NEBRASKA Good Life. Great Mission. DEPT OF CORRECTIONAL SERVICES	POLICY **HEALTH SERVICES DEFINITIONS**		
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SUMMARY OF REVISION/REVIEW

Minor format changes throughout.

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PURPOSE

To provide definitions for health services terms used in the Nebraska Department of Correctional Services (NDCS). Team members of NDCS shall refer to this policy for any definitions that impact NDCS health services policies.

DEFINITIONS

I. **ABC** - Airway, Breathing, Circulation.

II. **ACLS** - Advanced Cardiac Life Support.

III. **AED** - Automated External Defibrillator.

IV. **AGGRESSION REPLACEMENT TRAINING (ART)** - A cognitive-behavioral treatment to help adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. This treatment specifically targets chronically aggressive adolescents ages 12-17.

V. **ANGER MANAGEMENT TREATMENT (AM)** - A cognitive-behavioral based group treatment intended for inmates assessed at a moderate risk/needs level and is to be completed in the community. Treatments vary in design and duration throughout communities.

VI. **ANGER MANAGEMENT HIGH RISK/NEED (AMHRN)** - A cognitive-behavioral based group treatment that focuses on anger management techniques, addresses the anger cycle and conflict resolution, and provides assertiveness skills and anger control plans. This treatment is intended for inmates assessed at a high risk/needs level and is to be completed within the NDCS.

VII. **BEHAVIORAL HEALTH ADMINISTRATOR (BHA)** - The behavioral health administrator provides operational support and administrative oversight to mental health, substance use disorder, sex offender services, and social work services. Ensures that clinical treatment programs operate effectively and efficiently in accordance with NDCS policies and processes standards.

VIII. **BEST PRACTICES** - Professional processes that are accepted or prescribed as being correct or most effective.

IX. **BIOPSYCHOSOCIAL MODEL** - Examines biological, psychological, and social factors affecting an individual, to examine how and why disorders occur.

X. **BLS** - Basic Life Support (i.e., Adult Cardiopulmonary Resuscitation).

XI. **CHIEF OF PSYCHIATRY** - The physician in charge of the department's mental health services and is Board Certified in Psychiatry. The chief of psychiatry provides and supervises psychiatric and mental health care services in the correctional setting throughout the Department; evaluates patient care and assesses what is required by way of treatment; acts as a consultant for physicians and mental health care staff; delivers emergency and ongoing direct clinical service; reviews medical orders for mental health patients; evaluates pharmacy utilization, and develops and reviews Treatment Plans; and evaluates patients when clinically indicated.

XII. **CHIEF PSYCHOLOGISTS** - Three chief psychologists provide clinical oversight to mental health, sex offense and substance use services.

XIII. **CLINICAL SEX OFFENSE REVIEW TEAM (CSORT)** - A team of QMHPs chaired by the CP-SO/designee. Members include the CPM-SO and QMHPs representative of NDCS facilities and treatment intensity levels. CSORT meets as needed to address workflow, but typically every two weeks. If required, CSORT decisions on a patient can be made via email or telephone discussion. At least three CSORT members are required to be present to make treatment decisions, but the panel typically has five members present at each meeting. This is required for email or telephone decisions as well. CSORT screens individuals for sexual offense clinical treatment, consults with treatment teams as needed, and is involved in the discharge process. Additionally, they serve as a consulting panel for parole and other stakeholders.

XIV. **CLINICAL SUBSTANCE USE REVIEW TEAM (CSURT)** - Clinical Substance Use Review Team will consist of five members and will be chaired by the chief psychologist for substance use services/designee. Core team members include the substance use clinical program manager and substance use supervisors. The supervisors will serve on a rotation, based upon need. This clinical team will meet at least once per month.

XV. **CLINICAL VIOLENT OFFENSE REVIEW TEAM (CVORT) –** This is a team of QMHP's chaired by the CP-MHS/designee. Members include the CP-MHS/designee, other psychologists, the CPM-VOTS, and QMHP's representative of NDCS institutions and treatment intensity levels. The CVORT meets as needed to address workflow, but typically once a month. At least three CVORT members are required to be present to make treatment decisions. The CVORT screens individuals for violent offense treatment and consults with treatment teams as needed. Additionally, they serve as a consulting panel for parole and other stakeholders.

XVI. **CONTINUING CARE** - A monthly support group generally designed for patients who have completed O-HeLP or I-HeLP that allows them to maintain treatment gains as they transition to community living. It may also be appropriate for patients who have completed sexual offender treatment at the Lincoln Regional Center (LRC), who were previous participants in sexual offender treatment and who are now incarcerated for another offense, or who have violated conditions of release. Treatment is generally four to six months, or as clinically indicated.

XVII. **CPR** - Cardiopulmonary resuscitation.

XVIII. **CRITICAL INCIDENT** - Any incident that causes people responding to an emergency to experience unusually strong emotional reactions that have the potential to interfere with their ability to function either at the scene or later.

XIX. **CRITICAL INCIDENT STRESS** - The emotional "after shock" to a critical incident that may overwhelm normally adequate coping responses.

XX. **CRITICAL INCIDENT STRESS MANAGEMENT (CISM) PHILOSOPHY** - A system that requires continuous commitment to staff and resources to ensure a systematic approach to critical incident stress management. The overriding concern of the CISM team members will be incarcerated individual, team members, and team member's family emotional and mental well-being.

XXI. **DANGEROUS**: Failure to partner with NDCS to mitigate risk during incarceration.

XXII. **DANGEROUSNESS** - For commitment purposes, a substantial risk of serious harm to another person within the near future as manifested by evidence of recent violent acts of threats of violence and/or Risk of harm to self by threats or attempts to seriously self- harm or inability to provide for his/her basic human needs. Dangerous Sex Offenders are persons diagnosed with a mental illness or personality disorder who is unable to control his or her criminal behavior.

XXIII. **DETOXIFICATION** - The process by which an individual is gradually withdrawn from a drug or alcohol by administering decreasing doses either of the same substance upon which the person is physiologically dependent, or one that is cross-tolerant to it, or a drug which has been demonstrated to be effective on the basis of medical research and/or other chemical dependent medical attention.

XXIV. **DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS FIFTH EDITION-TEXT REVISION (DSM-5-TR)** - Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5-TR) is a publication of the American Psychiatric Association (APA), which lists specific criteria that enables a clinician to establish diagnosis of mental disorders.

XXV. **DIRECT CONTACT** - A team member has regular interaction in close proximity to the incarcerated individual population.

XXVI. **DISCHARGE REVIEW TEAM (DRT)** - The Discharge Review Team is a multi-disciplinary team responsible for reviewing cases of individuals identified as high-risk who are nearing discharge and present a risk of dangerousness. The DRT will make recommendations to manage high-risk to the community discharges (i.e. law enforcement notifications and public safety warnings).

XXVII. **EMERGENCY HEALTH CARE** - Care for an acute illness or unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

XXVIII. **ESPECIALLY DANGEROUS** - the state in which individuals become likely to do harm to themselves or others representing a threat to their own or other people's safety. This includes any risk towards self or targeted risk or threat of violence towards a specific entity or victim (identifiable or unidentifiable).

XXIX. **ESSENTIAL FUNCTION** - The fundamental, crucial job duties performed in a position. They do not include marginal functions, which are extra or incidental duties, see Policy 004.02 *ADA – Team Members and Applicants*.

XXX. **GENDER DYSPHORIA** - A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

A. A marked incongruence between one's experiences/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)

B. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/ expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)

C. A strong desire for the primary and/or secondary sex characteristics of the other gender

D. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)

E. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)

F. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

XXXI. **GENDER DYSPHORIA CLINICAL SUPERVISION GROUP** - The Gender Dysphoria Clinical Supervision Group shall be comprised of all mental health professionals who are assigned to work with a patient or patients diagnosed with Gender Dysphoria, the NDCS chief of psychiatry, who may serve as chairperson, or appoint a designee as chairperson, the NDCS medical director, behavioral health administrator, and/or contractual specialty physician consultant based upon identified need. Other treatment disciplines may participate on an as needed basis.

XXXII. **GENDER DYSPHORIA TREATMENT COMMITTEE** - The Gender Dysphoria Treatment Committee shall be appointed by the NDCS medical director and/or the behavioral health administrator. The committee shall be chaired by the chief of psychiatry/designee, and other members may include a contractual Specialty Physician Consultant, based on identified need, and the behavioral health administrator. The role of NDCS representatives shall be to monitor the committee activities for contract compliance and to ensure the integrity of the assessment process through direct observation.

XXXIII. **HEALTH CARE RECORDS** - A patient’s medical or mental health records. (paper and/or electronic)

XXXIV. **HEPATITIS B VIRUS (HBV) AND HEPATITIS C VIRUS (HCV)** - Blood borne diseases that can be transmitted through exposure to blood and certain bodily fluids of people actively infected or chronic carriers. The virus invades the body and destroys certain cells of the liver. Progression of the infection caused by HBV and HCV can lead the person to develop chronic hepatitis, cirrhosis, and possibly liver cancer.

XXXV. **HUMAN IMMUNODEFICIENCY VIRUS (HIV)** - A blood borne disease that can be transmitted through exposure to blood and certain bodily fluids of infected people. The virus invades the body and destroys certain white blood cells, leaving the body’s immune system defenseless to fight infections. Progression of the infection caused by HIV will lead the person to develop Acquired Immune Deficiency Syndrome (AIDS).

XXXVI. **FACILITY HEALTH CARE COORDINATOR** - An individual, who may or may not be a physician, designated to ensure the provision of appropriate health care for patients. When this authority is not a physician, medical judgments rest with a physician assistant/nurse practitioner, nurse or first responder.

XXXVII. **INDIRECT CONTACT** - A team member does not have regular interaction in close proximity to the incarcerated individual population.

XXXVIII. **INPATIENT HEALTHY LIVES PROGRAM (I-HELP)** - A cognitive-behaviorally based treatment program, based on the Good Lives Model (GLM), intended for patients who generally score in the high risk/needs levels to re-offend sexually on the basis of static and dynamic risk factors. Treatment consists of Phase One (five to six sessions of DBT and group participation skills) and Phase Two (completion and presentation of ten core projects along with meeting treatment plan objectives). The I-HeLP involves approximately 300 hours of clinical treatment provided in group and individual formats. It takes twelve to fifteen months to complete on average dependent on individual patient progress.

XXXIX. **INTENSIVE OUTPATIENT (IOP)** - Intensive Outpatient services are non-residential, intensive, structured interventions consisting of at least 9 hours weekly of group counseling, weekly individual counseling and psychoeducational classes to improve the mental health or substance use disorder and related behaviors that may significantly interfere with functioning in at least one life domain. This program is open to those individuals who are diagnosed with a "Mild" substance use disorder qualifier and/or who have completed primary residential treatment.

XL. **LEVEL OF CARE (LOC)** - The amount and type of intervention identified as necessary to appropriately treat a patient's mental health needs. The LOC is determined by a patient's primary Qualified Mental Health Professional (QMHP), Multidisciplinary Treatment Team (MDT), and/or consulting health services staff and is updated as necessary to reflect the current level of need for the patient. The LOC is documented in the patient's electronic Behavioral Health Care Record.

XLI. **LICENSED ALCOHOL/DRUG COUNSELOR (LADC)** - Individuals who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the substance abuse treatment needs of incarcerated individuals.

XLII. **LICENSED MENTAL HEALTH PROVIDER** - A NDCS-employed licensed Master's level provider or psychologists

XLIII. **LOCAL EMERGENCY MEDICAL SERVICES (EMS)** - Community emergency response services such as 911 or private ambulance services.

XLIV. **MAXIMUM BENEFIT**- May be considered when a patient has several failed attempts at completing treatment. Maximum benefit is not considered a completion. It is utilized for those individuals who may benefit from participating in substance treatment in a different environment.

XLV. **MENTALLY ILL** - For commitment purposes, a serious mental illness, like Schizophrenia or bipolar disorder that involves a "severe or substantial impairment" in the person's ability to function and make choices about their well-being and the safety of themselves and others.

XLVI. **MENTAL HEALTH BOARD (MHB)** - Every county in Nebraska has a Mental Health Board who is empowered to order treatment for persons who are mentally ill and dangerous or who meet criteria as a Dangerous Sex Offender. Each board is composed of three members: an attorney, a mental health professional and a concerned lay person. Members of the board are appointed by District Court Judge and function like an administrative law court (e.g. issue subpoenas and oaths) in order to determine the treatment needs of persons suspected of being mentally ill and dangerous or who meet criteria as a Dangerous Sex Offender.

XLVII. **MENTAL HEALTH LEVEL OF CARE (MH LOC)** - The type of intervention identified as necessary to appropriately treat a patient's mental health needs. MH LOC is determined by a patient's primary Qualified Mental Health Professional, a Multidisciplinary Treatment Team, and/or consulting psychiatry health services staff and is updated as necessary to reflect the current level of need for the patient. LOC is documented in the patient's electronic Behavioral Health Care Record. (See Policy 115.22 *Mental Health Levels of Care*)

XLVIII. **MENTAL HEALTH RECORDS** - Medical records or parts thereof created by or under the direction or supervision of a licensed psychiatrist, a licensed psychologist, or a mental health practitioner licensed or certified pursuant to the Mental Health Practice Act.

XLIX. **MEDICAL RECORDS** - A provider's record of a patient's health history and treatment rendered.

L. **MENTORS** - Select individuals who have successfully completed treatment and are utilized as peer supports in groups and classes. These individuals demonstrate continued use of skills acquired during treatment, as well as assist peers who are currently enrolled in treatment.

LI. **MISSION SPECIFIC HOUSING** - The goal of mission specific housing is to reduce the use of restrictive housing for special populations and offer risk-/needs-responsive and behaviorally targeted interventions. NDCS has designated mission specific housing for individuals who require MH LOC (3), (4) and (5).

LII. **MOCK CODE** - The scenario will be decided by the facility health care coordinator/designee and the facility emergency specialist.

LIII. **MULTIDISCIPLINARY TEAM (MDT)** - A group composed of members with varied but complimentary experience, qualifications, and skills that contribute to the achievement of the organization's specific objectives. The team typically includes one or more QMHPs, housing/custody team members assigned to the patient's housing unit, custody, and/or educational staff.

LIV. **NEED TO KNOW** - A condition or situation in which the sharing of a patient's protected health information is necessary or desirable for a specified staff member to render services to, on, or behalf of that patient. Such services may include, but are not limited to, provision of health care, transportation, continuity of care, and treatment assignment.

LV. **OUTPATIENT (OP)** - Outpatient services are less intense forms of treatment which require fewer weekly hours and provide ongoing support for individuals. This treatment is open to those individuals who are diagnosed with a "mild" substance use disorder qualifier and/or who have completed residential and/or IOP.

LVI. **OUTPATIENT HEALTHY LIVES PROGRAM (O-HELP)** - A cognitive-behaviorally based treatment program, based on the Good Lives Model (GLM), intended for patients who generally score in the moderate risk/needs levels to re-offend sexually on the basis of static and dynamic risk factors. Treatment consists of Phase One (five to six sessions of DBT and group participation skills) and Phase Two (completion and presentation of ten core projects along with meeting treatment plan objectives). The O-HeLP involves approximately 100 hours of clinical treatment provided in group and individual formats with cohorts of ten to twelve patients. It takes six months on average to complete the program dependent on individual patient progress.

LVII. **PATIENT** - A current or former patient, parolee, or discharged patient.

LVIII. **PATIENT REQUEST OR REQUEST OF A PATIENT** - Includes the request of a patient's guardian or other authorized representative.

LIX. **PRIMARY CARE PROVIDER (PCP)** - A qualified medical professional, including a medical doctor or advanced practitioner (Nurse Practitioner or Physician Assistant).

LX. **PROVIDER** - A dentist, physician, psychiatrist, psychologist, optometrist, physical therapist and any other licensed or certified health care practitioner.

LXI. **QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)** - Includes treatment providers who have a master's degree or doctoral degree in psychology, social work, or a related field, as well as psychiatrists, psychiatric nurse practitioners, psychiatric nurses and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients. A QMHP is responsible for case management, direct treatment services and the overall mental health care of patients assigned to his or her caseload. Training specific to diagnosis and treatment for gender dysphoria will be provided to QMHPs who treat patients with gender dysphoria as necessary.

LXII. **RESIDENTIAL TREATMENT** - Is a highly structured, 90-day residential service that provides psychosocial skill building and therapeutic strategists to treat those individuals who are diagnosed with a "severe" substance use disorder qualifier.

LXIII. **SERIOUS MENTAL ILLNESS (SMI)** - A serious and persistent disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the prison environment which is manifested by substantial suffering or disability. Serious mental illness requires a documented mental health diagnosis, prognosis, and treatment as appropriate by a qualified mental health practitioner. This includes but is not limited to:

A. Schizophrenia and other psychotic disorders

B. Bipolar I and II Disorder

C. Delusional Disorder

D. Major Depressive Disorder

E. Major Neurocognitive Disorders

F. Obsessive-compulsive Disorder

G. Other DSM-5 diagnoses with concurrent acute/sub-acute/chronic functional impairment

LXIV. **SECURED MENTAL HEALTH UNIT (SMHU)** - Designated unit(s) for male patients who may experience severe impairment in mental health functioning and/or behavioral control that significantly affects their ability to function in a general population setting. The Secured MH unit at the Reception and Treatment Center consists of 32 beds, 8 of which are LOC 5/Plan Beds.

LXV. **SKILLED NURSING FACILITY (SNF)** - A licensed facility where skilled nursing care or related services are provided to individuals in NDCS custody. Individuals referred to SNF to apply restraints or suicide prevention will be seen by psychiatry/psychology daily for treatment. Orders are written as per SNF Nurse Procedures A-6, D-3, and D-5.

LXVI. **SORA SEMINAR** - A 2-hour educational seminar designed to reduce recidivism for individuals convicted of multiple Sex Offender Registration Act Violations.

LXVII. **SPECIAL NEEDS/CHRONIC CARE PATIENT** - A patient is diagnosed with a mental illness and determined to be in need of mental health intervention on an ongoing basis. At any time during his or her incarceration, a patient may become a special needs/chronic care patient based on a mental health crisis, including suicidal threats or self-injurious behavior and/or the display of signs and/or symptoms of mental illness or emotional distress. Based upon clinical indications and within the discretion of the treating QMHP in consultation with the site Psychiatrist (if on medication) and/or behavioral health administrator, a patient may also be removed from the special needs' caseload.

However, any patient carrying the Gender Dysphoria diagnosis will remain a special needs/chronic care patient. If a patient is suspected to no longer meet the clinical criteria for a Gender Dysphoria diagnosis, approval to change the diagnosis must be granted by the Gender Dysphoria Treatment Committee, with consultation from a contractual Specialty Physician Consultant as deemed necessary.

LXVIII. **SPECIALTY PHYSICIAN CONSULTANT** - A Specialty Physician Consultant is an individual who is hired by the contracted healthcare services provider. A Specialty Physician Consultant is a physician who is allowed by license, and training to practice within various medical fields to include but not be limited to Psychiatry and Endocrinology.

LXIX. **STRATEGIC TREATMENT AND REINTEGRATION (STAR) UNIT** - Designated unit(s) for female patients who may experience severe impairment in mental health functioning and/or behavioral control that significantly impacts their ability to function in an outpatient or general population setting. The STAR Unit at the Nebraska Correctional Center for Women (NCCW) has Mission Specific Housing consisting of 27 beds for Levels of Care 3, 4, and 5.

LXX. **SUBSTANCE USE TEAM** - Is supervised by the chief psychologist for substance use services and includes a clinical program manager (CPM), provisionally and/or fully licensed psychologist (PLP/LP), behavioral health practitioner supervisor (BHPS I/II), behavioral health practitioner I-IV (BHP I-IV). Social worker(s) may also be assigned specifically to the substance use team, as are various non-clinical support positions. The NDCS Substance Use Team follows guidelines and uses materials from (but not limited to) the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Association for Alcoholism and Drug Abuse Counselors (NAADAC), and Hazelden Treatment Centers.

LXXI. **TERMINATION** - Is the removal of a patient from the treatment program he/she is currently enrolled. The treatment team will recommend and provide rationale regarding why a termination is clinically appropriate. The chief psychologist for substance use services will review and approve all terminations. A termination may include, but not limited to:

A. Self-termination

B. Administratively: recommended by treatment team for, but not limited to, violation of the treatment agreement/program rules, failure to meet treatment interventions, misconduct reports

C. Security involvement: for example, transfer to another facility, or demotion

LXXII. **THERAPEUTIC RESTRAINTS** - Physical restraints used to restrain a patient with the minimum of discomfort and pain to prevent the patient from injuring himself /herself or others.

A. 2 POINT

Restraints on both wrists or one wrist and opposite ankle.

B. 2 POINT AMBULATORY

Includes use of a waist belt with wrists restrained at their respective sides.

C. 4 POINT

Restraints on both wrists and both ankles.

D. 5 POINT

Restraints on both wrists, both ankles, and a torso belt.

LXXIII. **TREATMENT AGREEMENT** - A document outlining clear expectations while enrolled in the treatment program. By signing the program agreement, patients are agreeing to adhere to the program rules and expectations. Non-adherence may result in treatment interventions up to possible termination.

LXXIV. **TRIAGE** - Screening of patients to determine priority for treatment.

LXXV. **TREATMENT INTERVENTION** - Is a clinical intervention utilized to address a variety of treatment related concerns. Patients will be placed on a treatment intervention to address a continued pattern of maladaptive behaviors that may lead to termination. While on a treatment intervention, the patient will receive additional treatment plans specific to those behaviors.

LXXVI. **TEAM MEMBER** – A person employed by NDCS and temporary team members being provided from outside sources when one of the following occurs:

A. The temporary team member's assignment is over one year (2080 hours).

B. If a health services temporary team member is scheduled for over 90 consecutive workdays.

C. When criteria is applicable to temporary/contracted team members, and custody interns. This excludes persons not performing essential functions for NDCS including but not limited to persons delivering goods, performing repair work, construction team members, or visitors.

LXXVII. **TUBERCULOSIS (TB)** - A bacterial infection caused by mycobacterium tuberculosis. Transmission is typically by airborne particles expectorated from an infected person's lungs. Inactive tuberculosis indicates previous exposure, no active infection, and is non-contagious. Active tuberculosis indicates exposure, active infection and is contagious.

REFERNCES

I. STATUTORY REFERENCE AND OTHER AUTHORITY – None noted

II. NDCS POLICIES

A. Policy 004.02 *ADA – Team Members and Applicants*

B. Policy 115.01 *Health Authority, Administration, & Personnel Management*

C. Policy 115.02 *Therapeutic Restraints*

D. Policy 115.03 *Healthcare Records*

E. Policy 115.04 *Health Education and Access to Health Services*

F. Policy 115.05 *Health Screenings, Examinations, Appraisals & Reviews*

G. Policy 115.06 *Emergency Medical Care and Hunger Strikes*

H. Policy 115.07 *Medical Parole*

I. Policy 115.08 *Pharmaceutical Services*

J. Policy 115.09 *Substance Abuse Treatment Programming, Detoxification, & Chemical Dependency*

K. Policy 115.10 *Pharmacy Medication Distribution Access and Training*

L. Policy 115.12 *Special Needs Incarcerated Individual Programs*

M. Policy 115.13 *Serious Illness or Injury, Advance Directives & Death*

N. Policy 115.15 *Serious Infectious Diseases*

O. Policy 115.18 *Management of Medical Control Items and Disposal of Infectious Waste*

P. Policy 115.22 *Mental Health Levels of Care*

Q. Policy 115.23 *Mental Health Services*

R. Policy 115.24 *Critical Incident Stress Management*

S. Policy 115.30 *Suicide Prevention / Intervention*

T. Policy 115.33 *Discharge Review Team*

III. ATTACHMENTS – None noted

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA) – None noted