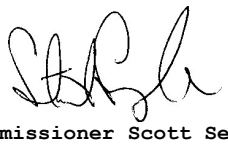
State of Connecticut Department of Correction **ADMINISTRATIVE DIRECTIVE**	Directive Number 8.5	Effective Date 12/30/2015	Page 1 of 6
	Supersedes Mental Health Services, dated 8/29/2014		
Approved By  Commissioner Scott Semple	Title Mental Health Services		

1. Policy. The Department of Correction shall provide either directly or through an agent, a range of mental health services for inmates.

2. Authority and Reference.

   A. Public Law 108-79, Prison Rape Elimination Act of 2003,
   B. 28 C.F.R. 115, Prison Rape Elimination Act National Standards.
   C. Public Law 104-191, Health Insurance Portability Accountability Act (HIPAA).
   D. 45 C.F.R., 164.501 et seq.
   E. United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2007.
   F. Connecticut General Statutes, Sections 17a-544, 18-81, 18-87, 52-146c, 52-146d, 52-146e, 52-146f, 52-146g, 52-146h, 52-146i, 52-146j, 52-146k, 52-146l, 52-146m, 52-146o, 52-146q, 52-146s.
   G. West vs. Manson Consent Judgment, 1988.
   H. Administrative Directives 2.7, Training and Staff Development; 4.4, Access to Inmate Information; 6.4, Transportation and Community Supervision of Inmates; 6.7, Searches Conducted in Correctional Facilities; 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention; 8.1 Scope of Health Services Care; and 8.14, Suicide Prevention.
   I. American Correctional Association, Standards for the Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
   J. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4347, 4-4348, 4-4351, 4-4353, 4-4362, 4-4363, 4—4363-1, 4-4365, 4-4368, 4-4369, 4-4372, 4-4374, 4-4382, 4-4399 and 4-4413.
   K. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-2A-32, 4-ALDF-4C-05, 4-ALDF-4C-13, 4-ALDF-4C-22 through 4-ALDF-4C-24, 4-ALDF-4C-26, 4-ALDF-4C-27, and 4-ALDF-4D-01.
   L. National Commission of Correctional Health Care, Standards for Health Services in Jails, 2003.
   M. National Commission on Correctional Health Care, Standards for Health Services in Prisons, 2003.
   N. Memorandum of Agreement (Coordination of Treatment Services and Referrals between Department of Correction and Whiting Forensic Division of Connecticut Valley Hospital).

3. Definitions and Acronyms. For the purposes stated herein, the following definitions and acronyms apply:

   A. APRN. Advanced Practice Registered Nurse.
   B. Behavioral Observation Status. An intervention to extinguish maladaptive behaviors while maintaining safety and security of the inmate.

C. DOC .Department of Correction.
D. Functional Unit. One or more health services unit(s) in a defined geographical area that share resources related to the provision of healthcare among facilities.
E. PREA. Prison Rape Elimination Act.
F. Qualified Mental Health Professionals. Psychiatrists, psychologists, Psychiatric APRNs, clinical social workers, professional counselors, mental health nurses (e.g. nurse clinician) and others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for the mental health needs of inmates.
G. Sexual Abuse. For purposes of this Directive, sexual abuse shall be defined in accordance with Administrative Directive 6.12.
H. Suicidal Ideation. Having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide, both when the thoughts include a plan to commit suicide and when they do not include a plan.
I. Treatment Plan. A comprehensive written tool for planning, implementing and evaluating mental health interventions in response to specific problems in accordance with established goals.

4. Intake Screening. All newly admitted and inter facility transferred inmates shall be screened by health services staff upon admission to the facility prior to placement in general population. A mental health referral and evaluation by mental health staff within 24 hours of referral shall be required for the following instances:

A. Inmates incarcerated for the first time;
B. Inmates discharged from a psychiatric facility within the last 60 days;
C. Inmates who, within 60 days of incarceration, have displayed or indicated a suicidal ideation but lacked a plan to carry out the suicide;
D. Inmates with mental health concerns as identified by the court, or as reported by a concerned party;
E. Inmates with a history (within the past three (3) years) of suicide attempts or plans, either self reported or reported by a concerned party.

Inmates with a history of suicide attempts or ideation beyond three (3) years or inmates currently participating in outpatient mental health programs or services must be seen by mental health staff within 72 hours of admission.

Inmates indicating having experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting,

unless the inmate is under the age of 18.All mandatory reporting laws for allegations of sexual abuse must be followed.

5. **Referral and Evaluation. A concerned party may refer an inmate for mental health services, or the inmate may self-refer at any time during the inmate's incarceration. All referrals shall be triaged for priority by health services staff. All inmates shall have issues addressed and/or evaluated within 72 hours of the referral. All inmates with clinical symptoms shall be evaluated face-to-face in a location that allows for confidentiality.**

Each facility shall maintain an organized system, that documents and tracks all requests for mental health services. Completed requests and responses shall be maintained in the mental health section of the health record.

For any transfer involving Administrative Segregation placement, a psychologist, psychiatrist or (Psychiatric/Mental Health) APRN shall complete Attachment B, Evaluation for Placement in Administrative Segregation Housing. The completed form, along with assessment documentation, will then be forwarded to the CTDOC Mental Health Superintendent 2, or designee for review. The CTDOC Mental Health Superintendent 2, or designee will forward the completed Evaluation for Placement in Administrative Segregation Housing to Offender Classification and Population Management Unit.

The appropriate District Administrator on a need be basis shall be authorized to first transfer an inmate to a facility authorized to house Administrative Segregation inmates. Attachment B Evaluation for Placement in Administrative Segregation Housing shall then be completed by a psychologist at the receiving facility.

In such moments when there is no facility psychiatrist, psychologist or psychiatric/MH APRN, a licensed clinical social worker or licensed professional counselor shall evaluate the inmate to determine if the inmate requires intensive mental health services (MH4 or MH5) and complete a suicide risk assessment, to determine if the inmate may require transfer to Garner Correctional Institution (for males 18 years of age or older) for acute psychiatric services and/or further evaluation. Results from this assessment shall be communicated to the Mental Health Superintendent 2 or designee. The Mental Health Superintendent 2, or designee, shall determine if transfer to Garner CI or to a general population facility is appropriate.

Upon discovery of an initial report or allegation of sexual abuse in an institutional setting, appropriate staff shall undertake action as detailed in A.D. 6.12 Inmate Sexual Abuse/ Sexual Harassment Prevention and Intervention.

The evaluation and treatment of any inmate victims shall include, as appropriate, evaluations, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

An inmate known to have attempted to commit inmate-on-inmate sexual abuse, or an inmate known to have committed inmate-on-inmate sexual abuse shall

be subject to a mental health evaluation by a qualified mental health professional. This evaluation shall be attempted within 24 hours of the report of such sexual abuse or attempt thereof. Treatment shall be offered when deemed appropriate by a qualified mental health professional.

6. Treatment Plan. Once it is determined that an inmate shall receive ongoing mental health services, a treatment plan shall be written by a qualified mental health professional following the first encounter and shall be reviewed every 120 days and revised as needed.

7. Access to Mental Health Services. The CTDOC shall ensure that all inmates have access to mental health services consistent with community standards of care regardless of gender, physical disability or cultural factors. Access to mental health services shall be provided at all facilities.

   An inmate prescribed psychotropic medication shall be seen no less frequently than once every 90 days by a Psychiatrist or Psychiatric APRN.

   An inmate with a current mental health service needs score of 3 shall be scheduled individual psychotherapy sessions no less frequently than every other week or for weekly group psychotherapy sessions, by a qualified mental health professional (social workers, professional counselor or psychologist) unless clinically indicated otherwise (ex. Psychotropic medication management only). Any change in the frequency of individual psychotherapy sessions greater than every other week, will be documented in the inmate's health record, including documented approval by the behavioral health clinician's immediate supervisor.

   An inmate with a mental health services needs score of 4 shall be scheduled to be seen by a qualified mental health professional (social worker, professional counselor, or psychologist) for individual clinical contact no less frequently than every other week and shall be regularly scheduled for appropriate weekly group psychotherapy sessions as identified on their individualized treatment plan. Any change in the frequency of clinical encounters will be documented in the inmate's health record, including documented approval by the behavioral health clinician's immediate supervisor.

8. Acute Mental Health Services. When it is determined that the inmate has a need for acute mental health intervention (exhibiting abnormal or self-destructive behavior, or threatening suicide), a staff member shall immediately advise a custody supervisor and health services staff. Inmates who are identified as at-risk for suicide or self-injury shall be referred immediately to a qualified mental health professional for assessment. In the event that there are no health services staff at the facility, a custody supervisor shall contact the on-call psychiatrist for disposition. An inmate who is displaying suicidal ideation shall be moved immediately to an environment in which the inmate can be continuously observed for his/her safety in accordance with 8.14, Suicide Prevention.

   A staff member shall immediately advise the Shift Commander and health services staff of an inmate who exhibits abnormal or self-destructive behavior or threatens suicide. When an inmate being housed in a correctional facility begins to display psychiatric symptoms and/or suicidal tendencies, the inmate shall be referred to a qualified mental health professional. If a qualified mental health professional is not available, the Shift Commander or designee shall see that the inmate is

removed from the housing area, strip searched in accordance with Administrative Directive 6.7, Searches Conducted in Correctional Facilities, and placed on Constant Observation in an area designated and prepared for such observation. The Shift Commander or designee shall place the inmate on Constant Observation and shall notify the on-call psychiatrist and facility duty officer. Continuation of such observation shall require a physician's order within one (1) hour of placement.

9. Placement in Mental Health Housing. The facility psychologist, psychiatrist or psychiatric/mental health APRN shall determine the need for mental health (MH4/MH5) housing. If a transfer outside of the inmate's functional unit is required for placement in mental health housing, The chief Mental Health Officer, The Mental Health Superintendent 2, or designee shall be contacted for approval.

   Mental health 4 and 5 transfers shall be coordinated and monitored between the Mental Health Superintendent 2, or designee and, the Director of Offender Classification and Population Management, or designee. Safety and security recommendations from the facility Unit Administrator will be considered.

10. Behavioral Observation Status. For inmates who, following clinical assessment have been determined to be engaging in maladaptive behaviors, such as threatening or engaging in self-harm without intent to die, to avoid compliance with custody requirements such as housing or disciplinary actions, Behavioral Observation Status (BOS) shall be initiated. Behavioral Observation Status shall be utilized in areas other than an infirmary/hospital unit but shall be limited to housing areas in which custody staff routinely conduct 15 minute tours. Placement shall be completed by a qualified mental health professional.

11. Transfer to the Department of Mental Health and Addiction Services (Whiting Forensic Hospital). All transfers between the Department of Correction and the Department of Mental Health and Addiction Services (Whiting Forensic Hospital) shall be in accordance with Attachment B, Memorandum of Agreement (Coordination of Treatment Services and Referrals).

12. Discharge Planning and Continuity of Care. The CTDOC shall integrate services as necessary with community providers at the time of admission, throughout incarceration and at discharge to facilitate the inmate's transition to the community.
    A. Exchange of Information. Exchange of information with community providers shall require written authorization from the inmate in accordance with Administrative Directive 4.4, Access to Inmate Information. Inmates with a medical or mental health score of 3 or greater shall be provided with a copy of Attachment A, Inter-Agency Patient Referral Report (W-10) upon discharge.
    B. Planning. Mental health staff shall discuss with the inmate plans for continuation of services in the community and provide assistance in aftercare treatment when indicated. An inmate may be referred to the Department of Mental Health and Addiction Services, facilities contracted by the Department of Correction, other state agencies, and/or private providers.
    C. Medication for Inmates Being Discharged, or Placed on Community Supervision, Parole or Furlough. A psychiatrist or Psychiatric/MH APRN shall order and provide a prescription for, no less than a 30

day supply of all prescribed psychotropic medication to accompany an inmate upon discharge, community supervision, parole or furlough.

13. Training. Each direct contact employee shall be trained in recognizing potential or existing mental health emergencies. Training shall be conducted as follows:
    A. Pre-Service Training. A mental health curriculum shall be part of the training program for all new Department employees with direct inmate contact in accordance with Administrative Directive 2.7, Training and Staff Development.
    B. In-Service Training. An employee shall have access to professional development and staff development workshops as appropriate. Other training that meets the employee's level of professional responsibility shall be provided.

    All staff assigned to Garner Correctional Institution York Correctional Institution and Manson Youth Institute shall be required to have four (4) hours of training annually on mental health issues to be provided or coordinated by the Maloney Center for Training and Staff Development.

    The agency shall ensure that all full and part time medical and mental health practitioners who work regularly in the facilities have been trained in all aspects of sexual abuse and sexual harassment as defined and detailed in the Prison Rape Elimination Act National Standards.

14. Forms and Attachments. The following attachments are applicable to this Administrative Directive and shall be utilized for the intended function:

    A. Attachment A, Inter-Agency Patient Referral Report (W-10);
    B. Attachment B, Evaluation for Placement in Administrative Segregation Housing.

15. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.