

<p style="text-align: center;">POLICY OF</p> <p style="text-align: center;">STATE OF DELAWARE</p> <p style="text-align: center;">DEPARTMENT OF CORRECTION</p>	<p style="text-align: center;">POLICY NUMBER</p> <p style="text-align: center;">D-05.1</p>	<p style="text-align: center;">PAGE NUMBER</p> <p style="text-align: center;">1 of 7</p>
<p>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</p>	<p>RELATED NCCHC/ACA STANDARDS:</p> <p>P-D-05/4-4548, 4-4351, 4-4414</p>	
<p>APPROVED BY THE COMMISSIONER:</p>	<p>SUBJECT:</p> <p>SPECIALIZED MENTAL HEALTH CARE</p>	
<p>EFFECTIVE DATE: 11/19/07</p>	<p>REVISED: 4/13/09</p>	
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services
- II. PURPOSE: Higher-level mental health services will be available.
- III. APPLICABILITY: All Department of Correction (“DOC”) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. DEFINITIONS: See glossary.
- V. POLICY:
 1. Mental Health staff will assist in transfer to an inpatient psychiatric facility whenever an offender presents a danger to self or others due to acute psychosis or other psychiatric difficulties, which cannot be treated effectively within the correctional institution. Involuntary transfer of these offenders will be completed according to the law.
 2. Transfers of offenders in DOC custody to an inpatient psychiatric facility shall be accomplished by one of the following methods:
 - a. By order of a court having jurisdiction over the offender.
 - b. By Certification of the Commissioner of Corrections, Bureau Chief of Prisons, Bureau Chief of Community Corrections, or Bureau Chief of Correctional Healthcare Services that:
 - i. The offender is currently suffering from a mental illness or condition which requires such person to be observed and treated at a mental hospital for the person's own welfare and which both:

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- (1) Renders such person unable to make responsible decisions with respect to the person's health; and
 - (2) Poses a real and present threat, based upon manifest indications, that such person is likely to commit or suffer serious harm to that person's own self or others or to property if not given immediate inpatient hospital care and treatment;
 - ii. The offender is currently recommended by the treating psychiatrist for immediate or emergent inpatient psychiatric care or stabilization;
 - iii. That the DOC cannot provide the level of care required to treat the offender; and
 - iv. Except in extraordinary circumstances, all reasonable efforts have been made to stabilize the offender utilizing mental health services available within DOC facilities (examples of reasonable efforts include increased counseling, medication adjustments, and change of housing).
3. Any certification of the Commissioner of Corrections, Bureau Chief of Prisons, Bureau Chief of Community Corrections, or Bureau Chief of Correctional Healthcare Service pursuant to this Policy shall be based upon the clinical recommendation of the treating psychiatrist and the decision of the Treatment Review Committee (TRC).
4. Referral of an offender for psychiatric evaluation.
 - a. When a mental health professional believes an offender requires psychiatric care beyond the range of services available in the institution, the treating psychiatrist will be consulted.

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- b. Request for psychiatric evaluation will be documented in offender's medical record indicating the following:
 - ii. Current mental status
 - iii. Course of treatment/treatment compliance
 - iv. Offender's behavior reflecting need for inpatient treatment
 - v. Contraindications of less restrictive treatment options
 - c. A mental health professional will ensure that the offender is placed in a setting appropriate to his/her behavior pending psychiatric evaluation.
 - d. A summary of the request and copy of the medical chart for the offender will be sent with the offender's records provided to the in-patient facility.
5. Psychiatric evaluation.
- a. Offenders referred for psychiatric evaluation will be interviewed in a timely manner.
 - b. The psychiatric report will include, but not be limited to:
 - i. Current function/mental status
 - ii. Evaluation of potential for harm to self/others
 - iii. Current and past medications, current and history of medication compliance, and responses to medications
 - iv. Current diagnosis
 - v. Length of current illness
 - vi. Therapeutic measures used
 - vii. Pertinent historical information

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and list their names and contact information on the Appointment of Treatment Review Committee form (attachment B).

- c. Upon appointment of clinical staff to the TRC to consider the treating psychiatrist's recommendation, the medical provider's State Director of Mental Health will immediately send both forms (the Psychiatric Inpatient Referral and the Appointment of Treatment Review Committee form) to the assigned clinical staff and the facility Warden or designee. The TRC must convene within 24 hours of the receipt of these documents.
 - i. The Treatment Review Committee's responsibility is to consider the treating psychiatrist's recommendation to transfer an offender to an inpatient psychiatric facility and determine whether the recommendation meets the criteria to be in the offender's medical interest.
 - ii. The Treatment Review Committee will consist of a psychiatrist, a psychologist, and the facility warden or designee who will serve as the Committee's Chair.
 - (1) No Committee member may be currently involved in the offender's treatment or diagnosis.
 - (2) A mental health professional shall not be barred from serving on a Treatment Review Committee by having diagnosed or treated the offender in the past so long as such past contact with the offender does not create a conflict of interest.
 - (3) The "Warden or designee" member of the TRC shall not exercise clinical judgment regarding the offender and will only participate for the purpose of conducting the hearing in an orderly fashion and to consider institutional security issue related to the offender.

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- iii. When the 24-hour period expires on a weekend or holiday, the medical provider's State Director of Mental Health or designee may appoint a Treatment Review Committee on the next business day following the weekend or holiday.
- iv. Although informed consent is not required, the offender should, if clinically feasible, be offered an opportunity to be clinically informed, to ask questions, and to state any cogent reasons for objecting to any referral.
- v. If feasible, the offender should be informed that he/she will have an opportunity to voice any objections during the interview with the Review Committee's non-treating psychiatrist.
- d. The members of the TRC will immediately and independently review the Psychiatric Inpatient Referral and any reports submitted as documents to meet criteria listed in this procedure.
- e. Within five days of the initial review of the Referral and documents by the TRC, the Committee will convene a hearing at which time the treating psychiatrist's recommendation will be presented and considered. The committee is to provide the offender with written notice of the hearing at least 24 hours before the hearing is to take place. This written notice is to be made via the DOC form "Notice of Hearing to Consider Psychiatric Hospitalization" (attachment C), which shall also outline the offender's ability to participate in the hearing. The TRC renders its decision using the Treatment Review Committee Report (attachment D). A completed copy of the last page of the report, which documents the recommendation of the TRC and describes the procedure for appeal, will be provided to the offender.
- f. The Chair of the TRC will appoint a Staff Advisor to assist the offender at the hearing. The Staff Advisor is typically a member of the DOC

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Treatment/Counseling staff and shall be free of conflicts of interest related to the offender.

8. All documentation described in this policy will be filed in the offender's medical chart.
9. An appropriate mental health professional will notify relevant institutional staff when transfer has been authorized.
10. Pending transfer, the offender will be monitored daily by psychiatrist, mental health professional and nursing/medical staff. Documentation of daily monitoring will be noted in offender's medical record.
11. Confidentiality of health information shall be maintained during all aspects and phases of this policy including the transfer to the inpatient psychiatric facility.
12. Once the offender has been transferred to the inpatient psychiatric facility by the process stated herein, the offender is admitted on a provisional basis. The final decision to admit offenders transferred from the DOC into the inpatient psychiatric setting is made by the psychiatrist at the receiving facility, in accordance with State law.

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-D-05

American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2008 Supplement, 4-4348, 4-4351,4-4414

Related Law:

16 *Del. C.* §§ 5152, 5153

DELAWARE DEPARTMENT OF CORRECTION

Correctional Facility

PSYCHIATRIC INPATIENT REFERRAL
(TO BE COMPLETED BY PSYCHIATRIST)

Offender Name: _____ Number: _____

Mental Health History: _____

Current Functioning/Mental Status: _____

DSM Diagnoses: Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: Current _____ Past Year _____

Offender's individualized treatment plan, listing all therapeutic interventions, including current and past medications, current and history of medication compliance, and responses to medications:

History of self-harm behavior/gestures/ideation:

History of violence/aggression toward others and/or property:

Signs, symptoms, and behaviors observed by Mental Health staff, which support that the offender meets the criteria for psychiatric hospitalization:

Efforts that have been made to stabilize the inmate in advance to recommendation of hospitalization:

The gains expected from psychiatric hospitalization, including why it is in the patient's best interest:

I therefore recommend that the above named offender be transferred to an inpatient psychiatric facility.

Signature of Psychiatrist

Date

DELAWARE DEPARTMENT OF CORRECTION

Correctional Facility

APPOINTMENT OF TREATMENT REVIEW COMMITTEE
(TO BE COMPLETED BY STATE DIRECTOR OF MENTAL HEALTH)

TO: COMMITTEE MEMBERS DESIGNATED BELOW

FROM: _____
State Director of Mental Health

DATE: _____

SUBJECT: _____
Inmate Name _____ Number _____

In accordance with the DOC Policy for Specialized Mental Health Care, a Treatment Review Committee for the above referenced inmate is appointed as follows:

Chairman: _____
Institutional Administrator or designee

Psychiatrist: _____

Psychologist: _____

Attached is the Involuntary Medication Report regarding the above referenced inmate for committee review and appropriate action.

cc: Medical Record

DELAWARE DEPARTMENT OF CORRECTION

Correctional Facility

Notice of Hearing to Consider Psychiatric Hospitalization

TO: _____ DATE: _____
Inmate Name Inmate No.

You have been diagnosed as suffering from:

A recommendation has been made by _____ to transfer you to an inpatient psychiatric facility.

The reason(s) for the recommendation is/are as follows:

The treatment Review Committee of this institution will conduct a hearing in accordance with the Department of Correction Policy on Specialized Mental Health Care to consider the recommendation on _____, at _____.

_____, has been assigned as a Staff Advisor to assist you at the hearing and will contact you shortly to discuss this matter.

At the hearing, you will have the following rights:

1. To be present at the hearing and to make a statement to the Treatment Review Committee, unless the Committee determines that it is likely that your attendance would subject you to substantial risk of serious physical or emotional harm or pose a threat to the safety of others;
2. To have the aid of a Staff Advisor to assist in presenting evidence and questioning adverse witnesses. The Staff Advisor will be present at the hearing whether or not the inmate appears;

3. To have disclosed to you the evidence which supports transfer to an inpatient psychiatric facility, where and to the extent such disclosure is consistent with your best medical interests and with institution security;
4. To receive a written report signed by the Chairman of the Treatment Review Committee reflecting the Committee's findings and conclusions, where and to the extent that such a report is consistent with your best medical interests and with institution security;
5. To present documentary evidence and call witnesses to testify in your behalf;
6. To cross-examine witnesses called by the Treatment Review Committee;

The Committee has the discretion to limit your right to present documentary evidence and testimony to cross-examine witnesses.

The Treatment Review Committee will within 24 hours of the rendering of a decision, provide you with written notice of its decision and reasons supporting the decision.

Chairman Treatment Review Committee

A copy of this report was delivered to the above inmate by:

Printed Name

Signature

Position

Date: _____

Time: _____

DELAWARE DEPARTMENT OF CORRECTION

Correctional Facility

TREATMENT REVIEW COMMITTEE REPORT

Offender Name

SBI #

In accordance with the Department of Correction Bureau of Correctional Healthcare Services Policy Specialized Mental Health Care, the Treatment Review Committee has reviewed the information presented at the administrative hearing regarding the above-reference offender.

The Hearing was conducted on _____.

_____ was assigned as the offender's Staff advisor and assisted the offender with his hearing. Notice of the Hearing was given to the offender on _____ (attach a copy of the notice of the hearing to this form).

I. Investigation

The Committee has considered the following information as documented in the offender's Medical Record:

A. The results of a psychiatric examination reflecting the offender's mental status
 Yes No

B. The offender's DSM_IV diagnosis
 Yes No

C. The offender's Individualized Treatment Plan
 Yes No

D. The Medication and dosage prescribed for the offender by the treating psychiatrist
 Yes No

E. Signs, symptoms and behaviors observed by mental health staff indicating that both of the following apply:
 Yes No

1. The offender poses a real and present threat, based on manifest indications, that they are likely to commit or suffer serious harm to that person's own self or others or to property if not given immediate hospital care and treatment and
2. is unable to make responsible decisions with respect to their own health.

The following least restrictive interventions have been attempted prior to referral for inpatient hospitalization:

The following gains from hospitalization are expected:

II. **Record of The Hearing:**

A. Offender [] was [] was not in attendance. If not, state reasons offender was not in attendance:

B. Name and position of Staff Advisor assisting offender: _____

C. The following evidence in support of the recommendation of **inpatient hospitalization** was presented at the hearing:

Offender Name & Number

H. The Staff Advisor acknowledges that the record of the hearing, as recorded above, accurately reflects what took place at the hearing.

Printed Name of Staff Advisor

Signature of Staff Advisor

III. Decision

The Treatment Review Committee consisting of

_____, Committee Chairman,

_____, Psychiatrist, and

_____, Psychologist

find that (check all that apply):

- A. Without hospitalization, continued decompensation of the offender's mental health is likely, thus presenting a substantial likelihood the offender will cause significant harm to themselves, others, or property.

- C. Without hospitalization, continued decompensation of the offender's mental health is likely, thus presenting a substantial likelihood that the offender will be unable to make responsible decisions with respect to their own health.

List evidence relied upon in support of the above finding(s):

Offender Name & Number

THEREFORE, pursuant to an in accordance with the Bureau of Healthcare Services policy on Specialized Mental Health Care,

A. The Treatment Review Committee adopts the recommendation that _____, SBI# _____, is to be transferred to an inpatient psychiatric facility as soon as a bed is available.

Treatment Review Committee Chairman

Date

B. The Committee does not adopt the recommendation that _____, SBI# _____ be transferred to an inpatient psychiatric facility.

Treatment Review Committee Chairman

Date

Any appeal of this decision must be made in writing to the provider's State Director of Mental Health or designee within 24 hours of the offender's notification of the decision. The Staff Advisor that assisted the offender at the Hearing shall be available to assist in an appeal to the Regional Director of Psychiatry or designee.

A copy of this report was delivered to the above offender by:

Printed Name

Signature

Position

Date: _____

Time: _____

cc: Offender
Classification File

FILE IN MEDICAL RECORD