KENTUCKY CORRECTIONS Policies and Procedures	Policy Number 13.13	Total Pages 7
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Authority/References KRS 196.035, 197.020, 210.005, 211.470, Chapter 319 907 KAR 12:020 ACA 5-ACI-6A-28, 5-ACI-6A-33, 5-ACI-6A-37, 2-CO-4B-04 CPP 13.12, 18.7, 18.11, 18.12	Subject **MENTAL HEALTH SERVICES**	

I. DEFINITIONS

"Developmental disability" is defined by 907 KAR 12:020(3).

"DSM" means the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

"Intellectual disability" is defined by 907 KAR 12:020(6).

"Kentucky State Reformatory Correctional Psychiatric Treatment Unit (KSR CPTU) and Kentucky Correctional Institution for Women Psychiatric Care Unit (KCIW Lonnie Watson C-Wing)" mean units that provide specialized housing as well as mental health treatment programs provided by the Department of Corrections Division of Mental Health to meet an inmate's mental health needs.

"Mental Health Authority" means the Director of the Kentucky Department of Corrections Division of Mental Health.

"Mental illness" is defined by KRS 210.005(5).

"Outpatient psychiatric services" means the psychiatric providers who conduct initial psychiatric reviews and conduct regularly occurring follow-up appointments with inmates who are diagnosed with mental illness.

"Program staff" means any employee of the Department of Corrections whose primary job tasks include classification or program functions as opposed to security functions and includes classification and treatment officers and unit administrators.

"Psychological provider" means a person who provides professional services for the Department of Corrections and is licensed or certified to practice psychology pursuant to KRS Chapter 319.

"Recreational staff" means any employee of the Department of Corrections whose primary job tasks include supervision or management of inmate recreation or recreational programs at a DOC institution and includes recreation leaders.

"Serious mental illness" or "SMI" is defined through diagnosis, duration, and significant functional impairment and:

A. Means:

1. A current diagnosis by a Department of Corrections psychological or psychiatric provider that includes (in accordance with the DSM) one or more of the following:

    a. Schizophrenia and the spectrum of diagnoses that make up psychotic disorders which result in a significant break from reality (delusional disorder, schizophreniform disorder, and schizoaffective disorder);
    b. The subset of depression disorders classified as "severe" or "with psychotic features" including major depression disorder (single or recurrent episode);
    c. The subset of bipolar and related disorder classified as "severe" or "with psychotic features" including bipolar I disorder; or
    d. The subset of neurocognitive disorders with the specifier of "major" including: Neurocognitive Disorder related to Alzheimer's, Lewy Bodies, Frontotemporal Disorder, Traumatic Brain Injury, HIV Infection, Prion Disease, Parkinson's Disease, Huntington's Disease, or Multiple Organic Etiologies including Vascular;

2. A duration of at least one (1) year; and

3. The manifestation of significant functional impairment that has been documented in the medical record, and is readily observable by custody or mental health staff; and

B. Does not mean inmates with a primary diagnosis of substance abuse or dependence, developmental disorders, or personality disorders.

"Significant functional impairment" means a determination by a Department of Corrections psychological or psychiatric provider that the inmate has consistently demonstrated difficulty in his or her ability to engage in activities of daily living, including eating, grooming, personal hygiene, maintenance of housing area, participation in recreation, or ambulation as a consequence of any diagnosis set out in the definition of serious mental illness, or the inmate has consistently demonstrated serious dysfunctional or disruptive social interactions including withdrawal, bizarre or disruptive behavior as a consequence of any diagnosis set out in the definition of serious mental illness.

"Social Services Clinician" (SSC) means any employee of the Department of Corrections so designated by personnel specification.

"Traumatic brain injury" is defined by KRS 211.470(3).

II. POLICY AND PROCEDURE

It is the policy of the Kentucky Department of Corrections (DOC) to offer a comprehensive program of mental health services, staffed by qualified personnel, to meet the needs of the inmate population. The programs shall include various levels of treatment and inmates shall be evaluated and referred to specific program components based on need. An inmate may seek psychological or psychiatric services or may be referred by institutional staff.

A. Mental Health Services – General Provisions

1. All decisions involving medical judgment relative to mental health issues, including detection, diagnosis, treatment, and referral; shall be made by mental health or medical personnel, under the overall direction and supervision of the Health Services Division.

2. The DOC shall provide a variety of mental health services through psychologists, when indicated, including:

    a. Initial diagnostic screening and appraisals;

    b. Psychological evaluation;

    c. Referrals to outpatient psychiatric services (OPS) to determine appropriateness of treatment with psychotropic medication;

    d. Group counseling;

    e. Brief, solution-focused individual counseling;

    f. Sex Offender Treatment Program;

    g. Referral to the Correctional Psychiatric Treatment Unit (CPTU) at Kentucky State Reformatory or to the Lonnie Watson C-Wing at Kentucky Correctional Institution for Women with programs provided by the Division of Mental Health;

    h. Segregation reviews;

    i. Pregnant and post-partum inmates;

    j. Treatment plans; and

    k. Crisis intervention and completion of an appropriate crisis follow-up treatment plan.

3. The psychiatric providers shall provide a variety of mental health services including:

    a. Initial diagnostic screening;

    b. Psychiatric evaluation;

    c. Psychiatric follow up;

    d. Referrals to Psychology; and

    e. Referral to CPTU or Lonnie Watson C-Wing.

4. Mental health services shall be provided by, or under the supervision of, mental health professionals, who meet the educational and licensing or certification criteria of their professional discipline. These services may be provided by contract workers or state employees.

5. Institutional level policies, procedures and schedules of activities, that relate to mental health activities, shall be reviewed and approved by the Mental Health Authority, prior to implementation. Department level policies and procedures, controlling the Sex Offender Treatment Program (SOTP), CPTU, and Lonnie Watson C-Wing programs, shall be approved at the Central Office level by state employees.

6. Any student or intern providing mental health services shall work under the direct supervision of a mental health professional, commensurate with his or her level of training.

B. Mental Health Services Referral Process

1. Within twenty-four (24) hours of entry into any institution, an inmate shall receive an initial mental health screening by a mental health trained or mental health professional. All inmates shall receive a mental health appraisal by a mental health professional within 14 days of admission.

2. Within three (3) working days of the inmate's entry into the institution, the assigned Classification and Treatment Officer shall interview the inmate and review the inmate's institutional records.

3. Any inmate admitted with a guilty but mentally ill verdict shall be referred for services in accordance with CPP 18.12.

4. Non-Emergency Referrals by Non-Mental Health Staff

    a. Non-emergency referrals shall include the inmate’s identifying

information and reason for referral. A mental health referral form may be completed by any staff member and forwarded to mental health.

b. Upon receipt of the written referral, the psychologist shall schedule an appointment for the psychological evaluation and interview, directed toward determining the basis for the behavior and its remediation.

c. Future appointments for individual counseling may be set up, provided the inmate agrees to further counseling and further counseling is indicated.

d. If deemed appropriate, the inmate may be referred to the consulting psychiatrist for further evaluation or possible medication.

e. An inmate may self-refer by signing up for sick call to see psychology staff at no charge.

5. Emergency Referrals by Non-Mental Health Staff

a. During regular business hours, an inmate may be brought to Psychological Services by the referring person or a phone call may be made informing the psychologist of the need for evaluation. After regular business hours, a phone call may be made informing the psychologist of the need for evaluation. A suicidal inmate shall be managed as indicated in CPP 13.12. A transfer to a treatment unit shall be conducted as indicated in CPP 18.11.

b. Disposition of the inmate including need for a mental health watch or psychiatric referral shall be determined by the mental health professional and communicated to the Warden or his designee.

6. Upon completion of the initial case review, the psychologist may:

a. Find that no further action is needed. This finding shall be documented in the inmate’s electronic medical record.

b. Refer the inmate to the appropriate programming. Examples include: the Sex Offender Treatment Program, Alcoholics Anonymous, group counseling, and the Substance Abuse Treatment Program, and serious mental illness programs at CPTU or Lonnie Watson C-Wing.

c. Conduct a full psychological evaluation, to further assess the inmate's need or to diagnose the inmate's problem. Evaluations may include any of the following: clinical interview; diagnostics for intellectual, personality, substance abuse, trauma, adaptive functioning; consultation with family members; record reviews; or review of

offense in order to determine the most appropriate treatment decisions.

d. Refer the inmate for a psychiatric evaluation through the OPS.

7. If no mental health problems are apparent at admission, but possible problems are observed at a later date, the inmate shall be brought to the attention of the institutional psychologist and the above mentioned referral process shall be followed.

8. If a full psychological evaluation is prepared by the institutional psychologist:

a. The evaluation shall include a review of mental health screening and appraisal data.

b. The evaluation shall include direct observation of the inmate's behavior by the psychologist and other staff.

c. The psychologist may collect and review additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities.

d. The evaluation shall include a compilation of the individual's mental health history.

e. The evaluation shall include the development of an overall treatment management plan with appropriate referrals.

f. The evaluation shall be completed within fourteen (14) days of the date of referral.

C. Mental Health Services - Emergency Care

1. Mental health emergencies requiring on-site crisis intervention shall be handled in accordance with CPP 13.12.

2. In the case of mental health emergencies requiring emergency transportation of the inmate from the institution, the transportation shall be handled in accordance with CPP 18.7.

D. Assignment - Mental Illness or Intellectual/Developmental Disabilities or Neurocognitive Disorders

1. If possible, an inmate with intellectual/developmental disabilities or mental illness shall be housed in the general institutional population, provided the inmate is functioning at a level that permits general population living.

2. An inmate, who is intellectually disabled to the degree that does not permit successful general population living, shall be referred for evaluation for placement in either a treatment program or a specially designed living area.

3. An inmate whose current mental health situation does not permit successful placement in general population shall be assigned to the least restrictive institutional environment, which may include CPTU, Lonnie Watson C-Wing, or a specially designed living unit for inmates that require more support.

4. An inmate presenting with a severe mental illness shall be housed in the least restrictive environment that is deemed safe by the multidisciplinary service team and does not adversely lead to imminent danger to the inmate, others, or the safety and security of the institution.

5. Except in emergencies, a representative of the warden and a representative of the Mental Health Authority shall consult prior to making housing and program assignments, transfer recommendations, and prior to the imposition of disciplinary action for an inmate who meets the criteria for serious mental illness.

E. Continuity of Care for Seriously Mentally Ill Inmates

1. At each regularly scheduled reclassification or other qualifying event, such as transfer, an inmate identified as mentally ill or seriously mentally ill shall be reviewed by the classification committee and psychology staff to ensure that an appropriate level of care is being provided.

2. Ongoing mental health services grounded in evidence based practices including individual and group counseling shall be provided to an inmate who agrees to such services and for whom ongoing treatment is indicated.