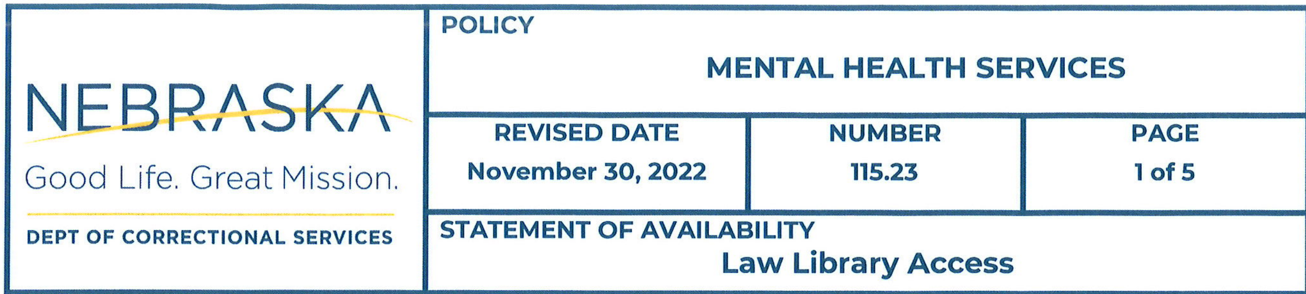

NEBRASKA
Good Life. Great Mission.
DEPT OF CORRECTIONAL SERVICES

POLICY		
MENTAL HEALTH SERVICES		
REVISED DATE	**NUMBER**	**PAGE**
November 30, 2022	**115.23**	**1 of 5**
STATEMENT OF AVAILABILITY		
Law Library Access		

EFFECTIVE:	March 18, 1983
REVISED:	December 7, 2012
REVISED:	November 20, 2013
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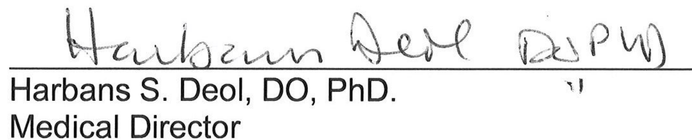
REVISED:	November 30, 2022

SUMMARY OF REVISION/REVIEW

New Policy format throughout including changing “inmate” to “incarcerated individual”, “institution” to “facility”, and “PROCEDURE” to “PROCESS”. PROCESS – I. – Language updated. II.A. – Language updated. III. – Language updated. III.A. – Language updated. V.A.4. – Language updated. V.A.7. – Language updated.

APPROVED:



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PURPOSE

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

NDCS requires written policy, procedure, and practice, approved by the appropriate mental health authority, for the provision of mental health services as provided by qualified mental health professionals (QMHP), provisionally licensed mental health practitioners (PLMHP), or provisionally licensed clinical social workers (PLCSW). (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 (LOC) at each institution. LOC 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 (SNF), acute mental health units (AMHU), 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. (ACI-6A-38, ACI-6A-39)

DEFINITIONS

For all medical and mental health definitions, see Policy 115.50, *Health Services Definitions.*

PROCESS

I. ORGANIZATION

The NDCS 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 treatment services support the NDCS medical director for all Mental Health services.

II. APPRAISAL

A. Within 14 days of admission to an NDCS facility, or transfer inter- or intrastate (to include Parole Revocations, county safekeepers, and/or returnees from community corrections), each incarcerated individual is provided a formal appraisal process. This includes, at a minimum, a *Behavioral Health Intake Appraisal* (BHIA), which includes substance use screening, or a *Behavioral Health Update Appraisal* (BHUA), which are completed for individuals returning to the department. These are completed by a QMHP. If there is documented evidence of BHIA or BHUA within the past 90 days, a new BHUA is not required unless there is significant documented change in level of mental health functioning. The BHIA 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), predatory behaviors, alcohol/substance

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

III. MENTAL HEALTH TREATMENT SERVICES AND REFERRALS

A. Each institution shall ensure that appropriate physical facilities and QMHPs are available to provide mental health treatment services. QMHPs provide services which may include:

1. Crisis intervention and the management of acute psychiatric episodes.

2. Stabilization of incarcerated individuals with mental illness and monitoring for psychiatric deterioration in the correctional setting.

3. Stabilization of incarcerated individuals 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 incarcerated individual's privacy whenever possible.

7. Procedures for obtaining and documenting informed consent.

8. Determination of the appropriate LOC for each incarcerated individual.

B. Each institution shall denote the appropriate LOC for those incarcerated individuals 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 incarcerated individuals to Mental Health using the *Mental Health/Medical Referral Form* (Attachment A). Incarcerated individuals 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 incarcerated individuals whose psychiatric needs exceed the treatment capability of the facility.

D. Any incarcerated individual may refuse (in writing) mental health care services.

IV. CONTINUITY OF CARE

To provide necessary continuity of care for incarcerated individuals, 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 incarcerated individuals 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 incarcerated individuals who have changes made in their psychotropic medications are reviewed at least every 90 days, or as triaged.

D. All incarcerated individuals 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 incarcerated individuals 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*.

V. SERVICE RECIPIENTS

A. Policy 115.12, *Special Needs Incarcerated individual Programs* denotes those incarcerated individuals with this designation, and includes:

1. Severe Mental Illness

2. Intellectual Disability

3. Developmental Disability

4. Incarcerated individuals who have Sexually Harmed

5. Substance Use

6. Physical Disability

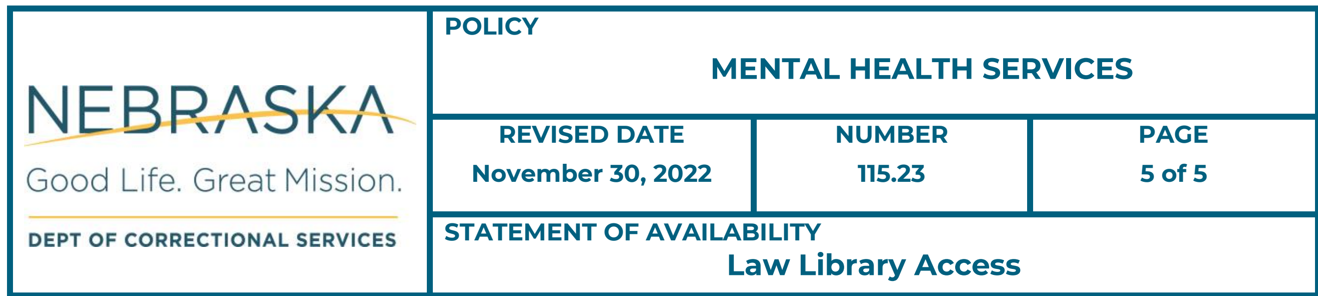
7. Incarcerated individuals with Violent Histories

8. Involuntary Medication Order

B. Incarcerated individuals housed in restrictive housing will be seen in accordance with Policy 210.01, *Restrictive Housing*.

C. Incarcerated individuals demonstrating suicidal ideation will be seen in accordance with Policy 115.30, *Suicide Prevention/Intervention*. (ACRS-4C-16)

D. Other incarcerated individuals, as clinically indicated by QMHP.



REFERENCE

I. STATUTORY REFERENCE AND OTHER AUTHORITY

A. Neb. Rev. Stat. §48-120, §71-8403

II. NDCS POLICIES

A. Policy 115.12, *Special Needs Incarcerated Individual Programs*

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

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-6A-28, 5-ACI-6A-38, 5-ACI-6A-39, 5-ACI-6C-07

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