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|  <p>State of Connecticut<br/>Department of Correction</p> | Directive Number<br>8.5                              | Effective Date<br>9/15/2008 | Page 1 of 4 |
|  | Supersedes<br>Mental Health Services, dated 9/1/2004 |                             |             |
| Approved By<br><br>                                       | Title<br><br>Mental Health Services                  |                             |             |

1. Policy. The Department of Correction (DOC) shall provide either directly or through an agent, a range of mental health services for inmates.
  
2. Authority and Reference.
  - A. Public Law 104-191, Health Insurance Portability Accountability Act (HIPAA).
  - B. Code of Federal Regulations, 45 CFR 164.501 et seq.
  - C. United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2007.
  - D. Connecticut General Statutes, Sections 17a-544, 18-81, 18-87 and 52-146c et seq.
  - E. West vs. Manson Consent Judgment, 1988.
  - F. Administrative Directives 2.7, Training and Staff Development; 4.4, Access to Inmate Information; 6.4, Transportation and Community Supervision of Inmates; and 8.14, Suicide Prevention.
  - G. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
  - H. 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.
  - I. 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.
  - J. National Commission of Correctional Health Care, Standards for Health Services in Jails, 2003.
  - K. National Commission on Correctional Health Care, Standards for Health Services in Prisons, 2003.
  
3. Definitions. For the purposes stated herein, the following definitions apply:
  - A. 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.
  - B. 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.
  - C. Treatment Plan. A comprehensive written tool for planning, implementing and evaluating mental health interventions in response to specific problems in accordance with established goals.
  - D. Qualified Mental Health Professionals. Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses 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.

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4. Intake Screening. All newly admitted 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 30 days;
  - C. Inmates who, within 30 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.

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, which 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.

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 on a quarterly basis and revised as needed.

7. Access to Mental Health Services. The contracted health services provider shall ensure that all inmates have access to mental health services consistent with community standards regardless of gender, physical disability or cultural factors. Access to mental health services shall be provided at all facilities. In addition, inmates housed at the Northern Correctional Institution shall be evaluated by a qualified mental health professional not less than every 90 days.

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

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an environment in which the inmate can be continuously observed for his/her safety in accordance with 8.14, Suicide Prevention.

9. Placement in Mental Health Housing. The facility supervising psychologist or a psychiatrist shall determine the need for mental health housing. If a transfer outside of the inmate's functional unit is required for placement in mental health housing, the DOC Director of Psychiatric Services shall be contacted for approval.
10. Placement on Mental Health Single Cell Status. The facility supervising psychologist or a psychiatrist shall determine the need for single cell status. The recommendation for single cell status shall be based upon the following criteria:
  - A. The inmate suffers from a major psychiatric disorder, has a documented history of violence, and is a current violence risk;
  - B. The inmate has a documented history of sexual abuse or traumatic stress disorder, and is likely to suffer significant deterioration in a shared cell; or,
  - C. The inmate suffers from mental deterioration related to a chronic progressive medical condition that would be expected to worsen in a shared cell.

The need for single cell status shall be a focus of the treatment plan and shall be reviewed at a minimum of every 90 days by the facility supervising psychologist or a psychiatrist.

11. Transfer to the Department of Mental Health and Addiction Services (Whiting Forensic Division). All transfers between the Department of Correction and the Department of Mental Health and Addiction Services (Whiting Forensic Division) shall be in accordance with Attachment B, Memorandum of Agreement (Coordination of Treatment Services and Referrals).
12. Discharge Planning and Continuity of Care. The contracted health services provider 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 APRN with psychiatric certification shall order, at least a two (2) week supply of medication to accompany an inmate upon discharge, community supervision, parole or furlough.

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13. Training. Staff 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 the Northern Correctional Institution and the Garner Correctional Institution shall be required to have eight (8) hours of training annually on mental health issues to be provided or coordinated by the Maloney Center for Training and Staff Development.

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); and,
  - B. Attachment B, Memorandum of Agreement (Coordination of Treatment Services and Referrals).
15. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.