under the provisions of Iowa Code Chapters 148, 150, or 150A to practice medicine and surgery, osteopathy, or osteopathic medicine and surgery.

**"Mandatory reporter"** means:

- For adult abuse, a person as defined in the Iowa Code section 235B.3(2).
- For child abuse, a person as defined in the Iowa Code section 232.69(1).

**"Medical director"** means the licensed physician employee or contractor of a state mental health institute responsible for the supervision of medical services and other duties as defined in the job description, or that employee's licensed physician designee. This person may also be called the clinical director.

**"Medical order"** means an order written by medical staff.

**"Medical staff"** means a physician, an advanced registered nurse practitioner, or a physician assistant.

**"Medication error**" means not administering a medication as ordered or administering a medication without authorization.

**"Mental illness"** means every type of mental disease or mental disorder, except that the term does not refer to:

- Mental retardation as defined in Iowa Code section 222.2, subsection 5; or
- Insanity, diminished responsibility, or mental incompetence as the terms are defined and used in the Iowa criminal code or in the Rules of Criminal Procedure, or Iowa Court Rules; or
- Mental abnormality as defined in Iowa Code section 229A.2(5).

**"Minor"** means an individual under the age of 18.

**"Next of kin"** means, as defined in Iowa Code section 144C.5, the following persons in descending order:

- A designee, or alternative designee, appointed under Iowa Code section 144C.3, acting pursuant to the decedent's declaration.
- The surviving spouse, if not legally separated from the decedent, whose whereabouts is reasonably ascertainable.
- A surviving child, or, if there is more than one, a majority of the surviving children whose whereabouts are reasonably ascertainable.
- The surviving parents whose whereabouts are reasonably ascertainable.

- A surviving grandchild, or, if more than one, a majority of the surviving grandchildren whose whereabouts are reasonably ascertainable.
- A surviving sibling, or, if there is more than one, a majority of the surviving siblings whose whereabouts are reasonably ascertainable.
- A surviving grandparent, or if there is more than one, a majority of the surviving grandparents whose whereabouts are reasonably ascertainable.
- A person in the next degree of kinship in the order named by law to inherit the estate of the decedent under the rules of inheritance of intestate succession or, if there is more than one, a majority of such surviving persons whose whereabouts are reasonably ascertainable.
- A person who represents that the person knows the identity of the decedent and who signs an affidavit warranting the identity of the decedent and assuming the right to control final disposition of the decedent's remains and the responsibility to pay any expense attendant to such final disposition.
- The county medical examiner, if responsible for the decedent's remains.

**"Non-Medicaid payment eligible"** means an individual who is not eligible for Medicaid funding for the services provided by a mental health institute.

**"Official designated agent"** means a person or agency designated by a recorded vote of the board of supervisors to act on behalf of a board of supervisors.

**"Outpatient admission"** means an individual who is provided a service but who is not admitted as a resident.

**"Parent"** means a natural or adoptive mother or father of a child but does not include a mother or father whose parental rights have been terminated.

**"Perpetrator"** means a person who has been found, under the law, to be responsible for the abuse of a child or a dependent adult.

**"Physical injury"** means:

- Damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition, or
- Damage to any bodily tissue that results in the death of the person who has sustained the damage.

**"Physical restraint**" means any approved manual method or physical hold or mechanical device, material, or equipment attached or adjacent to the individual's body that the individual cannot easily remove that restricts the individual's freedom of movement or normal access to the individual's body.

Physically holding an individual in order to administer a medication or carry out a required medical procedure (such as laboratory work) against the individual's wishes is considered restraint. However, an individual may consent to an injection or procedure, but may not be able to hold still. In such circumstances, and at the individual's request, staff may "hold" the individual in order to safely complete the procedure. This is not considered restraint.

**"PRN"** means pro re nata or, as the situation demands.

**"Programmatic restrictive intervention"** means a planned act, program, process, method, or response infringing upon an individual's rights that has been approved by the individual's treatment team and for which informed consent has been obtained.

**"Prone restraint"** means restraining an individual in a face down position where the front part of the individual's body lies upon the ground or other object or faces the ground for more than a few seconds.

**"Protective measures"** mean devices such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of an individual for the purposes of conducting routine physical examinations or tests, or to protect the individual from falling out of bed, or to permit the individual to participate in activities without the risk of physical harm. When used as a protective measure, the following are not considered restraints:

- Geri chairs,
- Chairs with trays,
- Bed rails,
- Straps,
- Mitts, or
- Other devices that restrict freedom of movement or access to one's body in order to prevent falls, maintain posture, or for other medical purposes.

**"Regional administrator"** means the administrative office, organization, or entity formed by agreement of the counties participating in the region as defined in Iowa Code section 331.438A.

**"Restraint and seclusion release criteria"** means the behavior criteria specific to the individual and to the situation and used to identify when an individual will be released from restraint and seclusion. Such criteria will be directly related to ensuring that the individual is released as soon as the immediate risk of serious injury to self or others is no longer exhibited. It is not related to the passage of time.

**"Restriction of rights"** means any limitation placed on an individual that limits the individual's ability to freely exercise any right defined in this policy.

**"Rights"** means the human, civil, and constitutional liberties an individual possesses through federal and state constitutions and laws.

**"Rights violation"** means any act, program, process, method or response, either through commission or omission, infringing upon or limiting an individual's rights, as defined in this chapter, without due process or without adherence to the emergency restriction policy in this chapter.

**"Risk" or "risk factor"** means an actual or likely condition, injury, or predisposition posing the possibility of danger or loss to an individual.

**"Risk/benefit analysis"** means weighing the negative impact on the individual's rights against the expected benefit of a rights limitation to determine if the individual's expected outcome, with the rights limitation, is of more value to the individual than the outcome of not limiting the individual's rights.

**"Risk management plan"** means an individualized interdisciplinary plan that addresses an individual's identified risks and is incorporated into the individual support plan.

**"Risk status"** means the level of risk severity to the individual.

**"Seclusion"** means the involuntary confinement of an individual alone in a room or area where the individual is physically prevented from leaving or reasonably believes will be prevented from leaving.

**"Serious injury"** means injury, self-inflicted or inflicted by another, resulting in significant impairment of a person's physical condition, as determined by qualified medical personnel. Serious injuries include but are not limited to, injuries that:

- Are to the genitals, perineum, or anus;
- Result in bone fractures;
- Result in an altered state of consciousness;
- Require a resuscitation procedure including CPR and Heimlich maneuver;
- Result in full thickness lacerations with damage to deep structures;
- Result in injuries to internal organs;
- Result in a substantial hematoma that causes functional impairment;
- Result in a second-degree burn involving more than 20% of the total body surface area;
- Result in a second-degree burn with secondary cellulitis;
- Result in a third-degree burn involving more than 10% of the total body surface area;
- Require emergency hospitalization; or
- Result in death.

**"State case"** means the determination made under Iowa Code section 331.934 that identifies an individual as not having a county of residence in an Iowa county and places funding responsibility with the state.

**"Suicide attempt"** means self-injurious behavior with a nonfatal outcome accompanied by evidence (either explicit or implicit) that the person intended to die.

**"Suicide threat"** means verbally expressing the intent to harm but not having attempted to harm oneself.

**"Time out"** means a method used with an individual's voluntary consent to assist the individual to regain emotional control by providing access to a quiet location or an unlocked quiet room away from the individual's immediate environment. Time out is not considered seclusion only if the individual is free to decide when to leave the room or location and return to the individual's normal treatment milieu.

"**Transport board restraint"** means the use of a board incorporating temporary restraint capability used to ensure individual safety and to prevent injury to individuals and employees while transporting individuals who are not able to walk or ride in a wheelchair in a safe manner. The use of the transport board requires the use of:

- A wrist-to-waist restraint (soft cuffs placed on each wrist of the individual with a belt connecting the wrists and placed around the waist), and
- An ankle-to-ankle restraint (soft cuffs placed around each ankle with a short belt connecting one ankle to another).

**"Unexpected death"** means a death that was not the result of a known and documented terminal illness or condition and was not anticipated until the onset of the acute terminal episode.

**"Quality assurance"** means all activities that contribute to defining, designing, assessing, monitoring, and improving the quality of healthcare.

**"Quality improvement"** means using collaborative efforts and teams to study and improve specific existing processes at all levels in an organization.

**"Quality management"** means a planned, systematic, organization-wide approach to the monitoring, analysis, and improvement of organization performance, thereby continuously improving the quality of individual care and services provided and the likelihood of desired individual outcomes.

## Policy on Human Rights

It is the policy of the Department of Human Services that the constitutional and legal rights of every individual receiving services from a mental health institute shall be protected and asserted

### Human Rights Principles

Mental health institute written policies and procedures shall assure that:

- Individuals receiving services shall have the same legal and civil rights of all United States citizens, including the right to a dignified, self-directed existence in a safe and humane environment.
- Individuals shall be acknowledged as having full possession of these rights. Any restriction or encumbrance on an individual's rights shall be based on:
  - A court order (involuntary commitment, guardianship, etc.);
  - The written consent of the individual or the individual's parent, guardian, or legal representative; or
  - A programmatic restrictive intervention process approved under this policy before such encumbrance occurs, except in the case of an emergency.
- An individual's rights shall be respected and protected against violation.
- Upon admission and at least annually thereafter, each individual, and the individual's parent, guardian, legal representative, or family contact, shall receive an explanation of the individual's rights and responsibilities in a manner and format the recipient understands.
- A standardized rights violation grievance process shall be established and maintained.
- All suspected rights violations, whether as an individual or a group, shall be investigated promptly and addressed through the identified grievance process.
- Individuals shall be educated on the individual's rights and encouraged to exercise those rights in a manner that respects and does not violate the rights of others.
- Any allegation of rights violation that meets the definition of abuse under federal or state laws shall be reported and investigated in compliance with the Department's policies on abuse.

## Human Rights Recognized

Mental health institute written policies and procedures shall assure that individuals are protected and asserted. These rights include but are not limited to:

♦ **Information**. An individual receiving care from a state mental health institute shall have the right to:

- Receive an explanation and written copy of the rules of the facility.
- Be provided information on the provisions of law pertaining to admission to and discharge from the facility.
- Receive an explanation of the individual's medical condition and be informed as to treatment plans and the attendant risks of treatment.
- Be provided with complete and current information concerning the individual's diagnosis, treatment, and progress in terms and language understandable to the individual.
- Have the information required in this subrule made available to the individual's parent, guardian, or legal representative when it is not feasible to give the information directly to the individual.

- **Care and treatment**. An individual receiving care from a state mental health institute shall have the right to:
  - Be evaluated promptly following admission and receive emergency services appropriate to the individual's needs.
  - Have a current individualized written plan of treatment.
  - Receive appropriate treatment, services, and rehabilitation for the individual's mental illness, including appropriate and sufficient medical and dental care.
  - Have the opportunity for educational, vocational, rehabilitative, and recreational programs appropriate to the individual's treatment needs.
  - Have the confidentiality of the individual's personal mental health institute records maintained and have access to those records within a reasonable period.
  - Work, when available and desired and as appropriate to the individual's plan of treatment, and be compensated for that work in accordance with federal and state laws.
  - Have an individualized post-hospitalization plan.
- **Living conditions**. An individual receiving care from a state mental health institute shall have the right to:
  - Live in the least restrictive conditions necessary to achieve the purposes of treatment.
  - Receive care in a manner that respects and maintains the individual's dignity and individuality.
  - Have opportunities for personal privacy, including during the care of personal needs.
  - Keep and use appropriate personal possessions, including wearing the individual's own clothing.
  - Share a room with a spouse when both live on a long-term basis in the same facility.
  - Be free from unnecessary drugs, restraints, and seclusion except when necessary to protect the immediate health or safety of the individual or others.
  - Be free from physical, psychological, sexual, or verbal abuse, neglect and exploitation.

- **Communication**. An individual receiving care from a state mental health institute shall have the right to:
  - Have a family contact or representative of the individual's choice or the individual's community physician notified promptly of the individual's admission.
  - Communicate with people and access services at the facility and in the community, including organizing and participating in resident groups while at the facility.
  - Receive visits of the individual's choice from parents, guardians, legal representatives, or family without prior notice given to the facility unless the visits have been determined inappropriate by the individual's treatment team.
  - Communicate and meet privately with persons of the individual's choice without prior notice given to the facility unless the communication is determined inappropriate by the individual's treatment team.
  - Send and receive unopened mail.
  - Make and receive private telephone calls, unless the calls have been determined inappropriate by the individual's treatment team.
  - Access current informational and recreational media such as newspapers, television, or periodicals.
- **Self-determination**. An individual receiving care from a state mental health institute shall have the right to:
  - Have a dignified existence with self-determination, making choices about aspects of the individual's life that are significant to the individual.
  - Participate in the development and implementation of the individual's treatment plan.
  - Give informed consent, including the right to withdraw consent at any given time.

- Refuse treatment (such as medication, surgery or electroconvulsive therapy) offered without the individual's expressed informed consent, and be provided with an explanation of the consequences of those refusals unless treatment is necessary to protect the health or safety of the individual or is ordered by a court.
- Immediate discharge (if admitted voluntarily) by submitting a written notice to the superintendent or chief medical officer, unless a written request for involuntary hospitalization is submitted to a court.
- Refuse to perform services for the facility and not be coerced to perform services.
- Manage the individual's own financial affairs unless doing so is limited under law or determined not appropriate by the individual's treatment team.
- Choose activities, schedules, and care consistent with the individual's interests, needs, and treatment plans.
- Engage in social, religious, and community activities of the individual's choice.
- Formulate advanced directives and be provided care in compliance with these directives.

♦ **Advocacy**. An individual receiving care from a state mental health institute shall have the right to:

- Exercise the individual's rights as a citizen or resident of the United States.
- File a grievance pursuant to rule 441 IAC 28.4(225C, 229) without any intimidation or reprisal resulting from the grievance.
- Request a judicial review of the hospitalization, file for a writ of habeas corpus, have an attorney of the individual's choice, and communicate and meet privately with the individual's attorney without prior notice given to the facility.

An individual's rights shall not be limited in any manner without due process under the laws of the state of Iowa or a restrictive treatment program approved under this policy with written consent of the individual or the individual's parent, guardian, or legal representative.

## Rights Notification

Mental health institute policies and procedures shall assure that upon admission and at least annually thereafter, each individual, and the individual's parent, guardian, or family contact, shall receive:

- An explanation of the individual's rights and responsibilities in a manner and format the recipient understands,
- Information on the provisions of law pertaining to admissions and discharge,
- An explanation and written copy of the rules of the institute and an explanation in a manner and format that the individual, parent, guardian, or legal representative understands, and
- The procedure for accessing the individual's medical record.

## Rights Posting

Mental health institute written rights violation process policies and procedures shall assure that the rights of individuals are conspicuously posted in each living area and day program site in a brief and easily understood statement. The posting shall include:

- Information on how an individual may assert the individual's rights including the process for reporting alleged rights violations or grievances.
- A statement that retaliation shall not occur for good faith reporting.

## Restriction of Rights Other Than Restraint or Seclusion

NOTE: For policies related to the restriction of rights using restraint or seclusion, see the section of this chapter headed Policy on Restraint and Seclusion.

Mental health institute written policies and procedures shall assure that:

- The intentional restriction of an individual's rights without due process, or the failure to report such is prohibited.
- All employees shall be responsible for protecting and promoting individual rights and support individuals in exercising the individual's rights independently and, if necessary, with employee assistance.

- All court-ordered restrictions shall be specifically identified and incorporated into the individual's treatment plan.
- A treatment team process for approving non-court-ordered restrictive limitation of an individual's rights shall be implemented that requires:
  - Completion before an individual's rights are restricted except in the case of an emergency;
  - An interdisciplinary team review;
  - The informed consent of the individual or the individual's parent, guardian, or legal representative.
  - Documentation justifying the need for restriction including:
    - The purpose of the restriction.
    - The identified need and rationale for the restriction.
    - Less restrictive interventions tried without success.
    - Risk/benefit analysis supporting the need for the restrictive intervention.
- All restrictions are regularly reviewed to determine the continued need for the restriction and consideration of non-restrictive alternative treatment options. The findings and recommendations of the review shall be documented in the individual's treatment plan.
- A copy of all restrictions implemented shall be sent to the human rights committee for review and monitoring.

## Emergency Rights Restrictions Other Than Restraint or Seclusion

Mental health institute written policies and procedures shall assure that a process for approving emergency restrictions is implemented and requires that:

- The process shall be used only when intervention is necessary to immediately protect the health or safety of the individual or others.
- A staff physician shall approve the intervention.
- The individual's treatment team shall review the emergency restriction within three business days of the emergency rights restriction.
- The individual's treatment team shall review any instance of more than three emergency restrictions in any four-week period and the individual's treatment plan shall be revised as appropriate.
- Emergency restriction data shall be collected and reviewed monthly by the human rights committee.

## Human Rights Committee

Mental health institute written policies and procedures shall assure that a human rights committee shall be maintained which is responsible to:

- Review and monitor the use of programmatic restrictive interventions;
- Monitor interventions to assure that programmatic restrictive interventions are implemented in accordance the Department's policy;
- Review the use of emergency restrictions;
- Investigate grievances or allegations of rights violations;
- Make recommendations for program improvement; and
- Maintain a record of the decisions of the committee.

## Reporting of Violations

Mental health institute written policies and procedures shall assure that:

- All employees, volunteers, and contractors witnessing or having knowledge of a rights violation shall be required to report the rights violation.
- The employee shall immediately report all allegations of rights violation orally to the employee's first line supervisor, unless the allegation involves the supervisor, in which case the report shall be made to the supervisor's supervisor.
- Volunteers and contractors shall report allegations to the individual's designated institute employee contact unless the allegation involves the employee contact, in which case, the report shall be made to the employee contact's supervisor.
- All information pertaining to the allegation and subsequent investigation shall be kept confidential, including the name and position of the person making the report.
- Retaliation shall not occur for good faith reporting.
- Failure to report allegations of rights violation shall not be tolerated; including the willful failure to report rights violation and shall result in discipline up to and including discharge.

## Response to Report

Mental health institute written policies and procedures shall assure that:

- Notification of grievances filed shall be provided to the human rights committee.
- All allegations and rights violation allegations shall be immediately reported to the superintendent or the superintendent's designee.
- The superintendent or the superintendent's designee shall report to the administrator all allegations of grievances or rights violations that are submitted to the human rights committee for investigation. The report shall be made by Email not later than 12 noon on the next business day after submittal to the human rights committee.

## Allegations of Abuse

Mental health institute written policies and procedures shall assure that all allegations of rights violation that meet the definition of abuse shall be reported and investigated under the policies governing abuse investigations. (See Policy on Incident Management.)

## Grievances

It is the policy of the Department of Human Services that individuals shall have the right to grieve an action of a department employee that the individual believes is a violation of the individual's rights or not in the individual's best interest.

### Grievance Filing Process

Mental health institute written rights violation process policies and procedures shall assure that:

- A grievance filing process is developed and implemented for use by an individual who believes one or more of the individual's rights have been violated or has any other complaint. The process shall:
  - Specify the right for an individual or the individual's parent, guardian, legal representative, or family contact to file a written or oral grievance;

- Provide assistance in filling out the grievance if needed by the individual filing;
- Specify with whom the grievance may be filed; and
- Provide written notification to the individual, the individual's parent, guardian, legal representative, or family contact of the grievance and the outcome of the investigation.

♦ Grievances are filed using *MHI Individual Grievance*, form 470-4498 (see 3-A-Appendix).

♦ Retaliation shall not occur for good faith reporting.

**Investigation Process**

Mental health institute written policies and procedures on the grievance and rights violation investigation process shall assure that:

♦ A copy of all grievances filed shall be sent to and reviewed by the human rights committee.

♦ The human rights committee shall investigate all grievances or allegations of rights violation, regardless of merit, unless resolved earlier in the process.

♦ All grievances or allegations filed shall be investigated by:

- The first line supervisor. Within five business days after initiation of the grievance, the first line supervisor shall investigate the grievance. The first line supervisor shall meet with the individual filing the grievance. If the complaint isn't resolved at this level, the findings shall be submitted to the director of nursing.
- The director of nursing. Within five business days after receipt of the grievance from the first line supervisor, the director of nursing shall investigate the grievance. The director of nursing shall meet with the individual filing the grievance. If the complaint isn't resolved at this level, the findings shall be submitted to the human rights committee for investigation.
- The human rights committee. Within ten business days the committee shall complete its investigation and then within five business days shall develop recommendations for resolution and make a written report.

- Investigative reports shall be made using *MHI Individual Grievance*, form 470-4498 (see 3-A-Appendix), and shall contain, at a minimum, the following:
  - The name of the individual who filed the grievance or rights violation report.
  - The date, place, and time of the incident.
  - The date the incident was reported.
  - Each grievance or allegation of rights violation.
  - The names of all individuals involved.
  - The names of all employees and individuals who witnessed the grievance or alleged rights violation.
  - The names of all persons interviewed during the investigation.
  - For each interviewee, the questions asked and responses given, or if a tape of the interview is available and maintained, a summary of the questions asked and responses given.
  - All documents reviewed during the investigation.
  - All sources of evidence considered, including previous investigations involving the individual or the employee.
  - The finding of the investigation and a clear statement as to the reasons for human rights committee conclusions.
  - The recommendations for any corrective action (other than personnel actions).
  - The outcome of the grievance or rights violation investigation.
- The findings and conclusions of all investigations resolved before reaching the human rights committee level shall be sent to the committee within two business days for review at the next meeting. The minutes of the human rights committee shall document the review.

- The individual's guardian, family contact, legal representative and parent, if the individual is a child, shall be provided with a written notice of the decision containing:
  - The name of the mental health institute contact person,
  - The steps taken on behalf of the individual to investigate the grievance,
  - The results or findings of the grievance,
  - The date the grievance investigation was completed, and
  - The statement specifying the right to appeal the decision to the superintendent.

**Appeal Process**

Mental health institute written grievance and rights violation process policies and procedures shall assure that:

- The individual filing the grievance shall have the right to appeal the decision of the human rights committee to the superintendent. The appeal can be made orally or in writing and must be filed within 14 business days of the human rights committee issuing its written report.
- The superintendent shall provide a written decision on the appeal within 14 business days.
- If the individual filing the appeal to the superintendent isn't satisfied with the decision, the individual shall be provided with information on the right to have a further appeal to the district court.

**Corrective Action**

Mental health institute written policies and procedures shall assure that:

- There is a process to assign the development and implementation of specific corrective action plans to address issues identified in all human rights committee findings with the purpose of correcting any specific violations and preventing future violations. This process shall assure that:
  - Written corrective action plans shall be developed within five business days of assignment.

- Corrective action plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.
- Corrective action plans shall be implemented in a timely manner.
- The results of corrective action plans shall be documented.

♦ The superintendent or the superintendent's designee shall:

- Approve all corrective action plans, and
- Any proposed modification to content or timeline.

♦ There is a monitoring process to assure that all corrective actions shall be developed and implemented as written.

## Personnel Practices

Mental health institute written policies and procedures shall assure that:

♦ Any employee, volunteer, or contractor who has been found to have violated the rights of an individual shall be subject to sanctions up to, and including, dismissal or termination of contract.

♦ All decisions on type and severity of disciplinary actions taken against employees shall:

- Be made timely; and
- Be based on an evaluation of the type and severity of the incident based on the evidence in the *MHI Individual Grievance*, form 470-4498 (see 3-A-Appendix) prior personnel actions taken with the employee, and other components of just cause.

## Human Rights Performance Improvement

Mental health institute written policies and procedures shall assure that quality management practices are in place to monitor the reporting of and review of grievance and alleged rights violations; identify systemic issues, actual or potential, needing corrective action; and monitor the completion and implementation of corrective action plans.

## Human Rights Data Collection and Review

Mental health institute policies and procedures shall assure the collection of data on grievances or alleged rights violations as described in this section. Data collection shall include, at minimum, the following categories and shall be provided monthly in the format defined by the administrator:

- Name of individual for whom grievance or alleged rights violation is filed
- Case number
- Date of grievance or alleged rights violation
- Date the grievance or alleged rights violation was reported
- Time of the grievance or alleged rights violation
- Treatment unit
- Location where grievance or alleged rights violation occurred
- Type of grievance or alleged rights violation
- Immediate action taken with employees
- Immediate action taken with individual
- Names of individual and employee involved
- Names of all witnesses
- Names of other individuals directly or indirectly involved
- Reported causes of the grievance or rights violation
- Outcomes of the human rights committee investigation
- Date the human rights committee investigation began
- Date the human rights committee investigation completed
- Final personnel action taken and date

## Human Rights Reporting Requirements on Rights Data

Mental health institute written policies and procedures shall assure that:

- The monthly reporting process of grievances or rights violation allegations and related investigative findings to the institute quality council shall be defined.
- The data collected shall be available for analysis by each data element collected.

- The facility shall provide the administrator's office with:
  - A monthly summary report of individual grievances or rights violations filed,
  - A quarterly summary of the analysis of the investigations of grievances or rights violations identifying systemic issues,
  - A quarterly summary of how the data analysis from investigations was used to identify systemic issues, and
  - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

**Human Rights Employee Training**

Mental health institute written policies and procedures shall assure that:

- New employees, volunteers who work on a regular basis, and contractors shall receive competency-based training on the following human rights topics before having contact with individuals receiving services:
  - Individuals' rights as citizens or residents of the State of Iowa and the United States;
  - The rights enumerated in this policy;
  - The mental health institute's philosophy, policy, and practice on protecting and promoting individuals' rights;
  - Programmatic restrictive interventions;
  - The grievance process;
  - Reporting suspected rights violations;
  - Institute processes in reviewing suspected rights violations; and
  - The role of the human rights committee.
- All employees shall receive annual human rights awareness training. Annual training sessions may be an abbreviated version of the comprehensive curricula however, all employees shall demonstrate competency on all rights-related topics.
- Employee training and education shall be regularly documented for each employee in a manner that permits the information to be available individually and in aggregate form.

- Training curriculum shall be updated regularly to reflect changes in laws, policies, and procedures.
- Employee training shall be implemented in a timely manner.
- Parents, guardians, legal representatives, and family contact of individuals, shall be provided with information on identifying and reporting rights violations and encouraged to report incidents they believe to be violation of an individual's rights.

## Policy on Admissions

It is the policy of the Department of Human Services that admissions are authorized for only individuals in need of inpatient mental health or substance abuse treatment when appropriate community-based treatment is not available.

### General Principles

Mental health institute written policies and procedures shall assure that:

- Voluntary or involuntary admission is authorized only when it has been determined that:
  - Community-based resources are not available to meet the individual's current treatment needs, and
  - The mental health institute, based on generally accepted professional standards of care, has been determined to be the most integrated setting to meet the individual's current needs.
  - It has been determined the mental health institute services are available to meet the individual's treatment needs and the admission will not result in overcrowding.
  - A diagnostic evaluation has been made that determines the individual's need for and eligibility for admission based on generally accepted professional standards of care.
- The individual's rights are protected throughout the admission process.
- The individual's rights to confidentiality are protected and all information concerning the individual is shared only with persons who are legally authorized to have the information or who have been designated, in writing by the individual to receive the information.
- The individual and the individual's parent, guardian, or legal representative is involved in the admission process.

- The individual or the individual's parent, guardian, or legal representative understands that the mental health institute's goal will be to return the individual to community services and that the discharge process begins with admission.
- The local, state, or county employees and county designated mental health providers involved in the admission have been informed that the mental health institute's goal will be to return the individual to community services and that the discharge process begins with admission.

## Application or Commitment Process

It is the policy of the Department of Human Services that applications for voluntary admission or court orders for involuntary admission shall be processed in accordance with state laws governing voluntary and involuntary admissions.

### Voluntary Mental Health or Dual Diagnosis Admission

Mental health institute written policies and procedures shall assure that all applications for voluntary mental health admission:

- Shall be made using *Application for Voluntary Admission - MHI*, form 470-0420 (see 3-A-Appendix). The application shall be signed by the applicant or the applicant's parent, guardian, or legal representative.
- Shall include a determination of the applicant's county of residence or, if disputed, a statement that the dispute resolution process has been implemented.
- Shall be accompanied by *Authorization to Obtain or Release Health Care Information*, form 470-3951 or 470-3951(S) (see 1-C-Appendix), consenting to the release of all information the mental health institute needs to determine the appropriateness of the admission. The consent shall be signed by the applicant or the applicant's parent, guardian, or legal representative.
- For individuals without a county or residence:
  - Shall be made by the county where the person is present using the same process as an application for an individual with a county of residence, and
  - The division administrator or the division administrator's designee shall approve the application.

## Mental Health Adult Admission: State or County Expense

Mental health institute written policies and procedures shall assure that where hospitalization expenses are payable in whole or in part by state or county expense:

- An application shall be accepted only when the application has been made and authorized through the central point of coordination process of the board of supervisors of the individual's county or the designated regional administrator for residence.
- The board of supervisors or the board's officially designated agent shall sign the application before the application is accepted.
- The applicant's county of residence has been declared or determined.
- When a county disputes the applicant's county of residence the disputing county has initiated the dispute resolution process in Iowa Code section 331.394, subsection 5.
- When the division disputes the applicant's county of residence the division shall initiate the dispute resolution process in Iowa Code section 331.394, subsection 5.
- The central point of coordination of the county of residence shall determine the legal settlement of the individual for whom application is made in accordance with Iowa Code section 252.16 and 441 IAC 29.4(230).
- The administrator or the administrator's designee shall also sign the application when the individual has been determined or alleged to be a state case.

## Mental Health Admission for Minors

Mental health institute written policies and procedures shall assure that:

- Application for admission of a minor shall be made directly to the mental health institute.
- The minor individual shall be informed of the right to object to the hospitalization and, if the minor objects, the admission request shall be referred to the juvenile court as provided under Iowa Code section 229.2(1).

**Dual Diagnosis**

Mental health institute written policies and procedures shall assure that in addition to application requirements for a mental health admission, the individual claiming a dual diagnosis shall also have a diagnostic evaluation substantiating the substance abuse diagnosis.

**Voluntary Application Process: Third Party or Private Pay**

Mental health institute written policies and procedures shall assure that:

- Individuals may make application for admission as a private-pay patient directly to the mental health institute provided that:
  - The individual, or another responsible person, shall agree to pay for the cost of care and treatment in advance and at a rate determined by the administrator, and
  - No part of the cost of the admission is charged to the state or a county.
- Application for admission for inpatient services when services are payable by a third party shall be accepted when:
  - The contract with the third party payer has been approved by the administrator, and
  - No part of the cost of the admission shall be charged to a county.

**Voluntary Substance Abuse Admission**

Mental health institute written policies and procedures shall assure that all applications for voluntary substance abuse admission:

- Shall be made using *Application for Voluntary Admission – Substance Abuse Treatment*, form 470-0423 (see 3-A-Appendix). The application shall be signed by the applicant, the applicant's guardian, or the applicant's legal representative.
- The applicant's county of residence has been declared or determination, if disputed, the dispute resolution process has been implemented.
- Shall be accompanied by *Authorization to Obtain or Release Health Care Information*, form 470-3951 or 470-3951(S) (see 1-C-Appendix), consenting to release of all information the mental health institute needs to determine the appropriateness of the admission. The consent shall be signed by the applicant or the applicant's parent, guardian, or the applicant's legal representative.

### Substance Abuse Adult Admission: State or County Expense

Mental health institute written policies and procedures shall assure that for an adult substance abuse admission:

- The individual shall have had a preliminary intake and assessment completed by an approved treatment facility as provided in Iowa Code section 125.43A.
- When the individual has been declared, determined, or alleged to be a state case, the administrator or the administrator's designee shall also sign the application.

## Involuntary Commitment Process

Mental health institute written policies and procedures shall assure, for individuals committed to the institute, that:

- An appropriate court order has been issued indicating the legal Iowa Code authority under which the order is issued. Appropriate authority includes:
  - Iowa Code Section 229.11 or section 125.81, immediate custody.
  - Iowa Code Section 229.13 or 125.83, psychiatric or substance abuse evaluation inpatient treatment order.
  - Iowa Code Section 229.14 or 125.84(2), treatment order.
  - Iowa Code Section 229.14A, placement or transfer of placement order.
  - Iowa Code Section 229.22, magistrate's approval for emergency admission.
  - Iowa Code Section 812.3, determination of competency.
  - Iowa Code Section 812.6, commitment for treatment.
  - Rule of Criminal Procedure 2.22(8), psychiatric evaluation.
  - Rule of Criminal Procedure 2.22(8), commitment for treatment.
  - Iowa Code Section 901.4A, district court-ordered evaluation.
  - Iowa Code Section 901.5, district court-ordered treatment.
- An individual being committed to the dual-diagnosis program shall be committed under Iowa Code Chapter 229.

- When an individual is delivered to a mental health institute for emergency admission as authorized in Iowa Code section 229.22, the admitting physician shall:
  - Examine the individual to determine whether or not the individual is seriously mentally impaired and because of that impairment, likely to physically injure the individual's self or others if not immediately detained.
  - Immediately communicate with the nearest available magistrate as defined in Iowa Code section 801.4(10) and provide the magistrate with the circumstances of the individual.

    When the peace officer delivering an individual is present during the facility's communication with the magistrate and requests to talk with the magistrate to request the magistrate to order notice of discharge to law enforcement, the admitting physician shall provide the peace officer with the opportunity make the request to the magistrate.
  - Admit the individual if the magistrate provides verbal authorization for the admission, or immediately release the individual if the admission is not authorized.

**Application or Commitment Denial Process**

Mental health institute written policies and procedures shall assure that a voluntary application or a commitment shall be denied if:

- Any of the requirements for admission or commitment are not met;
- The mental health institute does not have adequate services to meet the individual's treatment needs;
- The admission would result in overcrowding;
- There is clear evidence that the individual has an appropriate and more integrated setting available; or
- The individual for whom voluntary application is made is not competent to give informed consent for admission or treatment and does not have a parent, guardian, or legal representative with the legal authority to give consent.

### Bed Availability

Mental health institute written policies and procedures shall assure that when an application for voluntary or a court-ordered admission is received and the mental health institute does not have a bed available for the admission, the mental health institute shall:

- Notify the central point of coordination or the designated regional administrator or committing court of the lack of an appropriate bed,
- Contact the other mental health institutes to determine if an appropriate bed is available,
- If an appropriate bed is available, coordinate the referral of the admission with the central point of coordination or the designated regional administrator or the committing court, or
- If an appropriate bed is not available, consult with the central point of coordination or the designated regional administrator or the committing court to assist in finding another appropriate placement.

## Approval of Application or Commitment

It is the policy of the Department of Human Services that voluntary applications or involuntary commitments are approved only after it has been determined that the individual meets the definition of mental illness or substance abuse and a preliminary diagnostic evaluation has established the need for the admission.

### All Voluntary Applications or Commitments

Mental health institute written policies and procedures shall assure that, before an application or commitment is approved:

- The individual clearly meets the definition of mental illness or substance abuse.
- A preadmission diagnostic evaluation or assessment clearly shows that:
  - Community resources have been considered, and
  - It has been determined that the mental health institute is the most integrated setting according to the individual's current needs, based on generally accepted professional standards of care.

- The individual's parent, guardian, or legal representative has been involved in the admission process.
- The individual's parent, guardian, or legal representative and any local state, county employees or the designated regional administrator and county designated mental health providers involved in the admission are notified that:
  - The mental health institute's goal is to return the individual to community services in the most integrated setting appropriate to the individual's needs,
  - The discharge process begins at admission, and
  - The individual has the right to participate in the planning process including the right to approve or disapprove any discharge plan.
- The mental health institute has determined that it has the available services to meet the individual's current treatment needs.
- The admission will not result in overcrowding.
- The application or commitment complies with catchment area guidelines in 441 IAC 28.11(218), or the administrator has approved a request for out-of-catchment-area placement.
- Funding responsibility has been clearly established or, when in dispute, the process for resolving disputes established in Iowa Code section 331.394, subsection 5 has been initiated by the county, regional administrator, or Department disputing the declaration.
- The individual has completed *Authorization to Release Information for Assignment of Insurance Benefits*, form 470-0430 (see 3-A-Appendix). If the individual is not clinically able to sign the release upon admission, the signature shall be obtained as soon a clinically possible.
- The individual has been notified of the mental health institute's unauthorized departure procedures using *Hospital Procedure in the Event of Unauthorized Departure*, form 470-4495 (see 3-A-Appendix).
- The chief medical officer or the chief medical officer's medical employee designee has approved the admission.

**Mental Health or Dual Diagnosis Admission**

Mental health institute written policies and procedures shall assure that for a mental health or dual diagnosis admission:

- The application has been completed and approved through the central point of coordination process or designated regional administrator for the individual's county of residence using form 470-0420, *Application for Voluntary Admission – MHI* (see 3-A-Appendix), for all adult voluntary mental health and dual diagnosis applications where hospitalization expenses are payable in whole or in part at state or county expense.
- The applicant's county of residence has been declared or determined.
- When a county disputes the applicant's county of residence the disputing county has initiated the dispute resolution process in Iowa Code section 331.394, subsection 5.
- When the division disputes the applicant's county of residence the division shall initiate the dispute resolution process in Iowa Code section 331.394, subsection 5.
- The application includes a completed and signed *Authorization to Obtain or Release Health Care Information*, form 470-3951 or 470-3951(S) (see 1-C-Appendix).
- The applicant or the applicant's parent, guardian, or legal representative has provided informed consent to treatment using *Consent to Treatment*, form 470-0428 (see 3-A-Appendix).
- A minor has given consent to a voluntary admission during the preadmission diagnostic evaluation, or, if consent was not given, the admission has been approved by a juvenile court in accordance with Iowa Code subsection 222.13A(2).
- For all dual diagnosis applications and commitments, the individual has had a diagnostic evaluation substantiating the substance abuse diagnosis.

**Mental Health Involuntary Admission**

Mental health institute written policies and procedures shall assure that for an involuntary mental health admission:

- The court order has been received and is an appropriate order.
- All individuals shall have been asked to complete and signed *Authorization to Obtain or Release Health Care Information*, form 470-3951 or 470-3951(S). (See 1-C-Appendix.)

- The individual or the individual's parent, guardian, or legal representative has been asked to provide informed consent to treatment using *Consent to Treatment*, form 470-0428 (see 3-A-Appendix).
- An individual delivered to the mental health institute for emergency admission under Iowa Code section 229.22, has been approved for admission by a magistrate.

**Emergency Admission: Iowa Code Section 229.22**

Mental health institute written policies and procedures shall assure that when a magistrate verbally authorizes the emergency admission of an individual under Iowa Code section 229.22, the mental health institute shall:

- Examine and detain the individual for a period not to exceed 48 hours from the time the order is dated, excluding Saturdays, Sundays, days on which the court is closed, and holidays.
- Provide only the treatment, including chemotherapy, necessary to preserve the individual's life or to appropriately control behavior by the individual that is likely to result in physical injury to the individual or to others.
- Determine whether notice to a law enforcement agency before the individual's discharge is required by:
  - A magistrate's verbal or written order, or
  - A law enforcement agency having given written notice on a form prescribed by the Department of Public Safety as provided in Iowa Code subsection 229.22(2).
- Track all required law enforcement notifications to assure that they are made within the required time lines and made to the appropriate law enforcement agency.

**Documentation of Law Enforcement Notification**

Mental health institute written policies and procedures shall assure that magistrate orders and law enforcement written notifications shall be documented in the individual's facility record. Documentation of a magistrate's verbal order shall specify the law enforcement agency to which notice is to be provided.

**Substance Abuse Voluntary Admission**

Mental health institute written policies and procedures shall assure that for a substance abuse voluntary admission:

- The preliminary intake and assessment made as provided in Iowa Code section 125.43A, confirmed that the admission is appropriate to the individual's substance abuse service needs.
- The county of application has made a county of residence determination in accordance with Iowa Code subsection 331.394(5).
- The applicant or the applicant's parent, guardian, or legal representative shall provide informed consent to treatment using *Consent to Treatment*, form 470-0428 (see 3-A-Appendix).
- The individual making application is an adult.
- The individual making application does not need detoxification.
- The individual making application or being committed is medically stable.

**Substance Abuse Involuntary Admission**

Mental health institute written policies and procedures shall assure that for a substance abuse involuntary admission:

- The court order has been received and is an appropriate order.
- The individual or the individual's parent, guardian, or legal representative has been asked to provide informed consent to treatment using *Consent to Treatment*, form 470-0428 (see 3-A-Appendix).
- The individual being committed is an adult.
- The individual being committed being committed does not need detoxification.
- The individual being committed being committed is medically stable.

### Mental Health or Substance Abuse Private-Pay Admission

Mental health institute written policies and procedures shall assure that for a mental health or substance abuse private-pay admission:

- The individual meets all the requirements for a mental health or substance abuse voluntary admission, and
- Payment has been made as required.

## Informed Consent

Mental health institute written policies and procedures shall assure that:

- Informed consent for care and treatment shall be given:
  - By the individual if competent to give informed consent.
  - By the individual's parent, guardian, legal representative, or upon order of the committing court if the individual is not competent to give informed consent.
- A general informed consent for services shall be obtained using *Consent to Treatment*, form 470-0428. (See 3-A-Appendix.)
- The general consent shall be renewed no less frequently than every 12 months.
- Specific informed consent shall be obtained for participation in treatment that includes:
  - Invasive or potentially harmful procedures,
  - Use of restraints,
  - Use of a behavior-modifying medication,
  - Use of medical consents that are restrictive based on a medical condition,
  - Use of aversive stimuli or response cost,
  - Non-emergency transfer to another facility, or
  - Participation in experimental research.
- Without a signed consent, or without an appropriate court order for treatment, the only treatment provided shall be that which is necessary to:
  - Preserve the individual's life, or
  - Appropriately control behavior that is likely to result in physical injury to the individual or to others if allowed to continue.

### Individual Notification on Restraint and Seclusion

Mental health institute written policies and procedures shall assure that:

- Individuals are advised at the time of admission, or at the next practical moment, about:
  - The hospital's philosophy of treatment,
  - The goal of preventing the need for the use of restraint and seclusion,
  - The role the individual may have in calming self when the individual begins to become agitated, as documented on *Risks, Triggers, Signs and Coping Aids*, form 470-4321 (see 3-A-Appendix), and
  - Policies related to the use of restraint and seclusion.
- Individuals are asked to sign and acknowledge explanation of this discussion and this documentation is included in the individual's record. This will be documented on *Consent to Treatment*, form 470-0428 (see 3-A-Appendix).
- Family contact or guardian notification, responsibilities, and roles in the involvement in restraint and seclusion are discussed at the time of admission.
- Individuals are asked the individual's choice in involving nonguardian family contact members in such situations as well as any limitations as well as opportunities to make changes in preferences. Appropriate consent and releases of information shall be obtained as needed.

## Core Data Sheet

Mental health institute written policies and procedures shall assure that:

- Form 470-4161, *DHS MHI Admission Core Data* (see 3-A-Appendix), shall be:
  - Completed by the end of the next working day, for all non-Medicaid payment eligible adult admissions whose care is payable in whole or in part by the state or a county, and
  - Submitted, by facsimile, to the county of residence's central point of coordination or designated regional administrator.

- When, at the time of admission, no county of residence is indicated on the admission or commitment papers, the facility shall ask the individual to declare which county they believe to be the individual's county of residence. That county shall be shown as the county of residence on the core data form.
- The individual's declared county of residence shall remain as declared unless the individual's county of residence is found to be a different county by the resolution process in Iowa Code section 331.394, subsection 5.

## Readmission

Mental health institute written policies and procedures shall assure that an application for readmission shall be made in the same manner as for a first admission. The mental health institute may waive the re-submittal of any information already in the mental health institute files and shall require only that information be updated.

## Admission Performance Improvement

Mental health institute written policies and procedures shall assure that quality assurance practices are in place to:

- Monitor the voluntary application and involuntary commitment process to identify actual or potential systemic issues, needing corrective action; and
- Monitor the implementation and completion of corrective action plans.

### Admission Data Collection and Review

Mental health institute policies and procedures shall assure that:

- Data collected on admissions shall include, at a minimum, the following categories:
  - Name of each individual for whom application or court order was received.
  - Date the application or court order was received.
  - County of residence accepted or disputed.
  - County of residence or state case.

- Type of application or commitment:
  - Voluntary adult
  - Mental illness, Iowa Code Chapter 229
  - Substance Abuse, Iowa Code Chapter 125
  - Dual diagnosis, Iowa Code Chapter 229
  - Voluntary minor
  - Involuntary court order
  - Mental illness immediate custody, Iowa Code Chapter 229
  - Mental illness evaluation, Iowa Code Chapter 229
  - Mental illness treatment, Iowa Code Chapter 229
  - Dual diagnosis, Iowa Code Chapter 229
  - Evaluation, Iowa Code Chapter 812
  - Treatment, Iowa Code Chapter 812
  - Evaluation, Rules of Criminal Procedure 2.22(8)
  - Treatment, Rules of Criminal Procedure 2.22(8),
  - Substance abuse immediate custody, Iowa Code Chapter 125
  - Substance abuse evaluation, Iowa Code, Chapter 125
  - Substance abuse treatment, Iowa Code Chapter 125
  - Substance abuse evaluation, Iowa Code Chapter 901
  - Substance abuse treatment, Iowa Code Chapter 901
  - Alcohol or drug
  - Outpatient
  - First admission
  - Readmission
- Mental health institute's admission decision.
- Reason application was denied, if applicable.
- Barriers to community living that have led to the need for admission.

♦ Data gathered from data analysis shall be used consistently for identifying and addressing individual or systemic issues to improve the application process.

♦ The mental health institute management team shall review data from all admissions to assure that:

- Problems are timely and adequately detected and appropriate corrective actions are implemented, and
- When possible, root causes are identified that lead to corrective action.

## Admission Reporting Requirements

Mental health institute written policies and procedures shall assure that:

- The monthly process for reporting admissions to the facility's management team is defined.
- The data collected shall be available for analysis by each data element collected.
- The facility shall provide the administrator's office with:
  - A monthly summary of applications received, approved, and denied,
  - A quarterly summary of the quality council's analysis of identified systemic issues, and
  - A quarterly summary of how the data analysis was used to improve the application process.

## Admission Employee Training

Mental health institute policies and procedures shall assure that:

- New employees who will be responsible for processing admission applications and court orders shall receive competency-based training on the following topics:
  - State laws governing the admission and commitment of individuals to the mental health institute.
  - Mental health institute policy and philosophy on admitting individuals only when a professional determination is made that the mental health institute is the most integrated setting available for the individual.
  - Determination of residence.
  - The central point of coordination or regional administrator process.
  - Catchment areas.
- All employees responsible for processing admission applications shall receive annual competency-based training.

- Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Training shall be implemented in a timely manner.

## Billings for Inpatient Mental Health and Substance Abuse

Mental health institutes written policies and procedures shall assure that for all adult inpatient admissions, for either mental health or substance abuse treatment, the cost of care shall be billed to the individual's county of residence in accordance with Iowa Code Chapter 230 and Iowa Code section 125.43.

## Policy on Outpatient Services and Community Consultation

Mental health institutes may offer voluntary outpatient services to individuals. The goal shall be to prevent hospitalization and maintain the individual in an appropriate community setting. Outpatient services may include individual counseling or day treatment as part of the inpatient program.

### Outpatient Treatment

Mental health institute written policies and procedures shall assure that:

- Application for outpatient treatment shall be made using the same process as an application for voluntary admission.
- Treatment shall be based on an assessment of the individual's need as defined in Comprehensive Assessment.
- Treatment shall be based on a treatment plan as defined in Treatment Plans.

**Outpatient Admission Approval**

Mental health institute written policies and procedures shall assure that voluntary outpatient admission approval is given only when:

- An application has been submitted using, as appropriate, form 470-0420, *Application for Voluntary Admission – MHI*, or 470-0423, *Application for Voluntary Admission – Substance Abuse Treatment*.
- An application has been approved through a central point of coordination process or a designated regional administrator, when required, and by a county board of supervisors.
- When the individual is or is alleged to be a state case, the administrator, or the administrator's designee shall also sign the application.

**Outpatient Billings**

Mental health institute written policies and procedures shall assure that the cost of outpatient treatment is appropriately billed:

- To the individual if the individual elects to privately pay.
- To a third party payor or Medicaid for a Medicaid eligible, and for all others.
- To the individual's county of residence, using the county billing system, at the same percentage rate as determined for inpatient services.
- As a state expense for an individual with no county of residence.

**Outpatient Treatment Billing Rate for Individual Counseling**

Mental health institute written policies and procedures shall establish, at the beginning of each fiscal year, the billing rate for individual counseling based on a quarter hour unit rate determined by:

- Using the top of the salary range for the salary classification of the employee providing the service,
- Multiplying the hourly rate by 1.5,
- Dividing by four, and
- Rounding to the nearest whole dollar.

### Outpatient Treatment Billing Rate for Day Treatment

Mental health institute written policy and procedure shall assure that the billing rate for day treatment is calculated by using the capped per diem rate for the program providing the day treatment:

- For four hours or less, multiply the capped per diem by 37.5%.
- For over four hours, multiplying the capped per diem by 75%.

Determine the final billing charge by multiplying the result by 80% for mental health treatment or by 25% for substance abuse treatment.

### Private-Pay Outpatient

Mental health institute written policies and procedures shall assure that if an individual elect to pay privately for outpatient services, payment shall be made in accordance with Voluntary Application Process: Third Party or Private Pay.

## Community Consultation

Community consultation is the provision of a service that is outside the normal legal responsibilities of the institute. A mental health institute may, upon request, provide community consultation to any public or private non-Department agency or organization with the goal of assisting the community to improve the community's mental health services delivery system.

### Community Consultation Billing Rate

Mental health institute written policies and procedures shall establish the cost for community consultation by

- Using the hourly pay rate for the employee providing the consultation,
  - Multiplied by 1.5,
  - Multiplied by the number of hours of the consultation, including one-way travel time; plus
- The cost for round-trip travel expenses (mileage, lodging, and meals) at the state-established rates.

### Community Consultation Billings

Mental health institute written policies and procedures shall assure that the cost of community consultation is appropriately billed to the agency or organization requesting the consultation at 100% of the determined rate.

### Direct Medical Services

Mental health institutes shall bill, unless the expense is paid by a third party payor, a county of residence for direct medical services provided individuals, as defined in 441 IAC 29.4(2). Direct medical services shall be billed for both inpatient and outpatient services. Direct medical services provided to individuals without a county of residence shall be charged as a state expense.

### Billing Direct Medical Services

Mental health institute written policies and procedures shall assure that:

- Individual receiving direct medical services billable to a county of residence shall have the direct medical services billed to the individual's county of residence as part of the quarterly billing system operated under Iowa Code section 230.20.
- Each mental health institute shall determine the cost of each defined direct medical service at the beginning of each calendar year in accordance with generally accepted accounting procedures, based on the actual cost of the service in the preceding calendar year.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Training shall be implemented in a timely manner.

## Policy on Court-Ordered Evaluations

It is the policy of the Department of Human Services that court-ordered evaluations shall be completed by qualified mental health professionals and the reports to the court shall be completed in a timely manner.

## Evaluations Principles

- Qualified mental health professionals shall be available providing a broad range of professional expertise to evaluate an individual's mental health status so a report to the court can be prepared on the person's current mental health condition and based on that condition, recommendations for appropriate treatment.
- Court-ordered evaluation shall be made by and in accordance with accepted professional standards for the discipline performing the evaluation.
- All members of the individual's treatment team shall provide input into the evaluation.
- Evaluations shall result in a written report that clearly states the findings of the evaluation regarding the individual's current mental health status, the most appropriate treatment services needed, and the least restrictive setting in which the services can be provided.
- The findings of the evaluation shall support the recommendations.
- The only treatment provided during the evaluation period shall be that treatment necessary to preserve the individual's life, or to appropriately control behavior by the individual that is likely to result in immediate physical injury to the individual, an employee, or others unless the individual provides consent for treatment or the committing court orders treatment.

## Reports to the Court

Mental health institute written policies and procedures shall assure that:

- Required court reports shall be made by the chief medical officer or the chief medical officer's designee and shall be provided within 15 days of admission for court-ordered evaluation unless, an extension is granted by the court.
- A court report tracking system is in operation that:
  - Logs in all required reports by date received;
  - Identifies the employee who will be responsible for preparing the report;
  - Identifies the report due date;
  - Tracks any extensions granted by the court and resets the due date;
  - Tracks the day the report was submitted; and
  - Tracks the reports not filed within the required period.
- The log shall be maintained in the office of the chief medical officer.

## Mental Health Evaluation

Mental health institute policies and procedures shall assure that that a court report provided under Iowa Code section 229.14 states one of the following:

- That individual does not, as of the date of the report, require further treatment;
- That the individual is seriously mentally impaired and in need of full-time custody and inpatient treatment in a hospital or treatment facility, and is likely to benefit from treatment. The report shall contain a recommendation for appropriate treatment.
- That the individual is seriously mentally impaired and in need of treatment, but does not require full-time hospitalization. The report shall contain a recommendation for appropriate treatment.
- That the individual is seriously mentally impaired and in need of full-time custody and care, but is unlikely to benefit from further inpatient treatment in a hospital. The report shall contain a recommendation for appropriate treatment.

Two copies of the report shall be filed with the clerk of court in the manner approved by the court.

## Competency to Stand Trial Evaluation

Mental health institute policies and procedures shall assure that the individual is evaluated by a psychiatrist or a licensed, doctorate-level psychologist and that the report required under Iowa Code section 812.3 shall be prepared and sent to the court.

The report shall state whether or not, in the mental health evaluator's opinion, the individual:

- Is suffering from a mental disorder which prevents the individual from:
  - Appreciating the charges against the individual;
  - Understanding the proceedings; or
  - Effectively assisting in the individual's defense.
- Will endanger the public safety if released from custody.

- Can, if ordered, be treated at a mental health institute or a resource center, or requires treatment with the Department of Corrections.

  NOTE: If at any time the medical director determines that the individual may have mental retardation, the medical director shall consult with the superintendent of a resource center to determine if assistance is needed in completion of the evaluation.

**Insanity or Diminished Responsibility Evaluation**

Mental health institute policies and procedures shall assure that:

- The individual shall be promptly evaluated.
- The report provided under Rules of Criminal Procedure section 2.22(8) shall be prepared and sent to the court and shall include:
  - A diagnosis for the individual,
  - An opinion as to whether or not the individual is mentally ill and dangerous to self or others, and
  - A determination as to whether the individual can be returned to the custody of the sheriff or whether continued custody is necessary to ensure the individual's safety or the safety of others.
- Notice that the report has been filed shall also be provided to the sheriff and the county attorney of the county of commitment.

NOTE: If at any time the medical director determines that the individual may have mental retardation, the medical director shall consult with the superintendent of a resource center to determine if assistance is needed in completing the evaluation.

**Substance Abuse Evaluation**

Mental health institute policies and procedures shall assure that a report provided under Iowa Code section 125.84, states one of the following:

- That individual does not, as of the date of the report, require further treatment.
- That the individual is a chronic substance abuser, is in need of full-time custody and inpatient treatment in a facility, and is likely to benefit from treatment.

- That the individual is a chronic substance abuser and in need of treatment, but does not require full-time hospitalization. The report shall contain a recommendation for appropriate treatment.
- That the individual is a chronic substance abuser who is in need of treatment, but in the opinion of the chief medical officer is not responding to the treatment provided. The report shall contain a recommendation for alternative placement.

### Substance Abuse Sentencing Evaluation

Mental health institute policies and procedures shall assure that a report provided under Iowa Code section 901.4A shall provide an evaluation of the individual's abuse of alcohol or other controlled substances and the need for treatment.

## Evaluation Billings

Mental health institute written policies and procedures shall assure that the cost of evaluation services shall be billed in the same manner as involuntary mental health or substance abuse admission billings.

## Court Report Performance Improvement

Mental health institute written policies and procedures shall assure that quality assurance practices are in place to:

- Monitor the quality of the evaluations and subsequent reports to the court in terms of professional guidelines and the effectiveness of the reports in assisting the courts meet the treatment needs of the individuals evaluated.
- Monitor the timeliness of the court reports.
- Identify actual or potential systemic issues needing corrective action.
- Monitor the implementation and completion of corrective action plans.

## Court Report Data Collection and Review

The mental health institute policies and procedures shall assure the collection of data on evaluations and court reports shall at a minimum, include the following categories:

- Facility number for each individual ordered for evaluation.
- Type of evaluation ordered.
- Ordering court.
- Date order received.
- Date report due.
- Date extension of report due date received (if applicable).
- Date report submitted.
- Timely yes/no.

## Court Report Reporting Requirements

The mental health institute policies and procedures shall assure that:

- The monthly process of reporting court report data to the management team is defined.
- The data collected shall be available for analysis by each data element collected.
- The facility provides information to the administrator's office monthly using the required data.

## Court Report Employee Training on Court-Ordered Evaluations

Mental health institute policies and procedures shall assure that:

- All new employees who are responsible for tracking and preparing evaluations and court reports shall receive competency-based training on:
  - Policies and procedures for doing evaluations and making court reports;
  - State laws governing evaluations and reports; and
  - What information is tracked and how the information is tracked.
- Employee training and education shall be documented in each employee's training record.

- The training curriculum shall be updated to reflect current professional standards, policies, and procedures for evaluations.
- Employee training shall be implemented in a timely manner.

## Policy on Treatment and Treatment Plans

It is the policy of the Department of Human Services that treatment provided to individuals shall be based on:

- A comprehensive assessment of the individual's needs, and
- A treatment plan that focuses on alleviating the symptoms that keeps the individual from returning to the community.

### Treatment Principles

The mental health institute written policies and procedures shall assure that:

- The treatment process begins with an integrated assessment process conducted by qualified mental health professionals that identifies the service needs, strengths, and recovery goals of the individual with the goal of developing the individual's treatment plan.
- All members of the individual's treatment team provide input into the assessment.
- Treatment and treatment plans are person-centered, person-driven, and recovery-focused.
- The treatment planning process:
  - Incorporates the findings of the assessment,
  - Identifies the clinical and other key services to meet the individual's recovery goals, and
  - Is based on best practices.
- Individuals, parents, guardians, and legal representatives are involved in the treatment and treatment planning process or, at the request and with the consent of the individual, any other family contact member or individual.
- Individual progress towards the treatment plan outcomes is routinely monitored and as necessary, clinical or other services are adjusted.
- Clinical and direct care employees are competency-based trained to provide services.

## Treatment Services

Mental health institute written policies and procedures shall assure that an individual's treatment services shall:

- Be designed around the bio-psycho-social needs of the individual as determined by the treatment team, involving the individual whenever possible.
- Be based on timely assessments that are completed in a routine and responsive fashion, as indicated by modifications due to:
  - Changes in an individual's bio-psycho-social status; or
  - Lack of progress under the current treatment plan.
- Be individualized to the degree that relevant baseline data is easily obtainable to determine:
  - Parameters in which status change is deemed acceptable, and
  - Signs, symptoms, status changes, or thresholds for action, requiring notification of the appropriate clinical team members.
- Be incorporated into an individual comprehensive treatment plan.
- Be provided in accordance with current professional standards of practice as documented by:
  - Evidence-based practices in the acceptable fields of study,
  - Current clinical and professional knowledge as supported by research and education, and
  - Clinical judgment based upon current professional knowledge and the individual's individualized needs as identified through integrated assessments and review.
- Be responsive to the changes noted in the individual's mental or psychological health care status that would affect risk in seclusion or restraint use, including:
  - Implementing individualized risk plans for present risk, and
  - Timely development and implementation of supports for newly identified risks in accordance with the policy on risk management.

- Be monitored, supervised, and managed through clinical supervision and leadership, internal and external peer review, and treatment plan reviews, that are documented in the individual's treatment plan and contain:
  - A summary of individual's status, including progression, regression, or lack of progress,
  - The status of the individual's ability to meet the objectives of the treatment plan.
- Be based on informed consent provided by the individual or the individual's parent, guardian, or legal representative. If the individual, or the individual's parent, guardian, or legal representative, does not give consent to treatment, the only treatment that shall be provided is:
  - Treatment, that in the judgment of the chief medical officer, is necessary to preserve the life of the individual or to appropriately control behavior of the individual which is likely to result in physical injury to the individual or others; or
  - Treatment that is ordered by the committing court.

## Assessment

Treatment planning begins with a comprehensive assessment of each individual admitted. The mental health institute written policies and procedures shall assure that an integrated multidisciplinary team assessment is completed for each individual admitted.

### Clinical Admission Assessment

The mental health institute written policies and procedures shall assure that for all admissions, a clinical assessment shall be made within two hours that includes at a minimum:

- The individual's immediate psychiatric condition upon admission using the criteria in the Diagnostic Statistical Manual IV-TR;
- The individual's need for immediate treatment to protect the health and safety of the individual or others or any other emergency physical medical conditions;
- The presence of any co-occurring conditions that could influence treatment;

- Current medication regimen; and
- The prior history of or current presence of any risk factor, as determined by a risk assessment, that needs to be immediately addressed as part of the treatment planning to protect the health and safety of the individual or others.

**Comprehensive Assessment**

The mental health institute written policies and procedures shall assure that for all admissions, a comprehensive assessment shall be completed within ten calendar days that includes at a minimum:

- A strengths based assessment of the individuals desires, needs, recovery, and treatment goals,
- A risk assessment that includes but is not limited to the following:
  - Pre-existing medical conditions or physical disabilities that would place the individual at risk during a restraint.
  - Any history of sexual or physical abuse that would place the individual at higher psychological risk.
  - Evaluation of prior history of violent, self-injurious, or aggressive behavior and the related circumstances or conditions.
  - Review of previous individual experience with restraint, including length of stay and historical relationship to discharge plans.
  - Identification of the triggers or potential warning signs of escalating behavior.
  - Methods to assist the individual control the individual's behaviors.
  - Alternative interventions for the individual and staff to employ for de-escalation purposes.
  - The risk factors identified in the policy on risk management.
- The identification of any existing community-based treatment, support, or recovery plan,
- The community supports that the individual will need to return successfully to the community,
- The community strengths and resources available to support the individual's recovery plan and return to the community,

- The need for mental health institute services needed to support the psychiatric treatment or to support the individual's recovery plan and return to the community,
- Supports available from family or other significant persons,
- Work history, prior treatment, effectiveness of prior treatment, substance abuse, and
- For children, the individual's developmental milestones, family dynamics, current and past school work, prior treatment.

## Treatment Plans

The mental health institute written policies and procedures shall assure that each individual receiving services at a mental health institute shall have a current individualized treatment plan. Treatment plans shall:

- Be based on a comprehensive strength based assessment of the individual.
- Be individualized to the individual's needs, values, and include the individual's treatment and recovery goals.
- Be developed with the individual and:
  - For minors, the individual's parent, guardian or legal representative.
  - For adults, the individual's guardian or legal representative, or any family contact member or other individual at the request and consent of the individual.
- Identify the symptoms or other causes of the impairment that resulted in the admission.
- Identify specific treatment goals related to the alleviation of the symptoms that were the reason for the admission and the criteria under which discharge can occur.
- Be responsive to the presence of co-occurring conditions that could affect expected treatment outcomes.
- Identify the action to be taken to monitor or eliminate any identified risk factors that would affect treatment or return to the community.

- Have the goals stated in measurable terms including time lines for implementation of the activities needed to achieve the established goals.
- Be written in a manner to specify who is responsible to carry out the activities, time lines required for the implementation of the plan.
- Document the implementation of the plan, the effectiveness of the plan activities in achieving the stated plan goals, plan modifications, significant events that occur as part of the treatment, and final treatment result.
- Include the specific limits to any of the individual's rights under the human rights or restraint and seclusion policies and the legal or programmatic justification for the limit.
- Provide for the active involvement of all interdisciplinary team members in the development of the plan.
- Be regularly reviewed by the treatment team, including the individual's current risk status, and modified as indicated by the individual's treatment needs.

**Education Plan**

Mental health institute written policies and procedures shall assure that for all minors admitted, an individual education plan shall be developed that meets the requirements of the Department of Education.

## Plan Time Lines

Mental health institute written policies and procedures shall assure that:

- Within 24 hours of admission, an initial admission treatment plan shall be developed that assures that necessary services are in place to protect the individual's or others health and safety.
- Within ten calendar days of admission a comprehensive treatment plan shall be developed, and
- Within 30 calendar days of the comprehensive treatment plan, the treatment plan shall be reviewed and updated at least every 30 calendar days throughout hospitalization or sooner when warranted by the individual's condition.

## Plan Coordination

Mental health institute written policies and procedures shall assure that the development of the individual treatment plan shall incorporate and coordinate all the other plans developed for an individual including but not limited to:

- The individual's discharge plan.
- The risk management plan, and
- Any required education plan.

## Court-Ordered Treatment

Mental health institute written policies and procedures shall assure that reports are sent to the ordering court.

### Incompetent to Stand Trial Under Iowa Code Section 812.6

Mental health institute written policies and procedures shall assure for an individual found incompetent to stand trial and admitted that:

- The individual shall be asked to sign the consent to treatment *Consent to Treatment*, form 470-0428 (see 3-A-Appendix).
- If the individual consents to treatment, the treatment shall be designed to restore the individual's competency and be provided in accordance with the evaluation, treatment planning and treatment services policies contained in this chapter.
- If the individual refuses to consent to treatment and if in the judgment of medical director, treatment is necessary and appropriate to restore the individual's competence, the medical director shall request a court order from the committing court authorizing the provision of appropriate treatment.

**Insanity or Diminished Responsibility: Iowa Code Section 2.22(8)**

Mental health institute written policies and procedures shall assure for an individual who is acquitted on ground of insanity or diminished responsibility and dangerous to self or others and admitted that:

- The individual shall be asked to sign the consent to treatment *Consent to Treatment*, form 470-0428 (see 3-A-Appendix).
- If the individual consents to treatment the treatment shall be designed to restore the individual's mental health and be provided in accordance with the evaluation, treatment planning, and treatment services policies contained in this chapter.
- If the individual refuses to consent to treatment and if, in the judgment of medical director, treatment is necessary and appropriate to restore the individual's mental health, the medical director shall request a court order from the committing court authorizing the provision of appropriate treatment.

## Treatment Records

Mental health institute written policies and procedures shall assure that:

- All treatment records shall, at a minimum, include:
  - A copy of the individual's initial evaluation and any subsequent evaluations,
  - A copy of the individual's initial treatment plan and all subsequent revisions,
  - Specific documentation of:
    - The individual's, or others, participation in the treatment process;
    - Initial and all subsequent treatment services provided;
    - The effectiveness of treatment in the individual's progress toward established goals, and;
    - The final result of treatment for the individual in achieving the individual's recovery goals.
- All treatment records shall be incorporated into and become a part of the individual's permanent institute record.

## Court Reports on Involuntary Commitments

### Mental Health or Substance Abuse Commitments

Mental health institute written policies and procedures shall assure that a report to the court on a mental health or substance abuse commitment is sent:

- Not more than 30 days after the entry of an order of commitment for hospitalization, and thereafter at an interval of not more than 90 days, as long as the hospitalization continues. The report shall:
  - State whether the individual's condition has improved, remains unchanged, or has deteriorated.
  - Indicate if possible, the further length of time the individual will require hospitalization.
- At any time that the condition of the individual is such in the opinion of the chief medical or designee officer that hospitalization is no longer required, or that maximum benefits have been received.
- At any time that a committed individual, without good cause, refuses treatment as ordered by the court.

### Incompetent to Stand Trial Under Iowa Code Section 812.6

Mental health institute policies and procedures shall assure that court reports are submitted as follows when an individual is deemed incompetent to stand trial pursuant to Iowa Code section 812.6:

- A written status report regarding the individual's mental disorder shall be provided to the committing court within 30 days of the individual's commitment. The report shall include a statement as to whether it appears the individual can be restored to competency in a reasonable amount of time.
- If the individual remains committed beyond 30 days, progress reports shall be provided to the committing court no less than every 60 days until the individual returns to competency.

- The committing court shall be immediately notified if at any time it is determined there is substantial probability that the individual has acquired the ability to appreciate the charges, understand the proceedings, and effectively assist in the individual's defense.
- The committing court shall be immediately notified if at any time it is determined there is no substantial probability that the individual will be restored to competency in a reasonable amount of time.

**Insanity or Diminished Responsibility: Iowa Code Section 2.22(8)**

Mental health institute policies and procedures shall assure that court reports are submitted as follows when an individual is deemed to be insane or of diminished responsibility pursuant to Iowa Code section 2.22(8):

- A written status report shall be provided to the committing court regarding the individual's mental disorder within 30 days of the individual's commitment. The report shall:
  - Describe the individual's mental condition and
  - State the chief medical officer's prognosis if the individual's condition has remained unchanged or has deteriorated.
- The chief medical officer shall also include a statement as to whether or not the individual remains mentally ill and dangerous to self or others.
- If the individual remains committed beyond 30 days, progress reports shall be provided to the committing court no less than every 60 days while the individual remains in custody providing the same information as required in the initial report.
- If at any time it is determined that the individual is either no longer mentally ill or no longer dangerous to self or others, the chief medical officer shall immediately notify the committing court and request discharge of the individual.

## Treatment Performance Improvement

Mental health institute written policies and procedures shall assure that quality management practices are in place to monitor the quality of treatment and treatment plans, individually and collectively.

## Treatment Plan Monitoring

Mental health institute written policies and procedures shall assure that:

- Individual treatment and treatment plans shall be developed based on current professional standards of practice, as evidenced by:
  - Language or content that is written in a user-friendly format and easily understandable to the individual and those responsible for implementation;
  - Thorough and complete components for the treatment plans including, risk management plans, discharge plans, and education plans; and
  - Present and complete implementation standards, i.e., identified training needs, documentation requirements, assessments, etc.
- Individual treatment and treatment plans shall be monitored based on current professional standards of practice, as evidenced by:
  - Data that is collected as prescribed,
  - Evidence of interdisciplinary team members completing observations and record reviews, and
  - Treatment goals are updated when goals have been met or when a lack of progress is noted.

## Treatment Data Collection and Review

Mental health institute written policies and procedures shall assure that:

- Each individual's progress towards the individual's recovery goals and return to the community shall be assessed on a regular basis.
- Progress shall be based on the individual's ability to meet the treatment and recovery goals outlined in the individual's treatment plan.
- The mental health institute shall document significant events that:
  - Are related to the individual's treatment plan and assessments; and
  - Contribute to an overall understanding of the individual's ongoing level and quality of functioning.

**Treatment Employee Training**

Mental health institute written policies and procedures shall assure that:

- The superintendent or medical director designates who shall:
  - Ensure that appropriate training and technical assistance is provided to teams responsible for treatment and the development and implementation of individual treatment plans; and
  - Provide quality management oversight for treatment and the individual planning process.
- All employees shall receive competency-based training on treatment and individual treatment plan principles.
- All professional employees providing treatment shall demonstrate competence in their profession through licensure, continued professional training, peer review, and compliance with the policy on clinical care.
- All unlicensed treatment employees shall be provided with competency-based training specific to the employee's job duties.
- All employees who will be responsible for the development or implementation of treatment plans shall receive competency-based training on the following topics related to individual treatment plans:
  - Treatment planning starts with an appropriate assessment.
  - Treatment planning is centered on the individual's needs and desires.
  - Treatment plans are regularly reviewed and updated.
  - Treatment plans specify the goals of treatment and who is responsible for implementation.
  - Treatment activities and outcomes are documented.
  - Effectiveness of treatment is regularly monitored.
  - The involvement of all persons appropriate to successful treatment.
  - Bio-psycho-social approach in all treatment services.

- All employees who are responsible for the development or implementation of treatment plans shall receive annual competency-based training on the individual treatment plan components identified above. Annual training sessions may be an abbreviated version of the comprehensive curricula. However, all employees must demonstrate competency on all topics.
- Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Training shall be implemented in a timely manner.

## Policy on Restraint and Seclusion

It is the policy of the Department of Human Services that restraint and seclusion shall be used only when necessary to protect the safety of the individual or others and only after other less restrictive methods have been tried without success in protecting the safety of the individual or others.

### General Principles

Mental health institute written policies and procedures shall assure that:

- At the time of admission, there is an assessment of relevant risk factors and the individual's history with restraint and seclusion that will inform the treatment services provided.
- Individuals are treated with respect and dignity.
- Restraint is not treatment but is an intervention of last resort and shall be used only:
  - To ensure the immediate physical safety of the individual, an employee, or others; or
  - For the management of immediate violent or self-destructive behavior that jeopardizes the immediate physical safety of the individual, an employee, or others when safety issues require an immediate physical response.

- Seclusion is not treatment but shall be an intervention of last resort and shall be used only for the management of immediate violent or self-destructive behavior that jeopardizes the immediate physical safety of the individual, an employee, or others.
- Neither restraint nor seclusion shall be used until non-physical interventions have been tried and failed or the threat is of such an immediate nature that non-physical interventions are not viable.
- Restraint and seclusion shall never be used as a means of punishment, coercion, discipline, convenience, retaliation, or for employee convenience.
- Restraint and seclusion shall be implemented in the least restrictive manner possible and shall employ safe techniques.
- Restraint and seclusion shall be supported by a written order by medical staff.
- Individual safety shall be paramount at all times, and if medical attention is needed, it shall supersede the behavioral priorities.
- There shall be continual assessment and monitoring of individuals placed in restraint or seclusion.
- Restraint or seclusion shall be terminated immediately when the individual's behavior is no longer an immediate threat to the individual, employees, or others.
- The treatment team shall determine whether a refinement of treatment approach should occur.
- Time out is permissible when voluntarily requested or agreed to by an individual.
- Protective measures shall be permissible if part of the individual's treatment plan.

## Acceptable Methods of Restraint

Mental health institute written policies and procedures shall assure that medical staff shall identify acceptable methods of restraint in a written order. Acceptable methods may include:

- Physical holds by an employee or employees.
- Four-point restraint.
- Four-point restraint with biceps cuff.
- Five-point restraint.
- Five-point restraint with biceps cuff.
- Transport board restraint.
- A Posey net when used in conjunction with a mechanical restraint.
- Ambulatory restraints used only for transportation purposes and in conjunction with 1:1 staffing.

## Prohibited Restraint Actions

Mental health institute written policies and procedures shall assure that the following actions are prohibited:

- Use of restraint without a medical order.
- Chemical restraint.
- Simultaneous use of seclusion and restraint.
- Prone restraint.
- PRN "as needed" orders for restraint.
- Use of any restraint device around an individual's neck.
- Use of any restraint device requiring a separate key or other mechanical device to release the restraint.

## Acceptable Use of Seclusion

Mental health institute written policies and procedures shall assure that:

- Seclusion shall be used only with a medical order.
- Seclusion shall be used only for the management of immediate violent or self-destructive behavior.

## Prohibited Seclusion Actions

Mental health institute written policies and procedures shall assure that the following actions are prohibited:

- Use of seclusion without a medical order.
- PRN "as needed" orders for seclusion.
- Use of seclusion in excess of 24 hours.
- Use of remote video and audio electronic observation of children under the age of 18 years secluded in a locked or otherwise secured room.

## Orders for Restraint and Seclusion

It is the policy of the Department of Human Services that restraint or seclusion shall be used only when based on a written medical order.

### Initiation of Restraint and Seclusion

Mental health institute written policies and procedures shall assure that:

- All restraint and seclusion shall be authorized by medical staff and have a written medical order. Initial orders received by phone must be signed within one hour of the authorization.
- All restraint and seclusion shall be implemented in a manner that addresses the individual's medical condition and relevant history as identified at the time of admission and through subsequent updates.
- As early as feasible in the restraint or seclusion process the individual is made aware of the rationale for the use of restraint or seclusion and the behavioral criteria for its discontinuation.
- Medical orders for the use of restraint shall specify:
  - The name of the medical staff giving the order.
  - The time and date.
  - Identification of an initial or continued order.
  - The specific physical restraint mechanisms or devices ordered.
  - Any special instructions based on the individual's medical condition, disability, or history of abuse.

- The restraint and seclusion release criteria, which will be based on the reasons restraint was initiated. The order may include specific approaches to be used by employees to assist the individual in achieving these criteria and demonstrating safety as rapidly as possible.

♦ Orders for the use of restraints or seclusion shall not exceed the following duration limits from the time the restraint or seclusion is initially implemented:

- Four hours for adults.
- Two hours for children and adolescents aged 9 to 17 years.
- One hour for children under the age of 9 years.

Restraint duration limits are considered maximum. It is critical that individual release occur as soon as possible:

♦ An individual may be restrained or secluded by order of a registered nurse before a written medical order is issued when:

- The behavior of an individual threatens the immediate physical safety to the individual an employee, or others or threatens immediate violent or self-destructive behavior and
- Medical staff is not immediately present.

There shall be specified timeframes to receive the medical order and sufficient documentation by the nurse for the need.

♦ If an individual has been released from restraint or seclusion, and again exhibits behavior that threatens the immediate physical safety to the individual, an employee, or others; or threatens immediate violent or self-destructive behavior, a new written order shall be required to reinstitute restraint or seclusion.

♦ Restraint or seclusion shall be implemented in a manner that assures individual safety, dignity, and privacy.

- Dangerous articles shall be removed from the individual.
- Individuals shall not be placed in rooms with potentially hazardous conditions.

- Documentation requirements pertaining to the implementation of the restraint and seclusion shall be placed in the individual's record and shall include at a minimum:
  - Identification of the type of less restrictive techniques that were attempted before the restraint or seclusion intervention.
  - A description of the individual's behavior and the circumstances leading to the use and justification for the order of restraint and seclusion.
  - A summation of the individual's mental and physical status at time of face-to-face evaluation by the medical staff.
- This documentation shall be completed on *Initial Restraint or Seclusion Prescription*, form 470-4317 (see 3-A-Appendix).

**Continuation of Restraint or Seclusion**

Mental health institute written policies and procedures shall assure that:

- If there is a need to extend the use of restraint and seclusion beyond the limit of the initial order because the behavior of the individual continues to threaten the immediate physical safety to the individual, an employee, or others, or threatens immediate violent or self-destructive behavior, a registered nurse shall immediately contact medical staff to receive further instructions.
- Medical staff shall base renewal orders on the following time limits:
  - Four hours for adults.
  - Two hours for children and adolescents aged nine to 17 years.
  - One hour for children under the age of nine years.
- A registered nurse or medical staff shall document in the individual's record the individual's physical and mental status, as well as the specific rationale for the need of continued use of restraint or seclusion in terms of the individual's continued imminent risk of injury or harm.
- This documentation shall be completed on page 2 of the *Initial Restraint or Seclusion Prescription*, form of 470-4317 (see 3-A-Appendix) in the section Continuation Restraint or Seclusion Prescription.

## Monitoring Restraint and Seclusion

It is the policy of the Department of Human Services that all individuals who are in restraint or seclusion shall be closely monitored to assure the safety of the individual.

### Face-to-Face Assessments

Mental health institute written policies and procedures shall assure that:

- Medical staff shall conduct a direct face-to-face assessment of the physical, behavioral, mental, and emotional status of the individual within one hour after the initiation of restraint and seclusion. If the seclusion or restraint is discontinued within one hour of initiation, the individual shall still be examined face-to-face by medical staff in accordance with this section.
- Medical and nursing staff shall document in the individual's record:
  - The physical and mental status information.
  - The rationale regarding continued use of restraint or seclusion learned during the individual's face-to-face assessment.

### Ongoing Monitoring

Mental health institute written policies and procedures shall assure that:

- There shall be continuous visual observation of an individual in restraint or in seclusion by an assigned trained employee.
- Continuous visual observation shall be the moment to moment visual observation of an individual while in restraint or seclusion in which a assigned trained employee:
  - Is physically present with the individual (includes being immediately outside a windowed door),
  - Maintains a direct line of sight to the individual, and
  - Keeps attention to the supervision of the individual except for brief moments when needed to complete any required documentation of this restraint or seclusion episode.

- All individuals placed in restraint or seclusion shall be under continuous visual observation at all times.
- For an adult individual in seclusion, after the first hour of seclusion, continuous visual monitoring may be accomplished by the use of on-ward video and audio electronic observation when monitoring employees are in close proximity of the individual to ensure that employees are immediately available to intervene and render appropriate interventions to meet the individual's needs.
- Individuals under the age of 18 shall have continuous direct face-to-face observation.
- Documentation of the continuous visual observation shall be done by the assigned employee using *Restraint/Seclusion Monitoring Checklist and Narrative*, form 470-4318 (see 3-A-Appendix).
- Assessments of the individual's physical and psychological well-being shall be made at the time the restraint or seclusion intervention is initiated and at least every 15 minutes thereafter. The assessment shall be conducted face-to-face, and appropriate for the type of restraint or seclusion employed and shall ensure that:
  - Injuries are identified and addressed.
  - Restraint devices are properly applied.
  - Individuals have as much freedom as possible.
- Assessment of the individual's physical and psychological well-being shall also ensure that:
  - Nutrition and hydration needs are met.
  - Meals are provided at regular time or as near such time as possible.
  - Fluids are offered every two hours.
  - Circulation and range of motion in the extremities are addressed.
  - Each restrained limb is released from restraints, examined for bruising or skin tears, and exercised every two hours.
  - Vital signs, including respiration, heart rate, and blood pressure, are monitored.
  - Hygiene and elimination needs are addressed.

- Elimination needs are met at least every two hours or as requested.
- Hygiene is offered on a daily basis.
- Physical and psychological comfort is provided.
- Readiness for discontinuation for restraint or seclusion is evaluated.

♦ Documentation of information regarding the individual's specific physical and psychological well-being and visual monitoring shall be placed in the individual record on *Restraint/Seclusion Monitoring Checklist and Narrative*, form 470-4318 (see 3-A-Appendix).

**Termination of Restraint or Seclusion**

Mental health institute written policies and procedures shall assure that:

♦ Restraint or seclusion shall be terminated immediately when the behavior of an individual no longer presents an immediate physical safety risk to the individual, an employee, or others, or no longer threatens immediate violent or self-destructive behavior.

♦ Because termination shall occur at the earliest time possible, this may occur before the order expires.

♦ If termination of restraint or seclusion does not happen before the end of a medical order, the restraint or seclusion shall be discontinued unless the order is renewed.

♦ Employees who have the authority to discontinue restraint and seclusion shall be identified.

♦ Documentation shall be placed in the individual record which indicates:

- The rationale for discontinuing the restraint or seclusion,
- The time when restraint or seclusion was discontinued, and
- The name of medical or nursing staff discontinuing restraint or seclusion.

♦ This documentation shall be completed on *Restraint/Seclusion Monitoring Checklist and Narrative*, form 470-4318 (see 3-A-Appendix).

**Post-Event Analysis**

Mental health institute written policies and procedures shall assure that:

- There is an immediate post-event analysis with all primary employees involved in the restraint or seclusion intervention. The purpose of this analysis is to discuss:
  - The events that led to the intervention.
  - The physical and emotional or psychological effects on the individual and the employees.
  - Other potential interventions that could have been used.
  - Other relevant issues related to the event.
  - Potential strategies to avoid the use of restraint or seclusion in the future.
- Documentation related to the post event analysis that includes the above information is placed in the individual record on *Restraint/Seclusion Same-Day Staff Analysis*, form 470-4316 (see 3-A-Appendix).

**Post-Event Individual Debriefing**

Mental health institute written policies and procedures shall assure that:

- As soon as the individual is receptive following any intervention of restraint or seclusion, the RN or designee initiates a debriefing process. The purpose of this analysis is to assist the individual in identifying:
  - What precipitated the event.
  - Other potential interventions that could have been used.
  - The individual's feelings related to the event.
  - Information the individual wishes to convey to employees related to the event.
- Documentation related to the post event analysis that includes the above information is placed in the individual record on *Restraint/Seclusion Patient Debriefing*, form 470-4320 (see 3-A-Appendix).

**Post-Event Debriefing**

Mental health institute written policies and procedures shall assure that:

- There is a post event debriefing the next working day with the individual, the individual's treatment team, and family contact consistent with the individual's wishes as noted. The purpose of this debriefing is:
  - To assist the treatment team to determine how to more effectively assist the individual and employees in understanding what precipitated the event;
  - To develop appropriate coping skills; and
  - To develop interventions designed to avoid future need for restraint or seclusion.
- Documentation of the post event debriefing includes the above information is placed in the individual's record on *Restraint/Seclusion Next Working Day Team Debriefing*, form 470-4319 (see 3-A-Appendix).
- As appropriate modification shall be made to the treatment plan, including but not limited to refinements in treatment approaches, additional assessments, or the need for outside consultation.

**Time Out**

Mental health institute written policies and procedures shall assure that:

- Time out shall only be used when:
  - The individual voluntarily requests or agrees to move to a quiet location in an unlocked room or an area removed from the individual's immediate environment, and
  - The individual is free to leave the room or area at any time they wish and return to the individual's normal treatment milieu.
- Employees responsible for the supervision of an individual utilizing time out shall determine an appropriate level of monitoring based on the individual's needs, and conditions.
- The use of time out shall be documented in the individual's institute record.

## Other Standards

A mental health institute licensed, accredited, or certified to provide a program of treatment services that requires as a condition of the license, accreditation or certification compliance with more restrictive restraint and seclusion standards, shall assure that the mental health institute's written policies and procedures shall comply with the more restrictive requirements.

## Restraint and Seclusion Performance Improvement

Mental health institute written policies and procedures shall assure that quality assurance and performance improvement efforts shall include specific focus on the goal to improve treatment services and to prevent the need for and the use of restraint and seclusion.

This process shall include review of individual records and employee and individual interviews as well as an administrative review of the debriefing process. Documentation of the administrative review shall be completed on *Restraint/Seclusion Debriefing: Administrative Review*, form 470-4322 (see 3-A-Appendix).

### Restraint and Seclusion Data Collection

Mental health institute written policies and procedures shall assure that:

- Information or data obtained during the post analysis event and debriefing processes is part of the quality assurance and performance improvement activities. The purpose is:
  - To learn whether restraint and seclusion are being used as emergency interventions,
  - To identify opportunities for improving the rate and safety of use, and
  - To identify employee training needs.

- Specific data on each restraint and seclusion episode is collected and aggregated on a monthly basis. This data shall be a component of the data reviewed for quality assurance purposes and shall include at a minimum:
  - Individual demographic information, including age, sex, and ethnicity.
  - Information about the precipitating event and alternative interventions used.
  - Information about the episode, including date, time, length, type of restraint used, and the physical location where the restrained or secluded individual is placed.
  - Any individual or employee injuries incurred during restraint.
  - The type and time of medical orders, including the time written or authorized and the prescribing medical staff.
  - Use of psychoactive medications to prevent or to enable discontinuation of restraint or seclusion.

**Restraint and Seclusion Reporting Requirements**

Mental health institute written policies and procedures shall assure that:

- A process is identified for notifying the superintendent, the Department of Inspections and Appeals (DIA), and the administrator when there is a serious injury to an individual or an employee in relationship to the implementation of restraint or seclusion.
- A process is defined and implemented for notifying the administrator, DIA, the Centers for Medicaid and Medicare Services (CMS), and the Joint Commission if the institute is accredited, of each death that occurs:
  - While a individual is in restraint or seclusion,
  - Within 24 hours after the individual has been removed from restraint or seclusion, or
  - Within one week after restraint or seclusion (if known to the institute) where it is reasonable to assume that use of restraint or seclusion contributed directly or indirectly to an individual's death.

    For purposes of this policy, "reasonable to assume" includes but is not limited to deaths related to restrictions of movement for prolonged periods of time, chest compression, restriction of breathing, or asphyxiation.

- The initial report of a death to the administrator shall be made by direct phone contact during business days, evenings, weekends, and holidays within two hours of the event. A written report of the event shall be submitted by Email to the administrator no later than 12 noon on the next business day.
- The report of death to DIA shall be made within 24 hours of the event, using the DIA reporting system.
- The report to CMS shall be made by phone no later than the close of business the next business day following knowledge of the individual's death. Employees shall document the date and time the death was reported to CMS in the individual's medical record.
- The report to the Joint Commission shall be made in writing by completing the "Self Report of Sentinel Event" form available through the Joint Commission's extranet home page under the "Continual Compliance Tools" section.

  The report shall be completed and submitted no later than the close of business on the next business day following knowledge of the individual's death.
- The date and time all reports were made shall be documented in the individual's institute record.
- The process for monthly reporting of restraint and seclusion data to the institute's quality assurance committee, the medical director, the superintendent, and the administrator is defined.

**Restraint and Seclusion Employee Training**

Mental health institute written policies and procedures shall assure that:

- Initial and ongoing competency-based education and training on restraint and seclusion is provided to all employees whose job description includes the responsibility to:
  - Order restraint or seclusion,
  - Implement restraint or seclusion,
  - Monitor individuals in restraint or seclusion, or
  - Assess the individual's physical or psychological well-being.
- Employees shall receive this training before being authorized to order, use, or monitor restraint or seclusion.

- Training shall include the following topics:
  - The institute's goals and philosophy regarding the use of restraint and seclusion.
  - Age, physical or developmental considerations, gender issues, cultural issues, ethnicity, traumatology, and history of sexual or physical abuse that may affect the way a individual reacts to physical contact.
  - Understanding and appropriately responding to underlying behaviors of individuals that precipitate the use of restraint and seclusion.
  - Techniques to identify interpersonal or environmental factors that may trigger behavior resulting in the use of restraints or seclusion.
  - Use of de-escalation and other nonphysical behavior management methods to reduce or eliminate the use of restraint.
  - Choosing the least restrictive intervention based on an individual assessment of the individual.
  - The safe application and use of all types of restraint or seclusion used in the institute, including training in how to recognize and respond to signs of physical and psychological distress.
  - The clinical identification of specific behavior that indicates that restraint or seclusion is no longer needed.
  - Monitoring the physical and psychological well-being of the individual who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any other requirements specified in institute policies.
  - The use of first aid techniques and certification in the use of cardiopulmonary resuscitation.
- Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Training shall be implemented in a timely manner.

## Policy on Clinical Care

It is the policy of the Department of Human Services to provide individualized quality clinical care that is consistent with current professional and clinical standards of practice.

### Clinical Care Principles

Mental health institute written policies and procedures shall assure that all clinical care is:

- The highest quality medical care possible that is consistent with current professional and clinical standards of practice.
- Provided by clinicians who understand the treatment needs of the individual and work in collaboration with other professionals.
- Incorporated into the individual's treatment plan.
- Designed with full participation by, the individual and the individual's parent, guardian, or legal representative.
- Individualized to the specific needs and values of the individual.
- Responsive to the individual's changing needs and conditions.
- Designed and monitored by competently trained professionals licensed in good standing with the professional's respective licensing body.
- Implemented by competently trained employees capable of adapting care to a variety of settings.
- Both preventive and responsive in its diagnosis, treatment, and intervention.
- Holistic, with full recognition of the bio-psycho-social aspects of individuals' lives and the multidimensional nature of "quality."
- Routinely monitored, modified, and updated to ensure individuals receive timely care and services.
- Measured and analyzed at a variety of organizational levels.

## Clinical Care Performance Improvement

Mental health institute written policy shall assure that quality of clinical care is measured through clinical indicators and performance measures consistent with current professional standards and guidelines.

Each mental health institute shall ensure that clinical care and allied health services are consistent with current professional knowledge, both in care planning and service delivery. At minimum, the mental health institute policy and procedures shall assure that:

- Each specialty area shall maintain easily retrievable information on current accepted standards of practice and clinical indicators related to the specialty area's discipline.
- Each specialty area shall develop and maintain internal quality improvement initiatives based on the principles of quality management and clinical care, including:
  - Regularly scheduled peer reviews or case studies in accordance with the administrator's policy,
  - Regularly scheduled departmental team meetings to foster open communication, cohesiveness and cross-educational opportunities,
  - Ongoing review of clinical processes to determine efficiency, relevancy, and opportunities for streamlining or improvement, and
  - Ongoing research in the field, via journals, Internet, etc., to ensure programming is consistent with currently accepted standards of practice.
- The resources necessary to implement the Department's policies shall be allocated, secured, and maintained to provide optimal clinical care.

## Data Collection on Clinical Care

Mental health institute written policies and procedures shall assure that:

- Each profession required to do peer review shall develop appropriate quality indicators for quality improvement purposes in the profession's area and these indicators shall be identified in a quality indicator report.
- All quality indicators shall be reviewed no less than annually to ensure their applicability and relevancy to clinical care.
- Recommendations for change or expansion shall be made to the superintendent and chief medical officer.
- Data collected shall be reviewed and analyzed no less than monthly with the findings reported at management team meetings.
- The office of the administrator shall work with mental health institute employees to assess required changes, updates, or removal of data sets.

## Employee Training on Clinical Care

Quality is affected by knowledge, and knowledge is fluid. Continued learning and education are fundamental to sound clinical practice. Each mental health institute shall create and maintain a learning environment that supports on-going education initiatives.

Mental health institute policies and procedures shall assure that:

- All new employees who will be providing direct services or supports to individuals shall receive competency-based training on the fundamental aspects of clinical care, including:
  - Psychiatric healthcare services,
  - The bio-psycho-social treatment approach, and
  - The importance of integrated clinical care.
- All clinical employees shall receive annual competency-based refresher training on clinical care.

- All professional employees involved in clinical care processes, and their supervisors, shall receive initial competency-based and annual refresher training on:
  - The bio-psycho-social treatment approach, and
  - Integrated healthcare, including:
    - Effective communication with direct support employees and other clinical professionals, and
    - Ongoing collaboration with other team members to assure that each individual's needs are met.
- Clinical employees shall have opportunities, and allotted time for professional development and education required to perform their duties as assigned.
- Clinical employees, in collaboration with the employee's chief of service, shall identify specialty training courses and conferences addressing best practices.
- Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Employee training shall be implemented in a timely manner.

## Policy on Risk Management

It is the policy of the Department of Human Services to assess each individual's risk to determine the impact of the risk on the individual's treatment. Each treatment plan shall include strategies to minimize the impact of identified risks on the individual's treatment and quality of life.

### Risk Management Principles

Mental health institute written policies and procedures shall assure that:

- Risk assessment is a proactive process that quickly evaluates actual and potential risks, failures, or points of vulnerability, and through a logical process, prioritizes areas for improvement based on the actual or potential impact on the care of individuals.
- An understanding and commitment to integrated treatment team planning shall be developed.
- A clear understanding of the multidimensional nature of risk, its impact on treatment and an individual's quality of life shall be developed.
- An environment of learning about risk where each team member, including direct-line employees, are free and encouraged to participate, question and gain knowledge from one another shall be developed.
- A commitment to proactive identification and prevention of risk, including educating individuals on their risk factors and how to manage their risks to benefit their overall mental health.

## Individual Risk Screening

Mental health institute written policies and procedures shall assure that each individual shall, as part of the treatment plan development process, be screened for the risk factors identified below. Individuals admitted for long term care shall be reassessed no less frequently than annually.

The risk screening shall be:

- Specific to the individual, with presence and participation by the individual and the individual's parent, guardian, or legal representative when possible.
- Interdisciplinary, to ensure that:
  - Causal issues are appropriately identified,
  - The bio-psycho-social effects of the risks are identified, and
  - Co-morbidities are identified and considered during the screening.

### Risk Factors

Risk factors for all individuals include:

- Three or more antipsychotic medications
- Aggressor
- Alternative communication
- Diabetes
- Fractures
- Hearing impairment
- Non-ambulatory
- Obesity
- Osteoporosis diagnosis
- Seizure diagnosis
- Self-injurious behavior
- Sexual aggressor
- Underweight
- Victimization
- Visual impairment
- Lack of community support system
- Lack of funding for community services
- Lack of needed services in the community

Additional risk factors for psycho-geriatric individuals shall include:

- Two or more falls in a calendar month
- Colostomy
- Decubiti
- Dysphagia
- Enteral tube
- GERD
- Tracheotomy
- Unplanned weight change
- Upper airway obstruction
- Ventilator dependency

**Short Term Admission Screening**

Mental health institute written policies and procedures shall assure that, for individuals whose admission is expected to be less than 60 days, the risks identified in the initial screening that limit the effectiveness of treatment or ability of the individual to promptly return to a community setting, shall be addressed in the treatment plan and shall:

- Identify the risk and the identified impact on treatment or return to the community.
- Specify the specific actions to be taken to limit or eliminate the impact of the risk.
- Identify the employee or employees responsible to initiate the actions.

**Long Term Admission Screening**

Mental health institute written policies and procedures shall assure that, for individuals whose admission is expected to exceed 60 days, the following actions shall be completed within five business days of the screening process revealing a risk factor or within five business days of an individual having a change of status (new risk identified or change in current risk status):

- A comprehensive assessment by qualified team members to examine:
  - Causal issues and the pervasive nature of the risk, including co-morbidities caused or affected by the risk factor;
  - The impact each risk factor has on the daily living of the individual;
  - The goals or desired outcomes of treatment; and
  - The treatment required to actualize those goals or desired outcomes.
- An integrated team dialogue between all applicable disciplines (absence by exception only) including participation by a direct support employee familiar with the individual and the individual's daily lifestyle. This dialogue shall include:
  - A review of the assessment and the impact the risk factor has on the individual's quality of life;
  - The goals or desired outcomes of treatment;
  - The treatments required to actualize those goals and desired outcomes;
  - Ways to provide the supports, with special emphasis given to:
    - The individual's strengths, preferences and lifestyle; and
    - The most integrated and naturalized fashion to provide supports, including opportunities to integrate the provision of supports with the individual's goals or objectives.
- Documentation of the team's discussion, outcomes, and planned course of action placed in the individual's mental health institute record.
- If a short term individual's admission unexpectedly exceeds 60 days, this process shall be applied.

## Individual Risk Management Plan

Mental health institute written policies and procedures shall assure that if treatment is identified as necessary to address the risks, it shall be incorporated into the individual treatment plan within 30 days of the interdisciplinary assessment, or sooner when indicated by risk status.

At minimum, the individual treatment plan shall include:

- The dates of the assessment, team meeting, and plan.
- The authors of the plan.
- A brief summary of each identified risk and its impact on the individual's health, safety, self-determination, and lifestyle.
- The risk of harm if the support is not properly implemented.
- The goals and desired outcomes of each support.
- Specific and measurable objectives easily understood by all employees.
- Preventative actions or steps to be taken by employees responsible for implementation.
- Specific triggers, symptoms, or identified precursors to alert employees that the individual may be at immediate risk.
- Notification guidelines including what changes in the individual's condition shall require that a nurse, doctor, or other team be notified.
- Implementation guidelines including employees responsible and documentation requirements.
- Monitoring schedule, including the persons responsible, frequency, and documentation standards.

## Individual Risk Review

Mental health institute written policies and procedures shall assure that the individual support plans of individuals identified with a risk factor shall be reviewed at least monthly and more often if indicated by the individual's risk severity or status change. The review shall include the following:

- Observations of employee's implementation of the plan, where appropriate, to ensure appropriateness and assess the plan's efficacy;
- Discussions with the individual and employees, routinely implementing the plan, to determine if any changes or modifications to the plan are recommended;
- Review of progress notes for the previous 30 days to determine if any unreported changes or symptomatology occurred, following up with employees as indicated;
- Review of the documentation and data collection specified by the plan to determine progress, changes, trends, etc.; and
- Documented summary, based on the review components identified above, of:
  - The individual's progress during the previous 30 days, present risk status, and current needs;
  - Changes to the individual support plan supports, if any, and rationale for the changes; and
  - Planned course of action for next 30 days and projected date for the next review.

## Organizational Risk

Mental health institute written policies and procedures shall assure that:

- Actual, potential risks, failure, or points of vulnerability that affect the health or safety of individuals, employees, and visitors or the operation of the mental health institute are regularly identified.
- Identified organizational risks shall be assessed and plan of action developed which prioritizes the areas for improvement based on the actual or potential impact on individual care or loss to the mental health institute.

**Reporting Unexpected Events**

Mental health institute written policies and procedures shall assure that:

- Unexpected events that occur that create a risk that could influence or be disruptive to the provisions of services to or safety of individuals shall be reported. Such events includes but are not limited to the following:
  - Fire;
  - Employee theft, assault, illegal drug activity, criminal activity;
  - Damage to physical plant or operations resulting from natural disasters;
  - Major disruption in institute operation systems such as phone, electrical communications, heating or air conditioning, utilities;
  - Work-related death or serious injury to an employee; or
  - Any other event that is or may become disruptive to the normal operation of the mental health institute and may affect the public outside the mental health institute.
- Any event that immediately and significantly disrupts the operation of the mental health institute or is of interest to the public shall be reported within two hours of the event by direct phone contact with the administrator during business days, evenings, weekends, and holidays.
- A written report of the event shall be submitted by Email to the administrator no later than 12 noon on the next business day.
- All other situations shall be reported to the administrator by Email no later than 12 noon on the next business day.

## Risk Performance Improvement

Mental health institute written policies and procedures shall assure that quality management and performance improvement efforts shall include specific focus on the goal to limit the impact of risks to individual's, employee's, and visitor's health and safety.

In concert with this policy's annual review, established criteria will be reviewed to ensure adherence to current professional standards. Mental health institutes shall work collaboratively with the office of the administrator to determine what, if any, changes, modifications, or additions need to be made.

### Risk Data Collection and Review

Mental health institute written policies and procedures shall assure that:

- Supervisors shall routinely review and monitor documentation by employees implementing individual risk support plans to ensure:
  - Timely completion of documentation requirements, and
  - Notification requirements for changes of status are followed when indicated.
- Individual, organizational, and aggregate risk management data shall be maintained and furnished to designated persons, departments, etc.
- Individual risk data shall be reviewed, both individually and aggregately, to identify trends, patterns, or other issues related to risk issues.
- Organizational risk data shall be reviewed to identify effectiveness of plans to limit organizational risks, the need to modify plans, or the current relevance of assigned priorities.
- The institute's risk data profile shall be maintained with current monthly data and reviewed by the treatment teams and the management team.

**Risk Criterion Review**

Mental health institute written policies and procedures shall assure that the risk factors identified under Individual Risk Screening are reviewed annually along with the established criteria to:

- Ensure adherence to current professional standards, and
- Determine what, if any, modifications or additions need to be made.

The review shall be done in collaboration with the administrator.

**Risk Employee Training**

Each mental health institute shall create and maintain a learning environment that supports on-going education initiatives. Specifically, mental health institute policies and procedures shall assure that:

- New employees shall receive competency-based training on the following:
  - Identified individual risk factors,
  - Bio-psycho-social treatment approach,
  - Quality of care,
  - Clinical indicators and performance measures,
  - Individual risk management plans,
  - Plans and procedures for managing organizational risks, and
  - The employee's roles and responsibilities in identifying, assessing, and addressing risk issues, and reporting actual or potential risks.
- Employees shall receive annual training on the areas identified above. Annual training sessions may be an abbreviated version of the initial curricula. However, all employees shall demonstrate competency on all risk related topics.
- Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Training shall be implemented in a timely manner.

## Policy on Incident Management

It is the policy of the Department of Human Services to provide services in a safe and human environment where abuse shall not be tolerated. Individuals shall be free from abuse and protected from abuse. Where abuse is alleged, the allegation shall be thoroughly investigated. If abuse is confirmed, corrective action shall be taken to prevent the abuse from reoccurring.

### Incident Management Principles

- Individuals shall be provided treatment in a safe and humane environment, free from abuse or harm, and where abuse shall not be tolerated.
- A safe environment provides the basis to accomplish the mental health institute mission of providing quality treatment and rehabilitation services to enable individuals to fully achieve the individual's maximum potential.
- All employees, contractors, and volunteers have a responsibility to assure individual safety and protection from harm and therefore shall report all incidents immediately.
- There are consequences for persons who commit abuse.
- Incidents directly involving the care, treatment, of an individual shall be identified and tracked for the purpose of scrutiny and investigation, prevention of future harm, and assuring the maximum safety and protection of the individuals served.
- In order to carry out these responsibilities effectively, employee, contractors, and volunteers shall be adequately trained to recognize abuse and other incidents and what to do to protect the individuals served.

## Personnel Practices

Mental health institute written policies and procedures shall assure that:

- Before beginning employment, volunteering, or contracting, all applicants for employment, reinstatement to employment, regular volunteering, or ongoing personal service contracts shall be screened for:
  - Employment history,
  - Criminal history,
  - Child abuse history,
  - Dependent adult abuse history,
  - Inclusion on the federal list of excluded individuals and entities, and
  - Inclusion on the Sex Offender Registry.
- Any person seeking employment or reinstatement to employment who has a record of founded child or dependent adult abuse or denial of critical care or has any conviction based on those offenses shall be denied employment unless:
  - The applicant submits *Record Check Evaluation*, form 470-2310 (see 16-G-Appendix), for screening by the Department, and
  - The Department determines that the applicant is employable.
- Any person seeking a personal services contract or seeking to volunteer regularly who has a record of a founded child, dependent adult abuse, or denial of critical care or has any conviction based on these offenses shall be denied the contract or the opportunity to volunteer.
- All personnel actions resulting from investigations shall follow state personnel policy and procedures.
- Any employee, volunteer, or contractor shall report within 24 hours or on the next scheduled working day any allegation or founding of abuse or being arrested for, charged with, or convicted of any felony or misdemeanor against the person arising from the person's actions outside the work place.
- Employees shall make the report to the employee's direct-line supervisor. Volunteers or contractors shall report to their institute contact person.

- When such a report is made, the employee, volunteer, or contractor shall complete form 470-2310, *Record Check Evaluation*, and the mental health institute shall submit the form for screening by the Department under Iowa Code section 218.13 to determine if the person continues to be employable.
- The mental health institute shall follow up on any information it receives that indicates that an employee may have been arrested, charged, or a conviction for any felony or misdemeanor.
- Any employee, contractor, or volunteer who fails to report any allegation of abuse or arrest, charge, or conviction for any felony or misdemeanor against the person arising from the person's actions outside the work place within 24 hours or on the next scheduled working day shall be subject to sanctions, up to and including dismissal or termination of contract.
- Any employee, volunteer, or contractor who has been found to have contributed to adult or child abuse, to have committed adult or child abuse, to have been convicted of child or adult abuse, denial of critical care, or to have committed mistreatment shall be subject to sanctions, up to and including dismissal or termination of contract.
- All decisions on type and severity of disciplinary actions taken against employees shall be done timely and shall be based on an evaluation of the type and severity of the incident based on the evidence in the incident report, prior personnel actions taken with the employee, and other components of just cause.

## General Incident Management Policies

Mental health institute written policies and procedures shall assure that:

- No employee, contractor, or volunteer shall behave in an abusive or neglectful manner toward individuals. No employee, contractor, or volunteer shall violate the Iowa Code provisions related to:
  - Child abuse. (See Iowa Code section 232.68(2), and 441 IAC 175.21(232,235A).)
  - Abuse or neglect of dependent adults. (See Iowa Code section 235B.2(5), 441 IAC 176.1(235B), Iowa Code Chapter 235E.)
  - Sexual abuse. (See Iowa Code Chapter 709.)

- Employee, contractor, or volunteer actions that meet the Department's definition of abuse in this chapter will be in violation of this policy and are strictly prohibited.
- All employees, contractors, and volunteers who have regular contact with individuals shall be trained to:
  - Identify and report abuse and other incidents; and
  - Respond to incidents threatening the health and safety of individuals as defined by this policy.
- Employees, contractors, or volunteers who fail to report incidents as required; who give false, misleading, or incomplete information; or who otherwise do not participate in the investigation or review process as outlined shall be in violation of this policy and shall be subject to:
  - Discipline or termination of services, whichever is applicable; and
  - Where appropriate, criminal prosecution.
- Employees who retaliate against any individual, employee, contractor, or volunteer for that person's involvement in the reporting and investigation process as a reporter or witness or in any other capacity shall be in violation of this policy and shall be subject to discipline, and where appropriate, criminal prosecution.
- Individuals shall be encouraged and educated to assert the legal and civil rights they share with all United States citizens, including the right to a dignified, self-directed existence in a safe and humane environment, free from abuse or harm.
- All incidents involving the care, treatment, or rehabilitation of an individual that occur at the mental health institutes shall be identified and tracked for the purpose of scrutiny and investigation, in the interest of preventing future harm, and ultimately to assure maximum safety and protection of the individuals served.
- An electronic system that is uniform across all mental health institutes shall be developed and implemented to track reported incidents with the data listed in the performance improvement section of this policy.
- Incidents shall be monitored and evaluated to determine if any policy, procedure, training, or operational changes are needed to minimize the future risk to individuals.

## Individual Safety

Mental health institute written policies and procedures shall assure that:

- The health and safety needs of an individual involved in an incident shall be an immediate priority.
- All employees, volunteers, and contractors shall take immediate steps to assure that an individual involved in an incident receives needed appropriate treatment and protection from further harm. Such actions shall include but are not limited to:
  - Providing first aid,
  - Calling for emergency medical services,
  - Removing the individual from an environment that threatens further harm,
  - Removing an aggressor from further contact with the individual,
  - Immediately removing a caretaker from contact with the individual when the caretaker has allegedly abused the individual and maintaining the separation until the Department of Inspections and Appeals investigation has been completed and the abuse determination made, and
  - Any other appropriate action.
- The supervisor responding to the incident shall document the health and safety needs that the individual had because of the incident and the actions take in response to those identified needs.

## Elopement

Mental health institute written policies and procedures shall assure that:

- When an employee responsible for the supervision of an individual determines that the individual's location is unknown, either on campus or off campus, the employee shall immediately notify the supervisor and initiate a search for the individual.
- If the individual is not found within 15 minutes the supervisor shall immediately notify the administrative officer of the day, the doctor on call, and the superintendent or the superintendent's designee.
- The superintendent or the superintendent's designee shall implement an organized, extended search.

- Law enforcement shall be contacted for assistance in accordance with locally established agreements when the individual:
  - Is involuntarily committed and is known to be or might be off campus, or
  - Is on campus or off campus and presents a danger to self or others, or
  - Has not been located within 45 minutes of the initiation of the extended search.
- The superintendent or the superintendent's designee shall determine when to end the organized, extended search.

**Elopement Reporting**

Mental health institute policy and procedures shall assure that:

- When an extended search has been initiated upon an elopement, the superintendent or the superintendent's designee shall report to the administrator by direct phone contact within two hours of the initial report of the elopement.
- The superintendent or the superintendent's designee shall report to the administrator by direct phone contact within two hours of receipt of a report that during the elopement, the individual:
  - Has sustained a serious injury,
  - Has threatened or harmed anyone,
  - Is alleged to have committed a crime, or
  - Has engaged in high-risk behavior.
- Reports shall be made during business days, evenings, weekends, and holidays.
- The superintendent or the superintendent's designee shall submit to the administrator a written report of the event no later than 12 noon on the next business day.

## Incident Reporting and Tracking

Mental health institute written policy and procedures shall assure that:

- A system shall be developed that individuals, employees, contractors, or volunteers use to report incidents.
- A uniform electronic system shall be developed and implemented to track reported incidents with the data list in performance improvement section of this policy.
- Incidents shall be monitored and evaluated to determine if any policy, procedure, training, or operational changes are needed to minimize the future risk to individuals.
- The following incidents involving an individual shall be reported and tracked:
  - Accidents on or off campus resulting in injury
  - Adverse drug reaction
  - Alleged abuse
  - Assault to employees by individuals
  - Assault to peers by individuals
  - Bowel obstruction
  - Choking
  - Death (natural cause, other)
  - Elopement
  - Falls
  - Injuries of unknown origin
  - Injuries resulting from restraint
  - Medical emergency
  - Medication errors
  - New onset seizure
  - Self injuries
  - Significant weight change
  - Site infection (G-tube, tracheotomy, etc.)
  - Skin breakdown
  - Status epilepticus
  - Suicide attempt or gestures

**Employee Reporting Requirements**

Mental health institute written policies and procedures shall assure that:

- An employee shall immediately report all incidents verbally to the employee's first line supervisor. This includes incidents that may be reported to the employee by a contractor or volunteer.

  If the incident is an allegation of abuse that involves the employee's supervisor, the report shall be made to the supervisor's supervisor.

- An employee mandatory reporter who in the course of employment reasonably suspects that a dependent adult or child has been abused by a caretaker shall report the alleged abuse to the Department of Inspection and Appeals (DIA) within 24 hours of knowledge of the alleged abuse using DIA's reporting system.

- When an employee suspects, has knowledge of, or receives a report of non-caretaker abuse that may have been caused by a person other than a mental health institute employee, contractor, or volunteer, the employee shall verbally report this information immediately to the employee's supervisor.

  The supervisor shall immediately report the allegation to the superintendent, who shall determine the appropriate action needed to protect the safety of the child or dependent adult.

- All information pertaining to any allegation or report and subsequent investigation of an incident shall be kept confidential, including the name and position of the person making the report.

- All employees shall immediately report to their first line supervisor all calls to law enforcement pertaining to incidents or other activities occurring at the mental health institute, whether the call was made by an individual or made by the employee personally.

## Reporting Requirements for Volunteers and Contractors

Mental health institute written policies and procedures shall assure that:

- Volunteers and contractors shall immediately report all incidents verbally to the employee who is their designated institute contact.
- All contractors or volunteers who receive a report of or have knowledge of abuse or suspected abuse that may have been caused by a person other than an employee, contractor, or volunteer shall immediately report the allegation to their designated institute contact.
- All information pertaining to any allegation or report and subsequent investigation of an incident shall be kept confidential, including the name and position of the person making the report.
- All volunteers and contractors shall immediately report to their designated institute contact all calls to law enforcement, made by individuals or made personally, pertaining to incidents or other activities occurring at the mental health institute.

## Supervisor Reporting Requirements

Mental health institute written policies and procedures shall assure that all supervisors receiving an incident report from an employee shall immediately report to the superintendent or the superintendent's designee:

- All allegations of abuse,
- All deaths,
- All serious injuries,
- All medical emergencies,
- All sexual assaults by individuals on peers or caretakers,
- All elopements,
- All attempted suicides,
- All injuries of unknown origin, and
- All calls made to law enforcement by individuals or caretakers.

## Superintendent or Designee Reporting Requirements

Mental health institute written policies and procedures shall assure that the superintendent or the superintendent's designee shall report incidents to the administrator or the administrator's designee as follows:

- The following incidents shall be reported by direct phone contact with the administrator within two hours of receipt of initial incident report during the business days, evenings, weekends, and holidays:
  - All allegations of abuse resulting in serious injury,
  - All allegations of sexual abuse,
  - All allegations of neglect involving elopement,
  - Lack of supervision which result in sexual contact between individuals,
  - Peer to peer assault resulting in serious injury,
  - All deaths caused by abuse or which are suspicious or unexpected,
  - All serious injuries of unknown origin,
  - All medical emergencies resulting in hospitalization,
  - All suicides and attempted suicides, and
  - All calls made to law enforcement.
- A written report of the event shall be submitted by Email to the administrator no later than 12 noon the next business day.
- All other serious injuries or allegations of abuse shall be reported by Email to the administrator no later than 12 noon on the next business day.

## Reports to Law Enforcement

Mental health institute written policies and procedures shall assure that the following shall be reported to law enforcement authorities:

- All allegations of sexual abuse shall be reported within two hours of receiving notification.
- All abuse investigation findings that lead to the suspicion that a criminal act has been committed shall be reported as soon as identified.
- Any other reports or information identified in jointly developed agreements with local law enforcement authorities shall be reported.

### Reports to Guardians and Families

Mental health institute written policies and procedures shall assure that the following shall be reported to parents, guardians, legal representatives, and family contacts:

- Incidents requiring a Type 1 investigation, reported within 24 hours.
- All other incidents, reported in a timely manner.

## Incident Investigation

Mental health institute written policies and procedures shall assure that:

- All incidents shall be investigated or reviewed.
- Each mental health institute shall submit an investigation process to the administrator for approval.
- Incidents shall be categorized into type 1 and type 2 for purposes of distinguishing the specifics of the investigation review process.
- All persons who perform investigations or reviews shall be trained and competent in carrying out these duties.
- All employees, volunteers, or contractors involved in the investigative process shall cooperate with the investigators and shall be apprised of the following:
  - Any incidents of "witness tampering," such as threats, intimidation, or coercion of employees, volunteers, contractors, or individuals involved in the investigation, shall be examined and, if confirmed, shall be regarded and addressed in accordance with violence in the work place policies.
  - All verbal and written statements shall be presented with truthfulness and made without discussion or collaboration with other persons.
  - Employees shall maintain confidentiality at all times during the investigation, including not discussing or disclosing any information pertaining to the investigation except as requested by the investigator.
- An employee who is the subject of an investigation shall not participate in the investigation of the allegation.

**Type 1 Incident Investigations**

Mental health institute written policies and procedures shall assure that:

- Type 1 investigations shall be done for:
  - All allegations of abuse.
  - All serious injuries.
  - All suspicious or unexpected deaths, and all deaths allegedly caused by abuse.
  - All allegations of sexual abuse.
  - All suspicious injuries.
  - All injuries resulting from restraint.
  - All suicides or suicide attempts.
  - All individual sexual assaults of another individual.
  - All physical assaults resulting in serious injury.
  - Any physical assault when in the professional judgment of the superintendent, a type 1 investigation is deemed appropriate based on:
    - The nature of the incident,
    - The potential of harm from the incident, or
    - The prior incident frequency or history of the individuals involved.
  - Other incidents as assigned by the superintendent or the administrator.
  - All other incidents in which an initial type 2 incident review or clinical or interdisciplinary team review indicates a potential allegation of abuse.

- All type 1 investigations shall be conducted by an employee who:
  - Is a member of the management team, the clinical director, a program director, a nursing services supervisor, or a comparable person from another mental health institute in accordance with the plan approved by the administrator.
  - When possible, is not in the direct line of supervision of the employee against whom the abuse is alleged.
  - Has received training for conducting investigations.
  - Is able to work collaboratively with law enforcement officials when needed.
- All type 1 investigations shall:
  - Commence within four hours of the reporting of the incident; and
  - Be completed within five business days of the reporting of the incident.
- Investigation written reports shall be made using *MHI Type 1 Incident Investigation Report*, form 470-4496 (see 3-A-Appendix).
- The superintendent or the superintendent's designee shall review all investigation reports for thoroughness, accuracy, completeness, coherence, objectivity, and approval. Any subsequent corrections or revisions deemed necessary shall be submitted on a timely basis as an addendum.
- All type 1 investigation reports shall be given final approval by the superintendent.

**Type 2 Incident Reviews**

Mental health institute written policies and procedures shall assure that:

- A process approved by the administrator shall be in place to review all incidents that will not have a type 1 investigation, in order to evaluate:
  - The cause of the incident,
  - The impact on the individual, and
  - The need for corrective action.
- Supervisory or administrative employee shall conduct type 2 incident reviews.

- The findings of the review shall be documented in the individual's record.
- All type 2 incident reviews shall:
  - Commence within four hours of the report of the incident; and
  - Be completed within five business days of the incident.
- Written reports shall be made using *MHI Type 2 Incident Review Report*, form 470-4497 (see 3-A-Appendix).
- The completed report shall be sent to the superintendent's designee for review of:
  - Completeness of the report,
  - Whether appropriate corrective action was identified,
  - Whether the corrective action complied with corrective actions policies, and
  - Whether a required clinical or interdisciplinary team review was completed.

**Clinical or Treatment Team Review of Incidents**

Mental health institute written policies and procedures shall assure that:

- The treatment team shall conduct an immediate clinical review of the following incidents:
  - Adverse drug reaction,
  - Aspiration pneumonia,
  - Choking,
  - Significant weight change,
  - Skin breakdown,
  - Site infection,
  - Bowel obstruction,
  - Suicide attempts, and
  - Medical emergency.

- The individual's treatment team shall review the following incidents within five working days of the incident:
  - Two or more injuries of any type within ten calendar days,
  - Suicide threats,
  - Two or more falls within 30 calendar days, or
  - Two or more elopements, as defined in this chapter, within ten calendar days,
- The individual's support plan shall be revised as appropriate based on the review.

**Corrective Actions**

Mental health institute written policies and procedures shall assure that:

- There shall be a process to assign the development and implementation of specific corrective action plans to prevent future incidents and protect individuals' safety. The corrective action plans shall address issues identified in all:
- Type 1 incident investigations,
  - Type 2 incident reviews, and
  - Clinical or interdisciplinary team reviews.
- This process shall assure that:
  - Written corrective action plans shall be developed with five business days of assignment.
  - Corrective actions plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.
  - Corrective action plans shall be implemented in a timely manner.
  - The results of corrective action plans shall be documented.
- The superintendent or the superintendent's designee shall:
  - Approve all corrective action plans created as the result of an investigation before implementation and
  - Approve any proposed modification to content or timeline before implementation.
- There shall be a monitoring and tracking process to assure that all corrective actions are developed within specified time limits and are completed as approved.

## Incident Performance Improvement

Mental health institute written policies and procedures shall assure that quality management practices are in place to:

- Monitor the reporting and investigation of incidents;
- Identify systemic issues, actual or potential, needing corrective action; and
- Monitor the completion and implementation of corrective action plans.

### Incident Data Collection and Review

Mental health institute policies and procedures shall assure that data collection on incidents shall include, at a minimum, the following categories:

- Name of individual
- Case number
- Names of all witnesses
- Names of employees and clients present
- Names of employees assigned
- Date, day of week, and time of incident
- Individual's living unit
- Abuse or incident type
- Incident cause
- Injury type
- Body part where injury occurred
- Injury class (serious or other)
- Name of alleged perpetrator, if appropriate
- Location where incident occurred
- Activity where incident occurred
- Treatment required
- Time incident was discovered
- Time and date report was completed
- Person completing the report
- Incident details
- Immediate actions with employee
- Immediate actions with the individual
- Additional corrective actions (yes/no)

**Corrective Actions**

Mental health institute written policies and procedures shall specify:

- Person responsible for corrective action
- Date plan is to be completed
- Date documentation was received indicating corrective action completed
- Corrective action type
- Date institute investigation began
- Date institute investigation completed
- Outcomes of the investigation
  - Abuse substantiated or unsubstantiated
  - Cause of injury of unknown origin remains unknown
- Notifications
  - Guardian, legal representative, parents, and family contact
  - Superintendent
  - Administrator
  - Department of Inspections and Appeals (DIA)
  - Law enforcement, if appropriate
- Final personnel action taken
- Date DIA declined to investigate, if applicable
- Date DIA started investigation, if applicable
- DIA finding, if any
- Review by treatment program manager
- Review by treatment program administrator

The information shall be tracked and provided in the format defined by the administrator.

**Incident Data Review**

Mental health institute policies and procedures shall assure that:

- The mental health institute's superintendent, chief medical officer, director of nursing, and other designated clinical employees shall review data from all investigations to assure that:
  - Problems are timely and adequately detected;
  - Timely and adequate protections are implemented;
  - Timely and appropriate corrective actions are implemented; and
  - Root causes are identified, when possible, that lead to corrective action.
- Mental health institute records of the results of every investigation and review of incidents or serious injuries shall be maintained in a manner that permits investigators and other appropriate employee to easily access each investigation involving a particular employee or individual.

**Incident Reporting Requirements**

Mental health institute written policies and procedures shall assure that:

- The monthly reporting process of incidents and investigative findings to the mental health institute's management team shall be defined.
- The data collected shall be available for analysis by each data element collected.
- The mental health institute shall provide to the administrator:
  - A monthly summary report on the incident reports;
  - A quarterly summary of the analysis identifying systemic issues; and
  - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

## Incident Employee Training

Mental health institute written policies and procedures shall assure that:

- Employees, volunteers who work on a regular basis, and contractors shall receive competency-based training on the identification, confidentiality, and reporting of incidents.
- Employees, volunteers who work on regular basis, and contractors shall receive annual training on incident identification, confidentiality, and reporting. Annual training sessions may be an abbreviated version of the comprehensive curricula. However, all employees, volunteers who work on regular basis, and contractors, shall demonstrate competency on the incident policy.
- Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Training shall be implemented in a timely manner.
- Parents, guardians, and legal representatives of individuals shall be provided information on the definition and reporting of incidents.

## Policy on Discharge

It is the policy of the Department of Human Services that discharge planning begins at the time of admission. The goal of all treatment is to return the individual back to the community as quickly as possible to a setting appropriate to the individual's needs and with the necessary supports and treatment in place to make community living successful.

### Discharge Principles

Mental health institute written policies and procedures shall assure that:

- The goal of treatment at a mental health institute shall be to return the individual to the most integrated setting consistent with the individual's desires and the individual's professionally identified needs.
- Discharge planning shall begin with admission and shall be a part of each individual's ongoing individual treatment plan that identifies barriers to successful discharge and the strategies to be implemented to address the barriers.
- Discharge planning shall include all appropriate licensed employees, the individual and the individual's parent, family contact, guardian, or legal representative. In addition, the appropriate county case manager, department social worker, central point of coordination administrator, or designated regional administrator shall be encouraged to participate in treatment and discharge planning decisions.
- Any concerns of the individual, the individual's parent, family contact, guardian, or legal representative shall be, if possible, resolved.
- Discharge plans are effective by assuring that the individual's plan provides for a safe environment and that necessary treatment supports are in place and available when the individual returns to the community.
- An individual voluntarily admitted to a mental health institute shall be able to exercise the right to leave by giving written notice to the superintendent or chief medical officer.

## Discharge Planning Process

Mental health institute written policies and procedures shall assure that:

- Discharge planning shall be a part of the initial individual treatment plan for each individual and shall be updated as identified needs or barriers change, appropriate strategies shall change.
- Discharge planning shall include:
  - Identifying the barriers that exist that would make it difficult for the individual to move to the least restrictive community placement,
  - Identifying the individual's desires and objectives for recovery,
  - The development of strategies to be implemented to overcome the barriers, and
  - Identifying the local resources required to implement the plan.
- Involving the individual's local case manager, Department social worker, central point of coordination administrator, or designated regional administrator, when assigned, in the individual's discharge planning.
- Concerns the individual or the individual's parent, family contact, guardian, or legal representative has regarding the discharge plan are addressed and, if possible, resolved on a timely basis.
- The individual is given a copy of the discharge plan in a form the individual can understand and any person responsible for the individual's continued care.
- When an individual who was involuntarily admitted refuses the discharge plan, the refusal shall be:
  - Noted in the report to the court with the treatment team's assessment of the impact of the refusal on the individual's return to the community, and
  - Documented in the individual's case record.
- When and individual who was voluntarily admitted refuses the discharge plan:
  - The individual shall be offered a copy of the plan, and
  - The individual's refusal shall be documented in the individual's case record.
- When another service provider is involved in the discharge plan, appropriate information concerning the individual's care, treatment, and services shall be provided to the provider.
- When necessary, the individual shall be educated on how to obtain the services specified in the discharge plan.

## Discharge Plan

Mental health institute written policies and procedures shall assure that, before the discharge of any individual to the community, to another facility, or for any other reason:

- *Mental Health Institute Discharge Plan*, form 470-4516 (see 3-A-Appendix) shall be prepared. The plan shall:
  - Identify the separate supports required by the individual to succeed in a planned placement, return to the community, or to protect the safety of the individual or others.
  - For each support identified, the plan shall, describe:
    - The reason for discharge,
    - The mental health institute's specific actions required to develop the plan,
    - The employee responsible for the action and the time frame in which the action needs to be completed,
    - The person, agency, or facility who is responsible for providing the community supports that have been developed and whether or not they are in place,
  - Identify the necessary funding arrangements for the plan's services or supports.
  - Identify any further responsibilities of the mental health institute after discharge,
  - Identify the responsibilities of the individual for implementation of the plan, and
  - Identify a crisis plan the individual can implement if the return to the community fails.
- The individual's parent, family contact, guardian, or legal representative shall be notified of the discharge plan.
- The entities responsible for funding the individual's services and supports shall be given notice and asked to assist in implementing the discharge plan.
- The appropriate consents shall be in place.

## Voluntary Mental Health Admissions

Mental health institute written policies and procedures shall assure that:

- An individual who has been admitted to the mental health institute on a voluntary basis pursuant to Iowa Code section 229.2 shall be immediately discharged:
  - When the individual has recovered,
  - When the chief of medical officer determines that hospitalization is no longer advisable, or
  - If, in the judgment of the chief medical officer, the discharge would contribute to the most effective use of the institute in the care and treatment of that individual and of other persons with mental illness.
- An individual who has been admitted to the mental health institute on a voluntary basis shall be discharged within 24 hours upon the written request of the individual or the individual's parent, guardian, or legal representative when the request is made in accordance with Iowa Code section 229.4, except when:
  - The chief medical officer files with the clerk of court a certification requesting commencement of a judicial proceeding for involuntary commitment, in which case the discharge may be delayed for a period of time determined by the court.
  - The request is made by a minor, in which case approval of the minor's parent, guardian, or legal representative who authorized the admission shall be required.
- For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator that authorized the admission.

### Departure Without Notice

Mental health institute written policies and procedures shall assure that an individual who was voluntarily admitted and who leaves without notice shall be discharged as soon as it is verified that the individual has left the campus unless, in the opinion of the chief medical officer, the individual is seriously mentally impaired. In that case, the chief medical officer may:

- File an application for involuntary commitment, and
- Request that the court enter an order for immediate custody.

### Discharge Against Medical Advice With Notice

Mental health institute written policies and procedures shall assure that:

- An individual voluntarily admitted who is leaving the mental health institute against the advice of the chief medical officer shall be informed that:
  - The individual is leaving against medical advice, and
  - The mental health institute will not assume any responsibility for the individual's care or actions once the individual leaves.
- The mental health institute shall assess the individual's plan for leaving to determine if there is a significant threat to the individual's health or safety that would require initiating an involuntary commitment filing.
- The notice and assessment shall be documented in the individual's medical record.

## Involuntary Mental Health Admissions

### Immediate Custody Under Iowa Code Section 229.11

Mental health institute written policies and procedures shall assure for an individual who was ordered into immediate custody pursuant to Iowa Code section 229.11 that:

- The individual shall be released at any time the court so orders.
- The individual shall be discharged at the end of five days from the date of admission unless the court issues a further order for the detention of the individual. If the fifth day falls on a Saturday, Sunday, or holiday, the fifth day shall be defined as the next succeeding business day.

- Notice of discharge is provided to the committing court.
- For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

**Psychiatric Evaluation Under Iowa Code Section 229.13**

Mental health institute written policies and procedures shall assure for an individual who was admitted for a psychiatric evaluation pursuant to Iowa Code section 229.13 that:

- The individual shall be released at any time the court so orders.
- The chief medical officer's report shall be provided to the court within 15 days after placement of the individual unless an extension is granted by the court.
- Unless committing court requires notice before the release, the individual shall be released the day the chief medical officer's report is sent to the court if the chief medical officer's report recommends that the individual:
  - Does not require further treatment for serious mental impairment or
  - Is in need of treatment but not in need of full-time hospitalization,
- For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

**Treatment Ordered Under Iowa Code Sections 229.14 and 14A**

Mental health institute written policies and procedures shall assure for an individual whose treatment was ordered pursuant to Iowa Code sections 229.14 and 229.14A that:

- he individual shall be discharged at any time the court so orders.
- When the required chief medical officer's periodic report states the individual no longer needs treatment or care, the individual shall be tentatively discharged and released, and a report shall be sent to the court.

- The individual shall be finally discharged upon receipt by the mental health institute of the court order confirming the individual's discharge by the court.
- For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

**Elopement Under Iowa Code Section 229.14B**

Mental health institute written policies and procedures shall assure that for an involuntarily committed individual who elopes:

- The Division's policy on elopement shall be implemented.
- Immediate notice shall be given to the sheriff.
- The committing court shall be notified before the discharge is made.

**Emergency Admission Under Iowa Code Section 229.22**

Mental health institute written policies and procedures shall assure for individual whose emergency admission was ordered pursuant to Iowa Code section 229.22 that:

- The individual shall be discharged at any time the court terminates the emergency order.
- The individual is discharged at the end of 48 hours from the time the order is dated, unless an application for the individual's involuntary hospitalization is filed sooner. The 48-hour period shall exclude Saturdays, Sundays, days on which the court is closed, and holidays.
- For individuals for whom law enforcement notification is required, when notice has been given and the law enforcement agency has not taken custody of the individual by the end of the 48-hour period, the individual shall be discharged.
- For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

## Law Enforcement Notification

Mental health institute written policies and procedures shall assure that when notification to a law enforcement agency is required before discharge, as provided in Iowa Code section 229.22(2), notice shall be given as follows:

- When ordered by the magistrate, notice of intent to discharge shall be provided as soon as the decision to discharge has been made:
  - By telephone to the dispatch of the law enforcement agency named in the in the magistrate's verbal or written order, and
  - By electronic mail to the dispatch of the law enforcement agency named in the magistrate's verbal or written order.
- When required by written notification provided by the peace officer delivering the individual to the facility using the form specified by the Department of Public Safety, notice of intent to discharge shall be provided as soon as the decision to discharge is made:
  - By telephone to the dispatch of the law enforcement agency that employs the peace officer who provided the notice, and
  - By electronic mail to the law enforcement agency that employs the peace officer who provided notice.
- The individual shall be discharged six hours after required notice has been given unless the individual is picked up earlier by the notified law enforcement agency. Regardless of when notice has been given, in no case shall an individual be held beyond the 48-hour period.

## Documentation of Law Enforcement Notification

Mental health institute written policies and procedures shall assure that all required notifications shall be documented in the individual's facility record. Documentation shall include but not be limited to:

- Law enforcement agency notified,
- Type of notification provided,
- Time notification was provided,
- Telephone number called,
- Name of law enforcement agency person who received the call,
- Address the electronic mail was sent to,
- Name of employee providing notification, and
- Responses received from the law enforcement agency.

**Competency to Stand Trial Under Iowa Code Section 812.3**

Mental health institute written policies and procedures shall assure for an individual committed to determine competency to stand trial that:

- The individual shall be discharged only upon order of the court and in accordance with the order.
- The individual shall be discharged only to a law enforcement officer who has a court order to transport the individual.
- If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination or designated regional administrator of the county of admission.

**Incompetent to Stand Trial Under Iowa Code Section 812.5**

Mental health institute written policies and procedures shall assure for an individual committed for treatment pursuant to Iowa Code section 812.5 that:

- The individual shall be discharged only upon order of the court and in accordance with the order.
- The individual shall be discharged only as ordered by the court.
- If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination or designated regional administrator of the county of residence.

**Evaluation Under Rules of Criminal Procedure Section 2.22(8)(b)**

Mental health institute written policies and procedures shall assure for an individual committed for psychiatric evaluation that:

- The individual shall be discharged only upon order of the court and in accordance with the order.
- The individual shall be discharged only to a law enforcement officer who has a court order to transport the individual.
- If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination or designated regional administrator of the county of residence.

## Commitment Under Rules of Criminal Procedure 2.22(8)(e)

Mental health institute written policies and procedures shall assure for an individual committed for treatment pursuant to the Rules of Criminal Procedure, section 2.22(8)(e), that:

- The individual shall be discharged only upon order of the court and in accordance with the order.
- The individual shall be discharged only as ordered by the court.
- If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination or designated regional administrator of the county of residence.

## Transfer of Dangerous Individuals

NOTE: The following policy is based on a letter of agreement between the Department and the Department of Corrections that was finally approved on December 28, 2000, and is on file in the office of the administrator.

Mental health institute written policies and procedures shall assure that:

- When and individual becomes incorrigible and is unmanageable to the extent that the individual is dangerous to the safety of others,
- The superintendent determines that a request should be made to the district court for an order for the transfer of the individual to the Iowa Medical and Classification Center, and
- The superintendent shall, before requesting the court order, submit to the director of the Department of Corrections or designee a request for review and approval of the request for transfer order.

### Department of Corrections Approval

Mental health institute written policies and procedures shall assure that the transfer order shall not be submitted before the approval is received from the Department of Corrections.

NOTE: The Department of Corrections shall notify the superintendent of approval within 24 hours of the request.

### Employees Designated to Make and Approve Requests

The Department shall designate the employees at each facility who are authorized to make transfer requests to the Department of Corrections.

NOTE: The Department of Corrections shall have available, at all times, a designated employee who shall be authorized to receive and approve the request.

### Discharge to Alternative Placement

Mental health institute written policies and procedures shall assure that when it is determined by the chief medical officer that the individual is seriously mentally impaired and in need of full-time custody and care but is unlikely to benefit from further hospital treatment:

- A report shall be made to the committing court to that effect.
- An alternative placement shall be identified in cooperation with the central point of coordination or designated regional administrator for the individual's county of residence and recommended to the court.
- The individual may be transferred to the alternative placement before the court order if a request for a placement hearing has not been filed.
- If a request for placement hearing has been filed, the placement shall be made only when the court order is received that orders the placement.
- When physical custody of the individual is transferred to the other facility, the individual shall be discharged from the mental health institute.

## Dual Diagnosis Admissions

Mental health institute written policies and procedures shall assure that discharges from a dual-diagnosis program are made in accordance with the policies governing voluntary and involuntary mental health admissions.

## Voluntary Substance Abuse Admissions

Mental health institute written policies and procedures shall assure that when an individual has been admitted to the mental health institute for substance abuse treatment on a voluntary basis pursuant to Iowa Code section 125.33:

- The individual shall be immediately discharged upon the written request of the individual.
- If the individual is incompetent, the individual shall be released upon the request of the individual's guardian or legal representative unless the individual was the original applicant, in which case the individual shall be released upon the individual's own request.
- If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the individual's county of residence board of supervisors or the board's designated representative.

### Discharge Against Medical Advice With Notice

Mental health institute written policies and procedures shall assure that when an individual voluntarily admitted for substance abuse treatment seeks to leave against medical advice:

- The individual shall be encouraged to consent to appropriate outpatient or half way house treatment.
- The mental health institute shall offer to assist in arranging other treatment.
- The mental health institute shall offer to assist in making reasonable provisions for the individual's transportation to another facility or to the individual's home.
- If the individual is homeless, reasonable assistance shall be given in obtaining shelter.

### Discharge Without Notice

Mental health institute written policies and procedures shall assure that an individual who was voluntarily admitted and who leaves without notice shall be discharged as soon as it is verified that the individual has left the campus.

## Involuntary Substance Abuse Admissions

### Immediate Custody Under Iowa Code Section 125.81

Mental health institute written policies and procedures shall assure for an individual whose immediate custody was ordered pursuant to Iowa Code section 125.81 that:

- The individual shall be released at any time the court so orders.
- The individual shall be discharged at the end of five days from the date of admission unless the court issues a further order for the detention of the individual. If the fifth day falls on a Saturday, Sunday, or holiday, the fifth day shall be defined as the next succeeding business day.
- If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the county board of supervisors of the county of commitment or the board's designee.

### Substance Abuse Evaluation Under Iowa Code Section 125.83

Mental health institute written policies and procedures shall assure for an individual whose admission for substance abuse evaluation was ordered pursuant to Iowa Code section 125.83 that:

- The individual shall be released at any time the court so orders.
- Unless the committing court requires notice before the release, the individual shall be released the day the chief medical officer's report is sent to the court if the chief medical officer's report recommends that the individual:
  - Does not required further treatment for serious mental impairment or
  - Is in need of treatment but not in need of full-time hospitalization.
- For any individual, where a county is responsible for part of or the total cost of care, notice of discharge shall be given to the county board of supervisors of the county of commitment or the board's designee.

## Continued Placement Under Iowa Code Section 125.84(2)

Mental health institute written policies and procedures shall assure for an individual whose continued placement has been ordered pursuant to Iowa Code section 125.84(2), that:

- The individual shall be discharged at any time the court so orders.
- The individual shall be discharged at the end of 30 days unless discharged sooner or the mental health institute obtains a court order for the recommitment of the individual before the expiration of the 30 days.
- If recommitted, the individual shall be discharged no later than the period of commitment stated in the commitment order and never later than 90 days from the date of the commitment order.
- The individual's discharge shall be immediately reported to the committing court.
- If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the county board of supervisors of the county of commitment or the board's designee.

## Elopement: Substance Abuse Under Iowa Code Chapter 125

Mental health institute written policies and procedures shall assure, for individuals involuntarily committed pursuant to Iowa Code Chapter 125 who elope, that:

- The Division's policy on elopement shall be implemented.
- Immediate notice shall be given to the sheriff.
- The committing court shall be notified before the discharge is made.

**District Court Order for Evaluation Under Iowa Code Section 901.4A**

Mental health institute written policies and procedures shall assure for an individual admitted for evaluation pursuant to Iowa Code section 901.4A that:

- Upon completion of the evaluation:
  - A report shall be promptly provided to the committing court, and
  - The individual shall be discharged back to the custody of the court.
- The individual shall be discharged only to a law enforcement officer who has a court order to transport the individual.
- If the individual elopes, the mental health institute's elopement policies shall be implemented and the committing court shall be immediately notified.
- If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the county board of supervisors of the county of commitment or the board's designee.

**District Court Order for Treatment Under Iowa Code Section 901.5(8)**

Mental health institute written policies and procedures shall assure for an individual who was admitted for treatment pursuant to Iowa Code section 901.5(8) that:

- The court shall be notified when, in the opinion of the chief medical officer, the individual has received maximum benefit from the program; and
- The individual shall be discharged back to the custody of the court.
- If the individual elopes, the mental health institute's elopement policies shall be implemented and the committing court shall be immediately notified.
- The individual shall be discharged only to a law enforcement officer who has a court order to transport the individual.
- If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the county board of supervisors of the county of commitment or the board's designee.

## Discharge Performance Improvement

Mental health institutes written policies and procedures shall assure that quality management practices are in place to monitor the implementation of the discharge procedures to:

- Identify actual or potential systemic issues needing corrective action, and
- Monitor the completion and implementation of corrective action plans.

### Discharge Data Collection and Review

Mental health institute policy and procedures shall assure that:

- Data collection shall include, at minimum, the following categories:
  - Name of individual,
  - Identifying information (age, sex, etc.),
  - Type of placement at discharge (home, other facility, court, etc.),
  - Date of discharge,
  - Date of admission,
  - Barriers to discharge,
  - Discharge against medical advice,
  - Discharge without notice,
  - Discharge plans prepared, and
  - Refused discharge.
- Data gathered from data analysis shall be consistently used for identifying and addressing individual and systemic issues to improve the discharge process.
- The data on discharges shall be provided to the management team for their review to assure that:
  - Problems are timely and adequately detected;
  - Timely and appropriate corrective actions are implemented; and
  - Root causes are identified that lead to corrective action.
- Information shall be collected, aggregated, and analyzed on the existing barriers to movement of individual's to the community.

**Discharge Reporting Requirements**

Mental health institute written policies and procedures shall assure that the facility provides the administrator's office:

- A monthly summary report on individuals placed during the month; and
- An annual comprehensive report and assessment of the barriers that exist to discharging individuals to least restrictive community settings.

**Employee Discharge Training**

Mental health institute written policies and procedures shall assure that:

- New employees who participate in the development of an individual treatment plan shall successfully complete competency-based training on the development of individual treatment plans, including policies and procedures on the development and implementation of individual treatment plans.
- Employees who participate in the discharge planning process shall be trained in the Department and mental health institute policies regarding discharge planning.
- Employees who participate in development of an individual support treatment plan shall be trained in the identification of barriers to integrated living and the development of strategies to overcome the barriers.
- Employees shall understand, encourage, and assist in implementing the Department and mental health institute policy of moving individuals to the least restrictive setting consistent with the individual's needs.
- Employees who participate in the development of an individual treatment plan shall receive refresher training at least every 12 months.
- Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Training shall be implemented in a timely manner.

## Policy on End of Life

It is the policy of the Department of Human Services that all deaths are considered a serious event. Individuals who are at an end of life stage shall be provided with dignity and medical care appropriate to their needs. All deaths shall be thoroughly reviewed to determine cause of death.

### End of Life Principles

Mental health institute written policies and procedures shall assure that:

- The safety of each individual served shall be basic to the mission of each facility.
- Individuals being served who are at an end of life stage shall be provided appropriate medical services and comfort in an atmosphere of dignity and respect.
- Any advance directives in effect shall be complied with.
- All deaths shall be seen as a serious event to be responded to promptly with respect for the deceased individual and the individual's next of kin.
- Every death shall receive a comprehensive review as part of a continuous quality improvement process to determine the cause of death and to better understand any impact facility services may have had on the death and when indicated, to improve policy and procedures.
- At the point of death, all decisions regarding the decedent devolve to the decedent's next of kin. All court appointed guardianships end at the point of death.
- All state and federal laws pertaining to death shall be complied with.

**Near Death**

Mental health institute written policies and procedures shall assure that when an individual is near death:

- Care and treatment shall be continued using all resources as appropriate.
- Relief from pain shall be provided as indicated.
- The wishes of the individual as expressed in any advance directive are respected.
- The individual's family contact, guardian, or other legal representative is knowledgeable of the situation and is assisted in any appropriate planning.

**Hospice Care**

Mental health institute policy and procedures shall assure for individuals with a terminal illness and a life expectancy of six months or less that:

- The individual and the individual's family contact, guardian, or other legal representative is made aware of the availability of hospice services.
- At the request of and with the written consent of the individual, the individual's family, guardian, or other legal representative, assistance shall be given in making a referral to a licensed hospice agency.
- When the hospice services referral is for placement with another agency, the facility shall assure that:
  - Appropriate referral information is provided,
  - A community physician is identified who can assume the responsibility for continuing medical services, and
  - It is understood that the individual will be discharged upon placement.

- When the hospice services referral is for services to be provided within the facility, the facility shall assure that:
  - Appropriate referral information is provided,
  - There is a written agreement as to which services will be provided by the employees of the hospice agency and which will be provided by the employees of the facility,
  - The written agreement assures that the facility's physician will continue as the primary physician with the final authority on all medical decisions, and
  - The hospice services shall be provided on a medically staffed unit.

**Deaths Covered**

Mental health institute written policies and procedures shall assure that the following deaths are covered under this policy:

- All deaths of individuals that occur on the campus of the facility.
- All deaths of individuals who are off campus but who are:
  - Under the care or supervision of an employee of the facility,
  - On temporary placement or transfer for medical treatment,
  - Placed on leave from the facility,
  - On home visit from the facility, or
  - Discharged from one of the above statuses within five days before the date of death.

**Confidentiality**

Mental health institute written policies and procedures shall, after an individual's death, assure that confidentiality concerning the individual be maintained. Information shall only be released as follows:

- To a designee or alternative designee, under Iowa Code section 144C.3, the information needed by the designee or alternative designee to perform the duties required by the designation.
- To the next of kin person listed below the designee or alternative designee, requested information concerning the care and treatment of the individual.

- To an individual, agency, law enforcement, licensing, or accrediting body, which is governed by the same confidentiality requirements as the Department, the information required to perform their legal duties.
- To an individual or agency legally required to be notified as defined in this policy, the information legally required in the notification.

## Internal Procedures

Mental health institute written policies and procedures shall assure that:

- Procedures are developed and implemented for providing timely notice of all reported deaths to all the employees responsible for implementation of this policy, including but not limited to:
  - The medical director,
  - The director of nursing,
  - Directors of treatment programs, and
  - Social work services.
- The responsibilities of each employee are clearly specified, including:
  - Duties or responsibilities and
  - Expected time frames.

### Physician Responsibilities

Mental health institute written policies and procedures shall assure that when a death occurs in the facility, a physician shall:

- Pronounce death.
- Provide immediate notice to the superintendent, the administrator, or the superintendent or administrator's designee.
- Identify the body.
- Care for the body and secure the death scene, including any possible evidence related to the death, pending instructions from the medical examiner.

- Assure that the details and circumstances surrounding the death and the actions employees took in response to the death are documented. This documentation shall include but is not limited to:
  - The facts used to establish death,
  - The time of death, and
  - The apparent cause of death (in the physician's best professional judgment).
- Certify cause of death and complete the death certificate as required in Iowa Code section 144.28 within 72 hours of receipt of the death certificate from the undertaker or other person responsible for filing the certificate.

Mental health institute written policies and procedures shall assure that when a death occurs outside the facility, a physician shall contact the hospital where the death occurred or the physician attending the decedent at the time of death to:

- Confirm date, time, and place of death,
- Determine the apparent cause and circumstances of the death,
- Determine if the county medical examiner was notified of the death,
- Determine if the death meets any of the reporting requirements in this policy, and
- Document the findings in the individual's facility record.

**Nursing Responsibilities**

Mental health institute written policies and procedures shall assure that:

- The director of nursing is immediately notified of an individual's death.
- The nurse present at or called to the death scene shall:
  - Assist the physician in documenting the facts surrounding the death and securing the death scene, or
  - In the absence of a physician, document the facts surrounding the death and secure the death scene pending further instructions from the medical examiner.

## Reporting Deaths

Mental health institute written policies and procedures shall assure that all deaths are reported to the individual's next of kin, the Division, and otherwise as required by accreditation standards, policy, or by law.

The superintendent or the superintendent's designee, as specified in the facility's policy, shall be responsible for making the following reports:

- County medical examiner report
- Individual's next of kin report
- Department of Inspection and Appeals report
- Court, sheriff, and others report
- Central point of coordination or designated regional administrator report
- Centers for Medicaid and Medicare Services report
- Joint Commission report
- Protection and Advocacy report
- Administrator report

The following sections give more details on each of these reports.

### County Medical Examiner Report

Mental health institute written policies and procedures shall assure that:

- A report of death shall be made immediately upon knowledge of the death to the medical examiner of the county in which the death occurred. The employee may:
  - Call the county medical examiner directly, or
  - Call the local sheriff and have the dispatcher page the responding medical examiner.
- For a death occurring outside the facility, the facility shall report the death to the medical examiner even if there is information that someone else has reported the death to ensure independent compliance with the law.
  - Covered deaths occurring outside the state shall be reported to the medical examiner for the county in which the facility is located to assure compliance with the law.
  - The notice shall be documented and include the name of the employee who gave the notice and date and time notice was given.

- For a death occurring in the facility:
  - The body, clothing, and any articles upon or near the body shall not be disturbed or removed from the position in which it is found.
  - Physical or biological evidence shall not be obtained or collected from the body without authorization of the county medical examiner or state medical examiner.

  Exceptions may be made for the purpose of:

  - Preserving the body from loss or destruction, or
  - Permitting the passage of traffic on a highway, railroad, or airport, if the failure to immediately remove the body might endanger life, safety, or health.

**Medical Examiner Preliminary Investigation**

Mental health institute policies and procedures shall assure that:

- The information requested by the medical examiner is provided promptly,
- All employees work cooperatively with the medical examiner,
- The information provided the medical examiner is documented, and
- Payment shall be promptly made to the medical examiner upon receipt of a signed itemized bill.

**Individual's Next of Kin Report**

Mental health institute written policies and procedures shall specify which employees are responsible to assure that notice of the death of an individual. Notice shall be given as follows:

- By telephone to the next of kin within one hour of knowledge of the death to:
  - Ask which funeral home is to be used,
  - Respond to questions,
  - Notify the next of kin of the right to request an autopsy, at the next of kin's expense, if the medical examiner does not order an autopsy, and
  - Determine whether further follow-up with next of kin will be needed.

- By written notice sent by certified mail to the decedent's nearest relative within three days of the date of death.

**Department of Inspection and Appeals Report**

Mental health institute written policies and procedures shall assure that, except for the Civil Commitment Unit for Sexual Offenders, notice of any death is provided to the Department of Inspection and Appeals (DIA) within 24 hours of the death using the DIA reporting system.

**Court, Sheriff, and Others Report**

Mental health institute written policies and procedures shall assure that for the death of an involuntarily committed individual:

- Notice shall be sent by certified mail within three working days of the death to:
  - The clerk of the district court of the county from which the individual was committed, and
  - The sheriff of the county from which the individual was committed.
- Notices shall be provided within three working days of the death to:
  - The central point of coordination or designated regional administrator for the county from which an adult individual was committed, using the *DHS MHI Admission Core Data*, form 470-4161 (see 3-A-Appendix).
  - The individual's targeted case manager (if one is assigned) by regular mail.

**Central Point of Coordination Report**

Mental health institute written policies and procedures shall assure that for the death of a voluntarily admitted adult individual, notice shall be sent within three working days to:

- The central point of coordination or designated regional administrator for the county of residence of the individual, using the *DHS MHI Admission Core Data*, form 470-4161 (see 3-A-Appendix).
- The individual's targeted case manager (if one is assigned).

**Centers for Medicaid and Medicare Services (CMS) Report**

Mental health institute written policies and procedures shall assure that federal notice and documentation is completed no later than the close of the next business day following knowledge of the death. See Restraint and Seclusion Reporting Requirements.

**Joint Commission Report**

Mental health institute written policies and procedures shall assure that notice to the Joint Commission is completed no later than the close of the next business day following knowledge of the death on the following deaths:

- Deaths related to restraint. See Restraint and Seclusion Reporting Requirements,
- An unanticipated death of an individual in the facility, and
- A suicide of an individual in the facility or within 72 hours of discharge.

**Protection and Advocacy Services Report**

Mental health institute written policies and procedures for any mental health institute accredited to provide psychiatric medical institution for children (PMIC) services shall assure, for any death occurring in the PMIC unit, that:

- Notification shall be provided by phone to the state protection and advocacy agency no later than the close of the next business day following knowledge of the individual's death.
- Documentation of the notice shall be placed in the individual's facility record and shall include at a minimum the date and time the death was reported to the state protection and advocacy agency.

### Administrator Report

Mental health institute written policies and procedures shall assure that reports of all deaths are made to the administrator or the administrator's designee as follows:

- All deaths caused by abuse or suicide or which are suspicious or unexpected shall be reported by direct phone contact with the administrator within two hours of receipt of notice of the death during business days, evenings, weekends, and holidays.
- A written report of the event shall be submitted by Email to the administrator no later than 12 noon on the next business day.
- All other deaths shall be reported by Email to the administrator no later than 12 noon on the next business day.

## Facility Autopsy Request

Mental health institute policies and procedures shall provide for seeking an autopsy when an autopsy is not ordered by the medical examiner, the next of kin has not obtained an autopsy, and:

- There is no clear cause of death, or
- The circumstances of the death suggest the findings of an autopsy might be useful, or
- It is believed that the information can be used in the facility's performance improvement activities.

### Request Process

Mental health institute written policies and procedures shall provide that if the facility wants to request an autopsy:

- The facility shall request that the medical examiner order an autopsy.
- If the medical examiner does not order the autopsy, the facility shall request that the next of kin authorize an autopsy.
- If both refuse to authorize an autopsy, the superintendent shall consult with the administrator or the administrator's designee as to whether additional steps shall be taken to seek an autopsy.

- If the individual's body has been donated in accordance with Iowa Code section 331.802(8) by will or at the direction of the spouse, parents, or adult children to a medical school and this is known to the facility, the facility shall not seek an autopsy.

**Seeking Next of Kin Authorization**

Mental health institute written policies and procedures shall assure that in seeking next of kin authorization:

- When the death is expected, the process shall start before the death and shall be done in person with the next of kin,
- When the next of kin is not available to meet in person, the request shall be done by phone, and if consent is to be given over the phone, the facility shall:
  - Have at least two employees witness the phone call,
  - Document the call and the consent and have all facility employees witnessing the call sign the documentation, if the documentation is:
    - Made by voice recording, signature shall be made by each witness stating name, job title, date, and time.
    - Made using electronic medical records system, signature shall be made by the witness using /S/ followed by typed name, job title, date and time.
  - Follow up the phone consent by sending a written consent for the next of kin to sign and return.
- The relationship of the next of kin member giving the authorization is clearly identified as well as the next of kin's order in the list of persons authorized to give consent,
- The next of kin shall be provided with the facility's rationale as to why an autopsy is requested,
- The next of kin's feeling about an autopsy shall be explored,
- The next of kin clearly understands this is the next of kin's decision,
- The next of kin understands that the autopsy will be at no cost to the next of kin, and
- The next of kin will be provided with a copy of the autopsy.

### Next of Kin Authorized Autopsy

Mental health institute written policy and procedures shall include the procedure for arranging for a next of kin authorized autopsy to be performed that includes at a minimum:

- Identifying the pathologist to be used,
- Making arrangements for the pathologist to examine the body, and
- Getting the consent for the autopsy to the pathologist.

## Autopsy Reports

Mental health institute written policies and procedures shall assure that, when an autopsy report is received:

- A copy of the report is made available to the next of kin,
- A copy of the report is provided to the administrator, and
- A copy is placed in the deceased individual's facility record.

## Property of Deceased Individual

Mental health institute written policies and procedures shall assure at the time of death of an individual that:

- The superintendent or the superintendent's designee shall immediately take possession of all property of the deceased individual left at the facility.
- When there is a duly court appointed and qualified representative for the deceased individual, property in the possession of the facility shall be delivered to the representative.

### Property of Small Value

Mental health institute written policies and procedures shall assure that the property left by the decedent shall be delivered to a surviving spouse or heirs of the decedent if:

- Within one year of the death of the decedent, administration of the estate has not been granted,
- The estate of the deceased is so small to make the granting of administration inadvisable, and
- There is no claim for Medicaid estate recovery.

### No Administrator or Heirs

Mental health institute written policies and procedures shall assure that, if an estate administrator is not appointed, a surviving spouse or heir is unknown, and there is no claim for Medicaid estate recovery:

- The superintendent shall convert the decedent's property to cash. In doing so, the superintendent has the powers possessed by a general administrator of an estate.
- As soon as practicable after one year, the funds shall, be transmitted to the treasurer of the state.
- The superintendent shall keep a permanent record of all funds transmitted to the treasurer that includes:
  - By whom and with whom the funds were left,
  - The amount of the funds,
  - The date of death of the owner,
  - The reputed place where the owner had lived before coming to the facility,
  - The date the funds were transmitted to the state treasurer, and
  - Any other facts that would identify the intestate and explain the case.
- A copy of the record shall be transmitted to the state treasurer.

## Mortality Administrative Reviews

Mental health institute written policies and procedures shall assure that each death receives, at a minimum, the following reviews as part of the facility's performance improvement actions:

### Type 1 Incident Investigation

Mental health institute written policies and procedures shall assure that:

- A type 1 investigation shall be conducted of each death.
- The investigation shall review the events leading up to and surrounding the death.
- A report of the investigation shall be made using the appropriate type 1 incident report form as required in the employee's manual.
- If the investigation determines that abuse or neglect may have been involved, the policies and procedures for investigating and reporting abuse and neglect shall be followed.

**Physician's Death Review**

Mental health institute written policies and procedures shall assure that a physician's death review is conducted on each death. The review shall:

- Be conducted by the physician responsible for the medical treatment of the individual and shall include:
  - A review of the background information on the individual,
  - A review of the circumstances surrounding the individual's death including but not limited to:
    - Where the death occurred,
    - Who determined death had occurred,
    - Time of death,
    - Factors used to make the determination,
    - Notifications made by the attending physician, and
    - The attending physician's opinion as to probable cause of death.
  - A review of the institute's medical record for the individual's current admission and any other admissions in the last 12 months, covering changes in the individual's physical status, services received or omitted, including but not limited to:
    - Current diagnosis and diagnosis history,
    - Current medication and medication history,
    - The individual's medical/health history and identified risk factors,
    - Treatment history,
    - Significant medical treatment events and outside consultations,
    - Whether or not the individual was in restraint or seclusion within the last 24 hours before death.
  - A review of the autopsy findings (if done and available), and
  - Other documented information appropriate to the review.

- A report shall be prepared and submitted to the superintendent within ten working days of the death. The report shall include:
  - A summary of the information reviewed,
  - A summary of the medical care provided during the individual's current admission,
  - An assessment of the medical care provided and identification of any concerns related to the care provided,
  - An assessment of compliance with physician policy and procedures, and
  - Recommendations for opportunities for improvement of policy or procedures for medical services.

**Nursing Peer Death Review**

Mental health institute written policies and procedures shall assure that a nursing peer death review is completed. The review shall:

- Be completed by the director of nursing services for the facility.
- Include the following:
  - A review of the background information on the individual.
  - A review of the individual's health history and nursing interventions covering the individual's current admission and any other admissions during the last 12 months.
  - A review of the circumstances surrounding the individual's death including but not limited to:
    - Direct care employee's observations of any changes in the individual's health or behavior status,
    - History of direct care employee's reporting health or behavior changes to nursing employees,
    - History of nursing employee's response to reported changes,
    - Nursing assessments of the individual,
    - Timeliness of nursing employees in reporting medical issues to medical staff,
    - Timeliness and appropriateness of medical staff responding to reported issues.

- The report shall be completed within ten working days of the death and submitted to the superintendent. The report shall include:
  - A summary of the information reviewed,
  - A summary of the nursing services provided in the 12 months prior to death,
  - An assessment of the nursing services provided and identification of any concerns related to the services provided,
  - An assessment of compliance with nursing policies and procedures, and
  - Recommendations for opportunities for improvement of policies or procedures for nursing services.

**Mortality Review Committee**

Mental health institute written policies and procedures shall assure that for every death:

- The superintendent shall appoint a mortality review committee within five working days of the death, as part of the facility's quality improvement process. The purpose of the committee shall be to:
  - Conduct a thorough review of all documents, and the circumstances of the death,
  - Assess the quality and appropriateness of the services provided to the individual,
  - Identify any concerns about the quality of services provided, and
  - Recommend opportunities for improvement of the policies, procedures, or service delivery system of the facility with the goal of improved service delivery.
- The membership of the committee shall be composed of:
  - The superintendent or administrator,
  - The medical director, if different than the superintendent,
  - The physician who completed the physician's mortality review,
  - The director of nursing,
  - A nurse responsible for providing direct care,
  - A direct care employee responsible for providing direct care, and
  - Any other employee determined by the superintendent or administrator as appropriate to the review.

- The medical director shall be the chair of the committee.
- The superintendent or administrator, the director of nursing, and the medical director shall be responsible for the determination as to whether the death was expected or unexpected. The decision shall be made the same day the committee is appointed, and the basis for the decision shall be documented.
- When the death is unexpected, the chair of the committee shall immediately initiate an external independent physician review process.
- The committee shall have available all documentation relating to the death including but not limited to:
  - The complete facility record of the individual,
  - All physician and nursing reports,
  - Incident and other staff documentation reports related to the death,
  - Medical reports from another facility if the death occurred there,
  - The autopsy report (if available),
  - The type 1 investigation report,
  - The physician's death review,
  - The nursing peer death review, and
  - Any other information deemed necessary by the committee.
- The committee shall meet within seven working days of the receipt of the full type 1 investigation report, the physician's death review report, and the nursing peer death review report.
- The chair of the committee shall prepare a confidential written report of the meeting within 15 working days of the committee's meeting. The content of the report shall be limited to the following:
  - The names of members of the review committee,
  - A statement of documents reviewed,
  - The opportunities for improvement identified by the committee, and
  - Any recommended plans for corrective action.
- The written report shall be drafted by the chair and circulated to the other members of the committee for review and comment.

- If the autopsy report is not available at the time of the meeting of the death review committee, this shall not delay the committee's meeting, review, and report.

  When the autopsy report is received, the superintendent or administrator shall review the autopsy with the facility's medical director and with the independent peer review physician, when one is required, to determine whether the findings require another meeting of the full committee.

- The information provided to the committee and the proceedings of the committee shall be confidential. Members of the committee shall not disclose any written or verbal information from the meeting to any other party other than other members of the committee.

- Upon completion of the written report, all written information provided to the committee members shall be returned to the chair of the committee.

- The written and verbal information provided the committee and the written report of the committee shall be considered a confidential administrative record and shall be maintained in a secure file separate from the individual's record.

  One copy of the written information used by the committee and the report shall be maintained as a part of the confidential administrative record. All duplicate copies shall be destroyed.

- The report and related documents may be released to another employee of the mental health institute for administrative purposes with consent of the superintendent.

- A copy of the report shall be provided to the facility's quality performance improvement system.

- A copy of the report shall be provided to the administrator and to the Department's attorney general representative.

- Any other release of the confidential administrative record shall require the approval of the administrator.

- The superintendent shall be responsible for implementing and tracking implementation of all the recommendations made by the committee.

- The report shall not be used for any personnel actions.

**Independent Physician Peer Review**

Mental health institute written policies and procedures shall assure that for all deaths determined to be unexpected, an independent physician review shall be conducted. The chair of the committee shall assure that:

- The review shall be conducted by a licensed physician who is not employed by the facility.
- The reviewer shall have available the complete facility record of the individual, the type 1 investigation report, the physician's review, the nursing peer review, any reports of the mortality review committee, and any other documents or information the reviewer believes is relevant.
- The purpose of the review shall be to evaluate the medical care provided to the individual by the facility's physicians and other appropriate clinical disciplines based on current standards of care for the profession being reviewed.
- The reviewer shall prepare a written report based on the evaluation and identify any recommendations for opportunities for improvement in the quality of care being provided.
- The report shall be submitted within 25 working days of the determination that the death was unexpected to the superintendent and the chair of the mortality review committee. If all external information is not available (i.e. the autopsy report), the report shall be submitted on a preliminary basis and the report finalized within five working days of the reviewer's receipt of the missing information.
- The superintendent shall be responsible for presenting the report to the mortality review committee for their review and consideration.

## Policy on Peer Review

It is the policy of the Department of Human Services that professionals employed by the Department shall regularly engage in a peer review process as one method of continuously seeking to improve the quality of the professional services provided.

### Peer Review Principles

Mental health institute written policies and procedures shall assure that peer review processes shall be guided by the following principles:

- Responsible healthcare requires an integrated approach to quality, which is transparently measured against currently accepted standards of practices in the health care community.
- Peer review is a quality improvement initiative driven by the continuous desire to improve services and outcomes for individuals who are treated at the mental health institutes.
- Professional accountability and clinical judgment shall be evaluated against practice standards established by each professional group.
- Peer review is most successful when implemented in a culture of learning, free from blame.
- Professional development occurs most readily in a strength-based environment that:
  - Is driven by recognized strengths and abilities of the individuals served,
  - Fully utilizes and builds upon those strengths and abilities to meet personal treatment and organizational goals, and
  - Emphasizes and encourages learning and responsibility.
- Properly implemented, peer review processes will result in integration and multidisciplinary learning through team building.

## Peer Review Required

Mental health institute written policies and procedures shall assure that the following professional specialties employed shall conduct specialty peer reviews:

- Dentistry
- Dietary
- Medicine
- Neurology
- Neuropsychiatry
- Nursing
- Occupational therapy
- Physical therapy
- Psychiatry
- Psychology
- Social work
- Speech and language pathology

## Review Schedule

Mental health institute written policies and procedures shall assure that the administrator shall approve all peer review schedules.

## Peer Review Performance Improvement

Mental health institute written policies and procedures shall assure that quality management practices are in place to monitor the implementation of peer review:

- Identify systemic issues, actual or potential, needed corrective action; and
- Monitor the completion and implementation of corrective action plans.

**Peer Review Data Collection and Review**

Mental health institute written policies and procedures shall assure that:

- Reviews shall be documented in a standardized format.
- Review data shall be tracked and reviewed by the quality council.
- Review data shall be electronically maintained by:
  - Specialty area
  - Date and type of review (internal or external)
  - Participants' names and titles
  - Review content, including:
    - Focus of meeting, e.g., individual cases, system, process, etc.
    - Standards of practice applied
    - Findings and outcomes
    - Issues identified
    - Types of issues identified (individual, systemic, procedural, etc.)
    - Corrective action plans developed when indicated, including responsible persons and the date by which such actions shall be completed.
- Each specialty required to do peer review shall provide a brief presentation to the quality council at least annually, describing:
  - What changes have occurred in assessment and treatment;
  - Quality or performance improvement initiatives implemented;
  - Changes in outcome and performance measure data;
  - Lessons learned; and
  - Actions planned (including corrective actions and improvement plans).

**Peer Review Employee Training**

Each mental health institute shall create and maintain a learning environment that supports on-going education initiatives. Specifically, mental health institute policies and procedures shall be written and implemented to assure that:

- New employees who will be providing direct services to individuals shall receive basic training on the purposes of peer review and the benefit of this practice to the individuals residing at a mental health institute.
- Professional employees involved in peer review processes and their supervisors shall receive initial and annual training on:
  - The principles and benefits of peer review.
  - Procedural guidelines in conducting internal and external peer reviews.
  - Current approaches and advancements in healthcare peer review practices.
- Employees who provide clinical services in the listed specialties shall receive annual refresher training on peer review practices.
- Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Training shall be implemented in a timely manner.
- Clinical employees shall have opportunities, and time allotted for professional development and education that is required to perform the employee's duties.
- Peer review competency-based training curriculum shall be updated to reflect current professional standards for peer review.

## Policy on Quality Management

It is the policy of the Department of Human Services to continuously seek to improve the quality of services provided through regular review of the operation of the various systems, structures, and processes involved in the delivery of services.

### Quality Management Principles

Mental health institute written policies and procedures shall assure that:

- A culture of continuously improved quality of service through quality management philosophy shall be created and integrated into the general operations of the institute and shall reflect the following principles of quality:
  - An individual's well-being is a bio-psycho-social condition and cannot be conclusively measured compartmentally.
  - Effective decision-making involves those managing services, those providing services and, most importantly, those receiving services.
  - Effective results for an individual are achieved by integrated service delivery that is based upon currently accepted standards of practices.
  - The pursuit of "quality" has no final destination as it is fluid, changing with an ever-growing knowledge base.
  - Employees operate through processes developed within a system. Therefore, to ensure positive change, systems and their processes must be thoroughly assessed and taken into account before employee performance is evaluated.
- Quality management activities focus on improving all services, systems, and processes within the mental health institute and be based on the question: How can we do better?
- All employees shall be committed to continuous improvement of treatment for each individual and are directly responsible for the quality of services provided to individuals served by the mental health institute.
- Leadership shall be committed to excellence and foster multi-disciplinary teamwork including all employees working with individuals.
- There are established performance expectations.

- Leadership shall understand and recognize the interdependence of allied health services and the skill base each brings to quality health care.
- Leadership shall utilize and build upon the strengths and abilities of each employee to meet personal and organizational goals in a positive atmosphere of the continuous pursuit of excellence.
- Top administrative employees shall provide a strong and proactive leadership environment for creating a culture of continuous improvement that emphasizes and encourages learning and responsibility.

## Institute Leadership Responsibilities

Mental health institute written policies and procedures shall assure that:

- Institute leadership is knowledgeable of current best practice standards.
- Institute leadership is responsible for ensuring that institute practices are consistent with current standards of care for individuals with developmental disabilities.
- Institute leadership is committed to the institution of quality and shall foster this throughout the organization with all employees.

## Structures and Process

Mental health institute written policies and procedures shall assure that:

- Structures and processes shall be established to implement quality improvement initiatives effectively.
- A quality council shall be established to oversee the quality assurance and performance improvement practices institute wide. The council shall meet no less than monthly.

- The council shall be composed of leaders in the areas of administration, clinical review and direct service management including but not limited to:
  - The superintendent or designee, who shall chair the council;
  - The director of quality management;
  - The business manager;
  - The assistant superintendents;
  - The medical director;
  - The directors of psychology, nursing;
  - The directors or lead persons in dietary, occupational therapy, physical therapy, speech/language therapy, and;
  - Other key persons.
- The quality council shall:
  - Review clinical and performance outcome reports that focus on individual safety and wellness, client growth and independence, and institute practices. The reports shall include quality indicators as determined by the administrator.
  - Review and refine systems and processes to better integrate and streamline services.
  - Assist interdisciplinary teams as appropriate.
- The quality council shall keep minutes of its actions in the format specified by the administrator. At a minimum, the minutes shall, include the following information:
  - The meeting date, chairperson, members present, members absent, and the recorder.
  - The topics discussed at the meeting, a list of the handouts used, and a summary of the discussion.
  - The corrective actions identified, the person responsible for implementation, and the due date.

- Each specialty area, or discipline, mental health institute department director or responsible supervisor, shall assure that:
  - Employees shall be knowledgeable about and apply current professional knowledge in the field;
  - Current professional standards of practice and measurable outcomes shall be identified and monitored;
  - Professional practice is evidence-based, whenever possible, and minimum standards of quality care shall be identified and monitored; and
  - Employees closest to the individual and responsible for implementing treatment programs shall be actively recruited for their assistance in identifying opportunities for integration of programming.
- Supervisors and managers shall maintain close contact with their employees to foster the pursuit of quality and assess its progress. Meetings shall occur regularly with all employees to assure their understanding and involvement in quality improvement processes, which shall include:
  - Defining, measuring and improving quality,
  - Implementing quality initiatives in their respective area.
- Supervisors and managers shall maintain effective communication processes to ensure employees remain involved and knowledgeable of quality issues, including individual and institute outcomes, and improvement initiatives.
- Supervisors and managers shall assure the integration of the concept and expectation of quality care into position descriptions and performance evaluations.

## Environment

Mental health institute written policies and procedures shall assure that:

- There shall be a continuous assessment of the culture of the facility, with specific focus on any attitudinal barriers affecting the delivery of effective treatment services. Identified issues shall be addressed.
- There shall be ongoing processes to assure that employees are up to date regarding current mental illness rights issues and to ensure that the facility's practices are congruent with contemporary thought and practices in the community.
- Identified issues shall be addressed.

## Quality Performance Improvement

Mental health institute written policies and procedures shall address quality assurance and quality improvement efforts directed towards improvement of services and shall assure that:

- Key performance data shall be routinely collected and analyzed.
- Quality performance indicators and reporting formats shall be identified by July 1 of each year.
- Corrective or improvement activities shall be based upon relevant data.
- Data collection activities shall assure data integrity and reliability.

### Quality Reporting Requirements

Mental health institute written policies and procedures shall assure that:

- Systems and methods shall be in place to assure the collection of key performance and performance data on a monthly basis. Other data items will be collected as defined by the quality council or the administrator.
- At a minimum, the outcome and quality indicators shall include the data items determined by the administrator.
- Quality council minutes shall be provided to the administrator on a monthly basis in a format determined by the administrator.
- Written policies and procedures shall assure that performance and quality management data is provided on a monthly basis to the quality council.
- Policies and procedures shall assure that monthly data is reported to the administrator in the required format.

**Quality Employee Training**

Mental health institute policies and procedures shall be written and implemented to assure all employees receive competency-based training on quality management principles. Upon hire and at least annually thereafter, all employees shall receive training on quality management issues including:

- Terms and processes related to "quality."
- The principles upon which quality management philosophy is built.
- The Department and mental health institute commitment to quality.
- How quality is defined, measured, and reported.
- The integration of quality measures across treatment areas or domains.
- The purpose and importance of data collection including:
  - Documentation requirements,
  - Data authenticity and reliability, and
  - Data integrity.
- The role of internal quality management systems.
- Specific quality indicators relevant to the employee's job assignment.
- Tools, reports, and other mechanisms used by the mental health institute in the provision of quality healthcare.
- Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- Training shall be implemented on a timely manner.