

 <p>KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
	18.11	9
	Date Filed	Effective Date
	January 9, 2007	March 9, 2007
References/Authority	Subject	
KRS 196.030, 196.035, Chapter 202A, 202A.201, Vitek v. Jones, 445 U.S. 480 (1980), Zinerman v. Burch, 494 U.S. 113 (1990), Washington v. Harper, 494 U.S. 210 (1990), ACA 4-4368, 4-4397, 4-4399, 4-4404	PLACEMENT FOR MENTAL HEALTH TREATMENT IN KSR CPTU, KCIW PCU OR KCPC	

I. DEFINITIONS

“Emergency referrals” means the placement of an inmate into KSR CPTU, KCIW PCU, or KCPC prior to a Vitek Hearing if it is believed that the inmate poses an immediate threat to himself or others.

“Expressed and informed consent” means consent for treatment given voluntarily in writing after sufficient explanation and disclosure.

“Involuntary commitment” means:

1. Placement of an inmate in need of mental health treatment into KSR CPTU, KCIW PCU, or KCPC who is competent to give expressed and informed consent but refuses; or
2. Placement of an inmate who is incompetent to give expressed and informed consent into KSR CPTU, KCIW PCU, or KCPC.

“Kentucky Correctional Psychiatric Center” means a forensic hospital operated by the Cabinet for Health Services for post convicted females.

“Kentucky State Reformatory Corrections Psychiatric Treatment Unit (KSR CPTU) and Kentucky Correctional Institution for Women Psychiatric Care Unit (KCIW PCU)” means:

1. A mental health treatment program provided by the Department of Corrections Division of Mental Health to meet an inmate’s mental health needs; and
2. A unit which provides specialized housing as well as treatment programs.

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II. POLICY and PROCEDURES

- A. This procedure shall be used to provide an inmate access to mental health treatment for non-emergency referrals.

An inmate referral to KSR CPTU, KCIW PCU, or KCPC shall be appropriate if the inmate's mental condition cannot be properly treated.

1. A referral which necessitates transfer from one (1) institution to another shall be made by the sending institution. Mental health or medical staff from the sending institution shall report clinical information to the KSR CPTU or KCIW PCU.
 - a. A male inmate housed at KSR shall be referred to KSR CPTU Licensed Psychologist Program Administrator or the designee of the Director of the Division of Mental Health. This person shall arrange admission, if appropriate, and notify CPTU personnel.
 - b. A male inmate housed outside of KSR shall be referred KSR CPTU by contacting the DOC Medical Director. This office shall arrange admission, if indicated, and notify CPTU personnel and the Classification Branch.
 - c. A female inmate in need of residential psychiatric treatment, beyond that available at KCIW PCU shall be transferred to KCPC. The referral shall be sent to the DOC Medical Director.
 - d. Assessment and Classification Center staff may refer an inmate by contacting the DOC Medical Director.
2. Transfer procedures in CPP 18.7 shall be followed.
3. Involuntary Commitments
 - a. An involuntary commitment shall be reviewed at least every 180 days to determine if there is a continued need to remain in the mental health unit by the appropriate KCPC, KSR CPTU, or KCIW-PCU staff.
 - b. An involuntary commitment may remain in that status for 365 days. If the 365 days has expired, another involuntary proceeding shall be implemented.

- B. Admission to KSR CPTU or KCIW PCU Program

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If the inmate has been found suitable for treatment in either program, the institution shall initiate the admission of the inmate into the program.

1. Voluntary Admission – An inmate in need of treatment shall be assessed by mental health staff of the KSR CPTU or KCIW PCU to determine competency and whether or not a voluntary admission is appropriate.
 - a. A Division of Mental Health Request for Voluntary Admission form shall be signed by the inmate and witnessed by two (2) staff members.
 - b. The form shall also be signed by a psychologist or psychiatrist to confirm that the inmate is mentally competent to sign an expressed informed consent for voluntary admission to the KSR CPTU or KCIW PCU Program.
2. Involuntary Admission - A Vitek hearing shall be scheduled through the Division of Mental Health Program Administrator for any involuntary admission into the KSR CPTU or KCIW PCU Program.

C. Discharges from KSR CPTU or KCIW PCU Program

1. An inmate discharged from the KSR CPTU or KCIW PCU program shall receive an appropriate institutional placement.
2. The discharged inmate may be held in appropriate housing pending placement at another institution.
3. If the inmate has been voluntarily admitted to the program and is requesting discharge from the program and it is the opinion of the Division of Mental Health program staff that treatment is still warranted, the inmate shall be placed in Administrative Segregation for evaluation and implementation of the involuntary admission procedure.

D. KCPC Admission and Discharge

1. Voluntary Admission – If an inmate is in need of treatment and a voluntary admission is appropriate:
 - a. A voluntary admission form shall be signed by the inmate and witnessed by two (2) staff members;
 - b. The voluntary admission form shall also be signed by a psychologist or psychiatrist to confirm that the inmate is mentally

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competent to sign an expressed informed consent for voluntary admission to KCPC;

- c. All transfers shall be coordinated through the Admissions Office of KCPC by assigned institutional staff; and
- d. While at KCPC, the inmate record and the required classification and treatment officer services shall be the responsibility of the KCIW staff.

2. Involuntary Admission

- a. A Vitek hearing shall be scheduled for an involuntary admission into KCPC.
- b. The hearing shall be scheduled and approved by a mental health professional.

3. Discharge from KCPC

An inmate shall be discharged from KCPC by the following procedures:

- a. Staff shall complete a Discharge Referral Form;
- b. The inmate shall be returned to the KCIW-PCU;
- c. Arrangements shall be made for the inmate's transfer within seven (7) working days, if possible. Transfer procedures in CPP. 18.7 shall be followed:
 - (i) LLCC and KCIW shall be notified so that the inmate may be properly processed; and
 - (ii) Inmate records, medical records and the Discharge Information form shall be forwarded to KCIW. KCPC shall forward the discharge summary and discharge referral form.
- d. An inmate admitted on an emergency basis shall be returned to a correctional institution within two (2) working days of notification that hospitalization is not necessary.

E. Emergency Transfers to KCPC

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An emergency transfer shall be considered appropriate if an inmate presents imminent danger to self or others because of a psychiatric disturbance and cannot be maintained in KCIW PCU until regular voluntary or involuntary hospitalization proceedings may be initiated.

1. A psychologist, physician or psychiatrist shall see the inmate to verify that the problem is psychiatric in nature. If not available, a medical staff person or a mental health professional shall see the inmate to verify the problem is psychiatric in nature.
2. A KCPC Referral form shall be completed on the inmate.
3. An application and request for voluntary admission shall be completed if the inmate agrees to be hospitalized voluntarily.
4. During normal business hours, the Classification Branch Manager or designee shall be contacted for approval of the transfer. At other times, the Central Office Duty Officer shall be contacted for approval. Prior to approval of transfer, the medical director or designee shall be consulted.
5. An emergency transfer to KCPC may occur if:
 - a. An inmate agrees to voluntarily admit himself to KCPC as an emergency transfer. The KCPC physician may examine the inmate prior to admission to determine if emergency transfer is warranted;
 - b. If an inmate refuses voluntary admission as an emergency transfer, a KCPC staff physician shall see the inmate and make an assessment as to whether he meets the requirements for a seventy-two (72) hour emergency hospitalization order pursuant to KRS Chapter 202A;
 - c. If the physician determines that the patient does not meet the criteria for a seventy-two (72) hour emergency, KCIW shall return the inmate to the correctional facility; and
 - d. If the inmate is admitted on a seventy-two (72) hour emergency, KCIW shall initiate a regular involuntary transfer proceeding within three (3) working days.

F. Preparation for the Vitek Hearing.

1. The Commissioner of Corrections or designee shall designate three (3) members to serve on the Vitek hearing committee.

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- a. Each committee member shall receive appropriate training. A committee member shall be program or custody staff grade ten (10) or above. An exception may be authorized by the Classification Branch Manager.
 - b. A Central Office staff member with appropriate training shall serve as chairperson.
 - c. If a Central Office staff member is not available, the Classification Branch Manager shall designate a chairperson of grade thirteen (13) or above.
 - d. Majority decision shall rule.
 - e. A panel member shall be disqualified if he witnessed the behavior of the person charged with specific conduct under review or has any personal involvement in the incident.
2. The Warden shall appoint an institutional representative to coordinate and to ensure compliance with the hearing procedure.
- a. An institutional representative shall represent the interests of the institution recommending the transfer.
 - b. The institutional representative shall:
 - (i) Contact the Classification Branch Manager and the Department of Public Advocacy to schedule the hearing;
 - (ii) Provide notification of the hearing date and time to the hearing committee membership;
 - (iii) Notify the Department of Public Advocacy of the pending action, the date and time of the hearing and provide a brief synopsis of the information on which the decision for the recommended transfer is based;
 - (iv) Provide the inmate with a written notice of the intent to transfer; and
 - (v) Notify the inmate that a hearing shall be conducted and that the evidence for the placement consideration shall be provided to his representative prior to the hearing. The notice of the hearing shall be given at least twenty-four (24) hours prior to the hearing.

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3. The inmate shall be seen by a physician or psychiatrist within two (2) weeks prior to the hearing.

G. Inmate Rights and Responsibility

1. The inmate shall have legal representation. If the inmate is unable to afford private counsel, he shall be provided legal representation by the Department of Public Advocacy:
 - a. The representative of the Department of Public Advocacy need not be an attorney; and
 - b. The representative shall be advised of the time and date of the hearing.
2. If the inmate chooses to have counsel of his choice rather than a legal representative from the Department of Public Advocacy, the institution shall notify the attorney and make arrangements for the inmate to contact the attorney.
 - a. The institutional representative shall notify that attorney of the pending action, the date and time of the hearing and shall provide a brief synopsis of the information on which the decision for the recommended transfer is based.
 - b. If private counsel cannot appear at the scheduled time of the hearing, the hearing shall not be rescheduled.
 - c. If private counsel is not available, a representative from the Department of Public Advocacy shall be appointed.
3. The inmate shall have an opportunity to be heard in person and to present documentary evidence unless his presence at the hearing may constitute a security risk. The reasons for denial shall be made on the record and documented in writing on the consideration for Mental Health Placement form.
4. The inmate shall be given the opportunity to present witnesses on his own behalf and to confront and cross examine any witness called by Corrections.
5. The inmate shall be entitled to an independent decision maker.

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6. The inmate shall be provided a written statement of the facts found by the committee regarding the evidence relied upon and the decision on the transfer recommendation.

H. The Hearing

1. The procedures shall be documented on the Consideration for Mental Health Placement Form and shall be used to ensure that the inmate is provided the rights as required by law.
2. If in the professional judgment of the mental health staff, an inmate may not attend the meeting because of the potential of injury to self or others or because he constitutes a threat to the security of the institution, the following applies:
 - a. The institutional representative shall make that recommendation to the hearing committee on the record and the Chairman shall make the appropriate ruling on the record; and
 - b. The case shall be documented in writing on the Consideration for Mental Health Placement Form.
3. The hearing shall be tape recorded and the recording maintained for one (1) year.
4. The deliberation phase shall not be recorded.
5. Based upon the evidence presented at the hearing, the committee shall formulate a written opinion documenting the reasons for the recommendation:
 - a. The decision involving involuntary admission shall be based on substantial evidence that the inmate is mentally ill and cannot be properly treated by the facility; and
 - b. If the decision is to transfer the inmate to KCPC, the institutional representative shall contact the staff at KCPC to schedule admission.

Name _____ Number _____ Institution _____
Housing Unit _____ Date & Time of Incident _____

The following incident was observed by me or otherwise verified (include statement of verification if applicable):

Place: _____ Staff Involved: _____

Inmates Involved: _____

Description of Behavior: _____

Reporting Employee's Signature and Title: _____

Date and Time of Report: _____

NOTIFICATION OF CONSIDERATION FOR INVOLUNTARY TRANSFER HEARING

Report of Notification Officer: _____

Notification Officer: _____ Title: _____ Date: _____ Time: _____

- I have received a copy of this application.
- I have been advised of my right to call witnesses, provide documentary evidence, be heard in person at the hearing, and cross-examine witnesses called by the Commonwealth unless for good cause shown this right is suspended.
- I have been advised it is my responsibility to make arrangements for legal representation of my choice at my own expense.
- I have been advised the Cabinet will assist me in contacting the legal representative of my choice.
- I have been advised that legal representation of my choice does not include representation by any inmate.
- I have been advised that if I choose to be represented by any counsel of choice, counsel must be available on 24-hour notice and I will be given the opportunity to call private counsel and make arrangements.
- I have been advised that if I cannot afford representation of my choice, representation will be provided to me through the Office of Public Advocacy.
- I have been advised that I will be advised at the hearing as to the evidence being relied upon for transfer.
- I have been advised that my right to be present at the hearing may be denied if in the professional judgment of the mental health staff, my appearance at the hearing would present the potential for injury to myself or others.
- I have been advised I am entitled an independent decision maker to conduct the hearing.

Date & Time of Hearing: _____

Witnesses Requested: _____

Legal Representative of Choice: Yes No; Name _____

Legal Representative Appointed Through OPA; Yes No

Inmate's Signature: _____ Date: _____

Inmate Refused to Sign: Yes No Witness: _____

INVOLUNTARY TRANSFER HEARING FINDINGS AND RECOMMENDATIONS

Date & Time of Hearing: _____ Continued to: _____

Reason for Continuance: _____

Hearing Date & Time: _____ Tape _____ Side _____ Begin _____ End _____

Findings and Transfer Recommended Transfer Not Recommended

Reasons for Findings and Recommendations: _____

Chair Person _____ Committee Member _____ Committee Member _____

I have received a copy of this report showing the Committee's Findings & Recommendations Yes No

Inmate's Signature: _____ Date: _____

Legal Representative Signature: _____ Date: _____

Inmate Presence Denied Yes No

Reasons for Denial _____

Inmate Witnesses Denied Yes No

Reasons for Denial _____

THIS FORM IS TO BE PREPARED IN QUINTUPLICATE

- Completed forms to Records Clerks
- Copy to Institutional Central File
- Copy to Resident
- Copy to Central Office Central File
- Copy to Legal Representative

KENTUCKY CORRECTIONAL PSYCHIATRIC CENTER
P.O. Box 67, 1612 Dawkins Road
LaGrange, Kentucky 40031
(502)222-7161

Attachment II
CPP 18.11



COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
DEPARTMENT FOR MENTAL HEALTH AND
MENTAL RETARDATION SERVICES

ADMISSIONS OFFICE
EXTENSION 4722
EQUAL OPPORTUNITY EMPLOYER M/F/D

**APPLICATION AND REQUEST
FOR VOLUNTARY ADMISSION**

(For Adult Persons)
(Pursuant to KRS 202A and 202B)

I, _____, residing at _____,
located in Oldham County, Kentucky, make application for admission on a voluntary basis to Kentucky
Correctional Psychiatric Center, LaGrange, Kentucky for such care and treatment individualized for my needs as
may be determined by authorized medical or professional staff to be necessary.

I understand that I should participate in my individualized treatment plan which may include, but is not limited to:
Diagnosis, Evaluation, Group and Individual Therapy, Rehabilitative and Activity Therapy, Medication Therapy, and General
Medical, Psychiatric and Dental Care.

I agree to remain in the herein-named Hospital voluntarily until I am released on a trial leave status, or discharged by
the medical staff, or until I make a written request for release to the medical staff. I understand that a request for my release,
made by a person or persons other than myself must be acceptable and agreed to by me.

CONSENT FOR TREATMENT: I give authority to the facility and its staff to perform those services deemed
necessary for me which are generally used in the care of patients in this and similar facilities. I understand that I or my agent
will be called upon to give additional authorization if such special measures or surgical procedures or other special therapeutic or
preventive services are necessary or other special patient activities initiated that are not a part of the overall facility program(s).

Date

Signature of Inmate

I hereby witness the above signature and I certify that the above named patient has given informed consent
to voluntary admission to the hospital and that he is capable of giving such consent in that he understands that he
has a psychiatric disorder or emotional problem that requires treatment, understands that he is entering a psychiatric
hospital, understands that he shall be offered treatment which he may agree to or refuse, and has the right to request
his discharge from the hospital.

Date

Signature of Physician

I, _____, have been given a copy of the Kentucky
Correctional Psychiatric Center's Patient Handbook which contains the rules and regulations of this facility.

Date

Signature of Witness

Date
KCPC-007-ADM 11/92

Signature of Witness

**REQUEST FOR VOLUNTARY PLACEMENT IN THE CORRECTIONAL
PSYCHIATRIC TREATMENT UNIT PROGRAM**

I, _____, # _____, living at the Kentucky State Reformatory in Oldham County, Kentucky, voluntarily request placement in the Division of Mental Health's Correctional Psychiatric Treatment Unit Program for care and treatment individualized for my needs.

I agree to participate in my individualized treatment plan. Activities may include, but are not limited to, testing and evaluation, group and individual therapy, structured program activities, medication therapy and participation in the behavior program. I agree to follow my psychiatrist's instructions, to cooperate with the Treatment Team, and to follow program rules. I agree to cooperate with the officers and to be respectful to staff and other inmates.

I agree to remain in the Division of Mental Health's Treatment Unit Program voluntarily until I am discharged by the program staff, or until I make a written request for discharge to the program staff. Upon receipt of my written request for discharge, the Treatment Team shall arrange an appropriate placement for me within thirty days.

CONSENT FOR TREATMENT: I give authority to the Division of Mental Health and its staff to perform those services deemed necessary for me which are generally provided to program participants and which are described in the Kentucky State Reformatory Policies and Procedures.

Inmate Signature

Date

Witness Signature

Date

Witness Signature

Date

I hereby witness the above signature, and I certify that the above named patient has given informed consent to voluntary admission to the Division of Mental Health and that he is capable of giving consent in that he understands that he is entering a Mental Health Unit, understands that he shall be offered treatment which he may agree to or refuse, and has the right to request discharge from the Division of Mental Health.

Psychologist Signature

Date

**Distribution: CPTU Program File (Original)
Institutional File**

**Inmate
Central Office File**



COMMONWELTH OF KENTUCKY
CABINET FOR HEALTH SERVICES

Attachment IV
CPP 18.11

KENTUCKY CORRECTIONAL PSYCHIATRIC CENTER REFERRAL

Please complete prior to inmate's referral to KCPC. Continue any answer on back if necessary.

1. Inmate Name: _____ Institutional Number: _____.
2. Institution: _____ Unit: _____.
3. Social Security Number: _____ Date of Birth: _____.
4. Date Admitted to System: _____ Sentence: _____.
5. Charges: _____.
6. Parole Eligibility Date: _____.
7. Maximum Expiration Date: _____ Minimum Expiration Date: _____.
8. Please explain reason for KCPC referral. Include behaviors, statements, etc. of the inmate. Be as specific as possible. _____

9. Is this inmate a KCPC outpatient? Has any Department of Corrections Psychiatrist or Psychologist seen this inmate? If yes, give date seen and name of service provider. Attach any available reports or summarize findings. _____

10. Has this inmate displayed any violent, aggressive or acting out behavior? If yes, describe all such behavior: _____

11. Has any type of medication been prescribed for this inmate? If yes, please indicate name, dosage and regularity with which the inmate has been taking the medication: _____

12. Does this inmate have any physical problems, illnesses, or disabilities of which KCPC staff should be aware or for which special arrangements should be made? _____

Signature and Title: _____
Date of Referral: _____

PREADMISSION HISTORY

IMPORTANT: This form must be filled out prior to admission and brought to the hospital with the patient. The information requested is necessary so that the staff of our hospital may provide the proper treatment and assistance to the patient. PLEASE ANSWER EVERY ITEM COMPLETELY.

Patient's Name				Social Security No. (This number is needed for every patient, Please obtain prior to admission.)			
Present Address			County		Telephone Number		
Permanent Address			County		Length of Kentucky Residence		
Sex	Race	Age	Birthdate	Birthplace (City, County and State)		Veteran <input type="checkbox"/> Yes C-# _____ <input type="checkbox"/> No S-# _____	
Religion	Education	Marital Status	Occupation and Place Employed	Date Last Employed	Yearly Family Income	No. Children	
Name of Nearest Relative (or Agent)					Relationship to Patient		
Address					Telephone Number		
Person to Notify in case of Emergency					Relationship to Patient		
Address (or how to reach)					Telephone Number		
Father's Full Name				Living? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthplace	
Mother's Full Name At Her Birth (Maiden Name)				Living? <input type="checkbox"/> YES <input type="checkbox"/> No		Birthplace	
Source of Referral (Name and Address)				Medicare Claim Number		Medical Assistance ID Number	
Person or Party Responsible For Account		Address			Occupation and Place Employed		
Hospital Insurance	Type Contract	Policy-Certificate No.	Group No.	Effective Date	Subscr. Name		
List Previous Admissions to Hospitals for Psychiatric Care				Date Admitted		Date Discharged	
List Outpatient Clinics Attended				Dates Attended (From – To)			
Name and Address of Family Doctor							
Has patient used alcohol or drugs to excess?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:				
Has patient had a serious physical illness or injury recently?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:				
Does patient have a physical disability or disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:				

IF MORE SPACE IS NEEDED FOR ANY ITEM, USE REVERSE SIDE

Signature of Person Completing Form

Date



**COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES**
Kentucky Correctional Psychiatric Center
P. O. Box 67
LaGrange, Kentucky 40031
DISCHARGE REFERRAL FORM

Attachment VI
CPP 18.11

NAME: _____ INSTITUTIONAL NUMBER: _____

ADMISSION DATE: _____ DISCHARGE DATE: _____

RECEIVED FROM _____ (CORRECTIONAL FACILITY)

DISCHARGED FROM: ACUTE TREATMENT UNIT _____ BEHAVIORAL UNIT _____

PHYSCHIATRIC AND MEDICAL INFORMATION:

1. List Medications: _____

2. Discharge Diagnosis: Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

3. Medical and Mental Status: _____

4. Violent or acting out behaviors while at KPC: (Describe): _____

5. Were any special security precautions, seclusion, restraints, etc., used with this patient while at KCPC? If yes, please describe: _____

6. Additional comments or recommendations: _____

Doctor's Signature: _____ Date: _____

SEE PAGE TWO FOR SOCIAL SERVICE INFORMATION.

Social Information – Course of Hospitalization: _____

Recommended institutional placement and reason for recommendation: _____

Vocational – Aftercare recommendations: _____

Additional comments or recommendations: _____

Social Worker's Signature: _____

Date: _____

Corrections Psychiatric Treatment Unit Discharge Summary

Name: _____

Number: _____

Admission Date: _____

Discharge Date: _____

Diagnosis

Psychiatric Medications

Axis I: _____

Axis II: _____

Axis III: _____

Treatment Course: _____

Discharge Planning: _____

Other: _____

Psychiatrist Date

Psychologist Date

Nurse Date

ORS Date