

NEBRASKA Good Life. Great Mission. DEPT OF CORRECTIONAL SERVICES	POLICY MENTAL HEALTH SERVICES		
	REVISION DATE December 31, 2019	NUMBER 115.23	PAGE 1 of 6
	STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.		

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SUMMARY of REVISION/REVIEW

Changed from Administrative Regulation to Policy. Reformatted to match Policy 001.01. Added reference to Policy 115.22.

APPROVED:



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 Medical Director



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	POLICY		
	MENTAL HEALTH SERVICES		
	REVISION DATE December 31, 2019	NUMBER 115.23	PAGE 2 of 6
STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.			

PURPOSE

To provide mental health services including the detection, diagnosis and treatment of inmates with mental health problems and establish a process for all NDCS team mates to refer individuals to mental health providers for assessment.

GENERAL

It is the policy of the Nebraska Department of Correctional Services (NDCS) that there is written policy, procedure, and practice, approved by the appropriate mental health authority, for the provision of mental health services as provided by Qualified Mental Health Professionals (QMHP), Provisionally Licensed Mental Health Practitioners (PLMHP), or Provisionally Licensed Clinical Social Workers (PLCSW). (4-4368)

Procedures specifically addressing mental health services, policies and practices shall implement this Policy in specific facilities/programs within NDCS.

DEFINITIONS

- I. **QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)** - Includes treatment providers who have a master’s degree or a doctoral degree in psychology, social work, or a related field. QMHP designation requires full licensure or a provisional license and two years clinical experience. This also includes 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 inmates. A QMHP is responsible for case management, direct treatment services and the overall mental health care of inmates assigned to their caseload.
- II. **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 inmates.
- III. **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 QMHP. This includes but is not limited to:
 - A. Schizophrenia and other psychotic disorders
 - B. Bipolar I and II Disorder, Severe
 - C. Major Depressive Disorder, Severe
 - D. Major Neurocognitive Disorders
 - E. Other DSM-5 diagnoses with concurrent acute/sub-acute/chronic functional impairment.
- IV. **LEVEL OF CARE (LOC)** - The amount and type of intervention identified as necessary to appropriately treat an inmate’s mental health needs. The LOC is determined by an inmate’s primary Qualified Mental Health Professional (QMHP), Multidisciplinary Team, and/or consulting health services staff and is updated as necessary to reflect the current level of need for the inmate. The LOC is documented in the inmate’s electronic Behavioral Health Care Record.

	POLICY		
	MENTAL HEALTH SERVICES		
	REVISION DATE December 31, 2019	NUMBER 115.23	PAGE 3 of 6
STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.			

PROCEDURE

I. ORGANIZATION

The Medical Director is responsible for the overall design, implementation, and management of behavioral health services. The Behavioral Health Administrator and Behavioral Health Assistant Administrator for Mental Health support the Medical Director for all Mental Health Services.

II. APPRAISAL

- A. Within 14 days of admission to a Diagnostic and Evaluation Center, or transfer inter- or intrastate (to include Parole Revocations, County Safekeepers, and/or Returnees from Community Corrections), each inmate is provided a formal appraisal process. This includes, at a minimum, a Mental Health Appraisal completed by a QMHP and substance-use screening, completed by a LADC. If there is documented evidence of an MHA within the past 90 days, a new MHA is not required unless there is significant documented change in level of mental health functioning. The MHA includes historical and current information on mental health status and symptoms, suicidal/homicidal thoughts/behaviors, medications, prior mental health treatment and/or hospitalizations, trauma/victimization (i.e. emotional, physical, sexual), predatory behaviors, alcohol/substance use, and the QMHP's observations of appearance and disposition.
- B. The QMHP will develop/implement a treatment plan to include recommendations for program participation.

III. MENTAL HEALTH SERVICES AND REFERRALS

- A. Each institution shall ensure that appropriate physical facilities and QMHPs are available to provide mental health services. QMHPs provide services which may include:
1. Crisis intervention and the management of acute psychiatric episodes.
 2. Stabilization of inmates with mental illness and monitoring for psychiatric deterioration in the correctional setting.
 3. Stabilization of inmates who verbalize or demonstrate current thoughts of harm to self or others.
 4. Elective therapy services based on QMHP determination of level of care (LOC).
 5. Provision for referral and admission to the appropriate LOC.
 6. Mental health care encounters, interviews, examinations, and procedures should be conducted in a setting that respects the inmate's privacy whenever possible.
 7. Procedures for obtaining and documenting informed consent.
 8. Determination of the appropriate LOC for each inmate.

 Good Life. Great Mission. <hr/> DEPT OF CORRECTIONAL SERVICES	POLICY		
	MENTAL HEALTH SERVICES		
	REVISION DATE December 31, 2019	NUMBER 115.23	PAGE 4 of 6
STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.			

- B. Each institution shall denote the appropriate LOC for those inmates meeting the criteria for SMI and/or who meet the threshold for high severity symptoms that are unable to be better managed in a less restrictive environment.
- C. NDCS staff may initiate a referral for inmates to Mental Health using the Mental Health/Medical Referral Form (Attachment A). Inmates referred for mental health treatment will receive a comprehensive evaluation by a QMHP. The evaluation is to be completed within 14 days of the referral receipt date and include at least the following:
 - 1. Review of mental health screening and appraisal data.
 - 2. Direct observation of behavior.
 - 3. Collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities.
 - 4. Compilation of the individual's mental health history.
 - 5. Development of an overall treatment/management plan with appropriate referral to include transfer to mental health facility for inmates whose psychiatric needs exceed the treatment capability of the facility.
- D. Any inmate may refuse (in writing) mental health care services.

IV. CONTINUITY OF CARE

To provide necessary continuity of care for inmates, QMHPs will ensure:

- A. All mental health and/or intellectual disability documented in the Behavioral Health Care Record are diagnosed and/or confirmed.
- B. All inmates with an SMI diagnosis and/or who meet the threshold for high severity are scheduled to be seen in person by a QMHP at least once every thirty days.
- C. All inmates who have changes made in their psychotropic medications are reviewed at least every 90 days, or as triaged.
- D. All inmates with an SMI diagnosis have an Individualized Treatment Plan, which include short and long-term goals, which are reviewed every 90 days, or as triaged.
- E. Non-SMI inmates who receive psychotropic medications are seen every 6 to 12 months, or on an "as needed" basis.
- F. When transfer to a higher/lower level of care is indicated, a QMHP from the current facility will contact a QMHP at the proposed receiving facility to initiate. For further information on transfers due to LOC, please see Policy 115.22, *Mental Health Levels of Care*.

V. SERVICE RECIPIENTS

	POLICY		
	MENTAL HEALTH SERVICES		
	REVISION DATE December 31, 2019	NUMBER 115.23	PAGE 5 of 6
STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.			

- A. Policy 115.12, *Special Needs Inmate Programs* denotes those inmates with this designation, and includes:
 - 1. Severe Mental Illness
 - 2. Intellectual Disability
 - 3. Developmental Disability
 - 4. Sex Offenders
 - 5. Substance Use
 - 6. Physical Disability
 - 7. Violent Offenders
 - 8. Involuntary Medication Order
- B. Inmates housed in restrictive housing will be seen in accordance with Policy 210.01, *Restrictive Housing*.
- C. Inmates demonstrating suicidal ideation will be seen in accordance with Policy 115.30, *Suicide Prevention/Intervention*.
- D. Other inmates, as clinically indicated by QMHP.

REFERENCE

I. STATUTORY REFERENCE

- A. Nebraska Revised Statute: §48-120, §71-8403

II. NDCS POLICIES

- A. Policy 115.12, *Special Needs Inmate Programs*
- B. Policy 115.22, *Mental Health Levels of Care*
- C. Policy 115.30, *Suicide Prevention/Intervention*
- D. Policy 210.01, *Restrictive Housing*

III. ATTACHMENTS

- A. Mental Health/Medical Referral Form DCS-A-mnh-004 (11/98)

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS

- A. Standards for Adult Correctional Institutions (ACI) (4th edition) 4-4368

 Good Life. Great Mission. <hr/> DEPT OF CORRECTIONAL SERVICES	POLICY MENTAL HEALTH SERVICES		
	REVISION DATE December 31, 2019	NUMBER 115.23	PAGE 6 of 6
	STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.		

- B. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-15, 4-ACRS-4C-16