

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-04	PAGE NUMBER 1 of 5
	RELATED NCCHC/ACA STANDARDS: P-G-04 (Essential); J-G-04 (Essential); MH-G-01 (Essential); 4-4368 (MANDATORY)	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: MENTAL HEALTH SERVICES	
APPROVED BY THE COMMISSIONER: 		
EFFECTIVE DATE: 4-13-09, revised 3-23-15		
APPROVED FOR PUBLIC RELEASE		

- I. AUTHORITY: Bureau of Correctional Healthcare Services
- II. PURPOSE: This policy is designed to ensure that mental health services are provided to assist offenders experiencing mental illness to sustain and to improve their ability to function safely in their environment.
- III. APPLICABILITY: All Department of Correction employees and contract healthcare providers providing behavioral healthcare services in the DDOC Facilities or outside healthcare facilities servicing DDOC offenders.
- IV. DEFINITIONS: See glossary.
- V. POLICY:
 1. Medical Intake Screening reports, including the Suicidal Behaviors Questionnaire Revised (SBQ-R), are conducted within two (2) hours of commitment to the correctional institution by a qualified medical professional to identify physical, behavioral and cognitive impairments.
 2. The nurse shall immediately refer any offender with affirmative answers to suicidal or homicidal ideation to the infirmary and/or Psychiatric Close Observation (PCO). The nurse shall enter a "bridge-order" for psychotropic medications pursuant to E-02 (4) (b).
 3. Following admission to the infirmary and/or PCO the Qualified Mental Health Professional shall conduct a comprehensive mental health exam within 24 hours of intake to determine the appropriate level of care.
 4. Offenders, who answered affirmatively to non-emergent behavioral health questions or who were determined eligible based on the clinical judgment of the intake nurse, will be referred to the Qualified Mental Health Professional for a mental health screening. This screening will be completed within 2 days of intake to make further inquiries into the offender's level of emotional, behavioral and cognitive stability.

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5. An initial mental health screening, pursuant to Policy E-02.1, may indicate a referral for a comprehensive mental health evaluation, a substance use disorder screening and/or evaluation, additional medical attention, or no indicated services.
6. Comprehensive Mental Health Evaluations (CMHE) are performed by a Qualified Mental Health Professional (QMHP) within seven (7) days of the referral from the mental health screening. If the offender meets the criteria for services, an individual treatment plan shall be prepared within thirty (30) days and revised every six (6) months.
7. Offenders undergoing a CMHE who require medication as part of their treatment shall have a psychiatric evaluation to be performed by a Delaware licensed psychiatrist or a Delaware licensed nurse practitioner within seven (7) days of the mental health screening.
8. Mental health services shall be available to offenders experiencing mental illness at Level V facilities: Howard R. Young Correctional Institution, James T. Vaughn Correctional Center, Delores J. Baylor Women's Correctional Institution, Sussex Correctional Institution and at Level 4 facilities: Plummer Community Correction Center, Hazel D. Plant Women's Treatment Facility, Webb Community Correction Center, Sussex Violation of Probation Center, Morris Community Correction Center, and Central Violation of Probation.
9. All Level 5 facilities shall provide the following services: mental health screenings, comprehensive mental health evaluations, diagnosis and treatment, emergency services, management of acute psychiatric episodes, stabilization, the prevention of psychiatric deterioration, psychiatric observation and monitoring of offenders receiving psychiatric medication, specialized housing, and the continuation of psychiatric and behavioral health care initiated at other institutions.
10. All Level 4 facilities shall provide the following services: mental health screenings, comprehensive mental health evaluations, diagnosis and treatment, management of acute psychiatric episodes, stabilization, observation and monitoring of offenders on psychiatric medication for adverse effects, and discharge planning. Mental health care beyond the scope of a Level IV facility shall be transferred to a Level V facility.
11. Mental health services include: psychosocial and pharmacological therapies, individual and/or group counseling, management of acute psychiatric episodes, stabilization of the offender, the prevention of psychiatric deterioration, relapse prevention, and the management of a continuum of care through reintegration into the community.
12. Mental health services, medical care, sex offender treatment, and substance use disorders shall be coordinated to effectively integrate behavioral health care for each

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offender to adequately address the impact of any of these conditions as they relate to each other.

13. Mental health staff shall provide information and referral to licensed psychiatric hospitals or licensed mental health facilities for admission for offenders whose psychiatric needs exceed the treatment abilities and capabilities of the correctional facility. Mental Health staff shall follow institutional procedures for a timely transfer. The offender must be safely housed and adequately monitored until such transfer can take place.
14. Decisions to transfer offenders for psychiatric care to outside facilities shall be made by the site Mental Health Director in consultation with the institutional custody staff designated and approved by the facility Warden.
15. Offenders' medical diagnoses and other health care records and information are private unless there is a duty to warn pursuant to Delaware Code Section 5402.
16. If an offender threatens physical violence against any other individual the mental health staff shall immediately notify security and the Warden of the respective facility verbally and in writing.
17. Confidentiality shall not be applied in the following circumstances: (a) an offender is suicidal; (b) an offender is homicidal; (c) an offender presents a reasonably clear danger to himself or others; (d) an offender presents a clear danger of escape or the creation of an institutional riot; (e) an offender requires movement to a specialized housing unit for observation or treatment for an acute episode; (f) an offender requires transport to a psychiatric hospital or other treatment facility outside of the institution.
18. All appropriate consent forms are signed by the offender for any release of information primarily at the point of intake. Release forms are signed at other points of contact to include: a mental health screening, a mental health evaluation, a substance use disorder screening and/or evaluation, a Psychiatric Close Observation (PCO), or any other type of contact requiring a signed consent to transfer and/or retrieve behavioral health care information. All signed consent forms shall be maintained in the electronic health record (iCHRT).
19. In accordance with Chapter 11 Bureau of Correctional Healthcare Services Policy A-03, Medical Autonomy, a mentally competent offender has a constitutional right to refuse treatment.
20. All mental health services, regardless of the level of care, must be promptly and appropriately maintained in the electronic health record (iCHRT).

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References:

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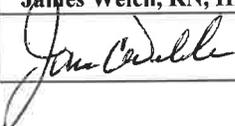
National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2014. P-G-04

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American Correctional Association: Standards for Adult Correctional Institutions, 2014 Standards Supplement 4-4368

Cohen, Fred. 2011. Practical Guide to Correctional Mental Health and the Law: New Jersey: Civic Research Institute

Approval:

Date of Policy/Revision	BCHS Bureau Chief, James Welch, RN, HNB-BC	Date	Robert Coupe Commissioner	Date
3/23/15		5/2/2015		5/2/2015