

 <p style="text-align: center;"><b>KENTUCKY CORRECTIONS</b> Policies and Procedures</p>	Policy Number	Total Pages
	18.11	6
	Date Filed	Effective Date
	June 14, 2016	August 5, 2016
References/Authority 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 and 2- CO-4F-01	Subject  <b>PLACEMENT FOR MENTAL HEALTH TREATMENT IN CPTU or PCU</b>	

## I. DEFINITIONS

“Emergency referrals” means the placement of an inmate into CPTU or PCU 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 CPTU or PCU 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 CPTU or PCU.

“Kentucky State Reformatory Corrections Psychiatric Treatment Unit (CPTU) and Kentucky Correctional Institution for Women Psychiatric Care Unit (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.

## 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 CPTU or PCU shall

Policy Number	Effective Date	Page
18.11	August 5, 2016	2

be appropriate if the inmate's mental condition cannot be properly treated in other settings.

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 CPTU or PCU staff.
  - a. A male inmate housed at KSR shall be referred to 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 to CPTU by contacting the DOC Director of the Division of Mental Health or designee. The Divisions of Mental Health and Population Management shall arrange admission, if indicated, and notify CPTU personnel.
  - c. A female inmate shall be referred to PCU by contacting the Director of Mental Health or designee. The Divisions of Mental Health and Population Management shall arrange admission, if indicated and notify PCU personnel.
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 CPTU or 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 CPTU or PCU Programs**

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 CPTU or PCU to determine competency and whether or not a voluntary admission is appropriate.

Policy Number	Effective Date	Page
18.11	August 5, 2016	3

- 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 CPTU or 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 CPTU or PCU Program.
- C. Discharges from CPTU or PCU Program
1. An inmate discharged from the CPTU or 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. Preparation for the Vitek Hearing.
1. The Commissioner of Corrections or designee shall designate three (3) members to serve on the Vitek hearing committee.
    - 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 Director of Population Management.
    - b. A Central Office staff member with appropriate training shall serve as chairperson.
    - c. If a Central Office staff member is not available, the Director of Population Management shall designate a chairperson of grade thirteen (13) or above.

Policy Number	Effective Date	Page
18.11	August 5, 2016	4

- 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 Director of Population Management 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 will 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.

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

#### E. 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:

Policy Number	Effective Date	Page
18.11	August 5, 2016	5

- 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.
  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.
- F. 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.

Policy Number	Effective Date	Page
18.11	August 5, 2016	6

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 CPTU or PCU, the institutional representative shall contact the Population Management Branch and institutional staff 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 institution 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 DPA;  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 \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

- Scan into KOMS
- Copy to Resident
- Copy to Legal Representative
- Copy to Electronic Health Record

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

I, \_\_\_\_\_, # \_\_\_\_\_, living in Oldham/Shelby County, Kentucky, voluntarily request placement in the Division of Mental Health's Correctional Psychiatric Treatment Unit Program or Psychiatric Care Unit 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 authorize the Division of Mental Health and its staff to perform those services deemed necessary for me which are generally provided to program participants.**

\_\_\_\_\_  
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 will 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:** Inmate  
KOMS, Scanned Documents  
Electronic Health Record