


NEBRASKA Good Life. Great Mission. DEPT OF CORRECTIONAL SERVICES	POLICY MENTAL HEALTH SERVICES		
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	STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.		


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SUMMARY of REVISION/REVIEW
 PROCEDURE - II.A. – Language updated.

APPROVED:


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PURPOSE

To provide policy for mental health services including the detection, diagnosis and treatment to Nebraska Department of Correctional Services (NDCS) patients and establish a process for NDCS team members to refer incarcerated individuals to mental health providers for assessment. (ACRS-4C-15)

GENERAL

This policy includes the NDCS provisions of mental health services provided by Qualified Mental Health Professionals (QMHP), Provisionally Licensed Mental Health Practitioners (PLMHP), or Provisionally Licensed Clinical Social Workers (PLCSW) and approved by the Medical Director. (ACI-6A-28)

Mental Health treatment and services consistent with NDCS policies will be provided to each individual appropriate to their current Level of Care designation (see Policy 115.22 *Mental Health Levels of Care*). Provisions exist to provide for all Levels of Care at each institution. Level of Care and the amount/type of intervention necessary will be provided to 90-Day Evaluators and County Safekeepers consistent with this policy. Because of their unique status, housing options are limited to Skilled Nursing Facilities, Acute Mental Health Units, reception center/unit general population housing units and restrictive housing (consistent with Policy 210.01 *Restrictive Housing*). (ACI-6A-38, ACI-6A-39, ACI-6C-07)

Crisis mental health services will be provided to all individuals by QMHP regardless of the designated Level of Care. QMHP will provide behavioral health consultations with the facility leadership and multidisciplinary staff regarding those patients with mental illness to include consultation pertinent to disciplinary proceedings, assisting health care staff with patients who have comorbid medical issues, and assisting in the decision making for patient placement in programs and housing assignments. (ACI-6C-07, ACI-6A-38, ACI-6A-39)

DEFINITIONS

For all Medical and Mental Health definitions, see Policy 115.50, *Health Services Definitions*.


PROCEDURE

I. ORGANIZATION

The Medical Director is responsible for the overall design, implementation, and management of behavioral health services. The Behavioral Health Administrator and Chief Psychologist for Mental Health Services support the Medical Director for all Mental Health Services.

II. APPRAISAL

- A. Within 14 days of admission to a Diagnostic and Evaluation Center, or transfer inter- or intrastate (to include Parole Revocations, County Safekeepers, and/or Returnees from Community Corrections), each inmate is provided a formal appraisal process. This includes, at a minimum, a Mental Health Appraisal or Mental Health Intake Appraisal (MHIA) completed by a QMHP and substance-use screening, completed by a LADC and/or QMHP. If there is documented evidence of an MHA within the past 90 days, a new MHA is not required unless there is significant documented change in level of mental health functioning. The MHA includes historical and current information on mental health status and symptoms, suicidal/homicidal thoughts/behaviors, medications, prior mental health treatment and/or hospitalizations, trauma/victimization (i.e. emotional, physical, sexual),

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predatory behaviors, alcohol/substance use, and the QMHP's observations of appearance and disposition.

- B. The QMHP will develop/implement a treatment plan to include recommendations for program participation or outpatient services for treatment of mental illness.


The mental health program is approved by the Medical Director and includes at a minimum: (6A-28)

1. screening on intake
2. outpatient services for the detection, diagnosis, and treatment of mental illness, to include medication management and/or counseling, as appropriate
3. crisis intervention and the management of acute psychiatric episodes
4. stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting
5. elective therapy services and preventive treatment, where resources permit
6. provision for referral and admission to mental health facilities for patients whose psychiatric needs exceed the treatment capability of the facility
7. procedures for obtaining and documenting informed consent
8. follow up with patients who return from an inpatient psychiatric facility

III. MENTAL HEALTH SERVICES AND REFERRALS

- A. The Medical Director shall ensure that appropriate physical facilities and QMHPs are available to provide mental health services. QMHPs provide services which may include:

1. Crisis intervention and the management of acute psychiatric episodes.
2. Stabilization of patients with mental illness and monitoring for psychiatric deterioration in the correctional setting.
3. Stabilization of patients who verbalize or demonstrate current thoughts of harm to self or others.
4. Elective therapy services based on QMHP determination of level of care (LOC).
5. Provision for referral and admission to the appropriate LOC.
6. Mental health care encounters, interviews, examinations, and procedures should be conducted in a setting that respects the patient's privacy whenever possible.
7. Procedures for obtaining and documenting informed consent.
8. Determination of the appropriate LOC for each patient.


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- B. The Medical Director shall denote the appropriate LOC for those patients meeting the criteria for SMI and/or who meet the threshold for high severity symptoms that are unable to be better managed in a less restrictive environment.
- C. NDCS staff may initiate a referral for patients to Mental Health using the Mental Health/Medical Referral Form (Attachment A). Patients referred for mental health treatment will receive a comprehensive evaluation by a QMHP. The evaluation is to be completed within 14 days of the referral receipt date and include at least the following:
 - 1. Review of mental health screening and appraisal data.
 - 2. Direct observation of behavior.
 - 3. Collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities.
 - 4. Compilation of the individual's mental health history.
 - 5. Development of an overall treatment/management plan with appropriate referral to include transfer to mental health facility for patients whose psychiatric needs exceed the treatment capability of the facility.
- D. Any patient may refuse (in writing) mental health care services.

IV. CONTINUITY OF CARE

To provide necessary continuity of care for patients, QMHPs will ensure:

- A. All mental health and/or intellectual disability documented in the Behavioral Health Care Record are diagnosed and/or confirmed.
- B. All patients with an SMI diagnosis and/or who meet the threshold for high severity are scheduled to be seen in person by a QMHP at least once every thirty days.
- C. All patients who have changes made in their psychotropic medications are reviewed at least every 90 days, or as triaged.
- D. All patients with an SMI diagnosis have an Individualized Treatment Plan, which include short and long-term goals, which are reviewed every 90 days, or as triaged.
- E. Non-SMI patients who receive psychotropic medications are seen every 6 to 12 months, or on an "as needed" basis.
- F. When transfer to a higher/lower level of care is indicated, a QMHP from the current facility will contact a QMHP at the proposed receiving facility to initiate. For further information on transfers due to LOC, please see Policy 115.22, *Mental Health Levels of Care*.

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V. SERVICE RECIPIENTS

- A. Policy 115.12, *Special Needs Inmate Programs* denotes those patients with this designation, and includes:
 - 1. Severe Mental Illness
 - 2. Intellectual Disability
 - 3. Developmental Disability
 - 4. Sex Patients
 - 5. Substance Use
 - 6. Physical Disability
 - 7. Violent Patients
 - 8. Involuntary Medication Order
- B. Patients housed in restrictive housing will be seen in accordance with Policy 210.01, *Restrictive Housing*.
- C. Patients demonstrating suicidal ideation will be seen in accordance with Policy 115.30, *Suicide Prevention/Intervention*. (ACRS-4C-16)
- D. Other patients, as clinically indicated by QMHP.

VI. TRAINING

All mental health team members receives 12 hours of continuing professional education or staff development in clinical skills annually in such areas as: (ACI-6B-13)

- A. Mental health needs of an incarcerated population (special needs)
- B. Behavior management techniques
- C. Mental health issues with an incarcerated female population
- D. Aging/palliative care
- E. Trauma-informed care
- F. Confidentiality of mental health record
- G. Suicide/self-injury prevention
- H. Signs and symptoms of mental illness, substance abuse/relapse and neurocognitive disorders/neurodevelopmental disabilities

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I. Assessment and diagnosis of mental disorders

J. Crisis intervention

VII. SOCIAL SERVICES AND COUNSELING ACTIVITIES

Each institution shall maintain a planned and organized social services program administered by a qualified professional holding at least a Bachelor's degree in social or behavioral sciences. (ACI-5E-09)

This program will provide a range of resources appropriate to the needs of the inmates, including individual and family counseling, family planning and parental education and community services. (ACI-5E-09)

Pregnant inmates will be provided with counseling and assistance in keeping with their expressed desires, in planning for their unborn children.

Some of the services may be provided through contractual agreements with community agencies. (ACI-5E-05)

The institution shall determine appropriate social services staffing levels by evaluating types of inmates served, type of institution, legal requirements and goals to be accomplished. Inmates will be assigned to a facility team members who meets with and counsels the inmate consistent with their individual treatment plan.

Team members will be made available to counsel inmates upon request through appointments and institutions will have provisions for crisis interventions.

Team members will use community resources, either through referrals for service or by contractual agreement, to provide offenders with services to meet their program needs when appropriate. (ACI-5E-05)

The agency will maintain and update a directory of available community agencies.

Each facility will provide services and opportunities to encourage inmates to take responsibility for their actions and when appropriate, to make restitution to the victims of their crime(s) and/or to the community. (ACI-5E-01)

REFERENCE


I. STATUTORY REFERENCE

A. Nebraska Revised Statute: §48-120, §71-8403

II. NDCS POLICIES

A. Policy 115.12, *Special Needs Inmate Programs*

B. Policy 115.22, *Mental Health Levels of Care*

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C. Policy 115.30, *Suicide Prevention/Intervention*

D. Policy 115.50, *Health Services Definitions*

E. Policy 210.01, *Restrictive Housing*

III. ATTACHMENTS

A. Mental Health/Medical Referral Form DCS-A-mnh-004 (11/98)

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA)

A. Expected Practices for Adult Correctional Institutions (ACI) (5th edition) 5-ACI-5E-01, 5-ACI-5E-05, 5-ACI-5E-09, 5-ACI-6A-28, 5-ACI-6A-38, 5-ACI-6A-39, 5-ACI-6B-13, 5-ACI-6C-07

B. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-15, 4-ACRS-4C-16