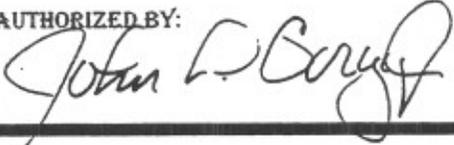




**DEPARTMENT OF CORRECTIONS  
AGENCY OF HUMAN SERVICES  
STATE OF VERMONT**

NUMBER

\_\_\_\_\_ POLICY  
361.01 DIRECTIVE  
 \_\_\_\_\_ PROCEDURE  
 \_\_\_\_\_ PROTOCOL

<b>SUBJECT</b>  Mental Health Directive	<b>EFFECTIVE DATE</b>  8/20/97	<b>REVIEWED AND RE-ISSUED</b>	<b>SUPERSEDES</b>  NEW
<b>RECOMMENDED FOR APPROVAL BY:</b>  SIGNATURE	<b>AUTHORIZED BY:</b>  SIGNATURE		

**I. AUTHORITY**

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

**II. PURPOSE**

Mental health delivery in the correctional facility environment is unique. While professional autonomy must be preserved, this must be carried out with regard to administrative and security practices that serve to guide an effective correctional system. Professional mental health judgment can be exercised freely and the requirements of security can be maintained when each works in conjunction with the other to bring about an orderly system.

The mission of the Vermont Department of Corrections' (VDOC) mental health services is three-fold:

1. To provide comprehensive clinical services to alleviate symptoms and reduce suffering;
2. To enhance the safety of the correctional facility environment for inmates, staff and visitors; and
3. To ready inmates with mental illness for participation in risk reducing programs through direct services, case coordination, and research evaluations.

**III. APPLICABILITY/ACCESSIBILITY**

All individuals and groups affected by the operations of the Vermont Department of Corrections may have a copy of this directive.

#### IV. DEFINITIONS

***Serious Mental Illness:*** means a substantial disorder of thought, mood, perception, orientation or memory, any of which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

***Mental Health Professional:*** means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner, or other qualified person determined by the Commissioner of Developmental and Mental Health Services.

#### V. DIRECTIVE

The Vermont Department of Corrections shall administer a program of mental health services which shall be available to all inmates and shall provide adequate resources to support the program. The program shall provide the following services:

1. Within 24 hours of admittance to a correctional facility all inmates shall be screened for any signs of serious mental illness.
2. A thorough evaluation of each inmate who has a history of serious mental illness or who shows signs or symptoms of serious mental illness at the initial screening. The evaluation shall be conducted by a mental health professional who is qualified by training and experience to provide diagnostic, rehabilitative, treatment or therapeutic services to persons with serious mental illness. The evaluation shall include review of available medical and psychiatric records.
3. The development and implementation of an individual treatment plan, when a clinical diagnosis by a mental health professional indicates an inmate is suffering from serious mental illness. The treatment plan shall be discussed and reviewed with the inmate by a mental health professional. The inmate's input shall be incorporated where feasible and appropriate.
4. Access to a variety of services and levels of care consistent with the treatment plan to inmates suffering serious mental illness. These services shall include, as appropriate, the following:
  - (a) Follow-up evaluations.
  - (b) Crisis intervention.
  - (c) Crisis beds.
  - (d) Residential care within a correctional institution.

- (e) Clinical services provided within the general population of the correctional facility.
  - (f) Services provided in designated special needs units.
  - (g) Discharge planning for community services.
  - (h) Other services that VDOC and the Department of Developmental and Mental Health Services jointly determine to be appropriate.
5. Procedures to identify any inmate who has not received screening, evaluation and access to mental health services.
6. Special training to medical and correctional staff to enable them to identify and respond to inmates with mental health needs. This training shall include the following:
- (a) Recognition of signs and symptoms of serious mental illness in the inmate population.
  - (b) Recognition of signs and symptoms of chemical dependence and withdrawal.
  - (c) Recognition of signs of adverse reactions to psychotropic medication.
  - (d) Recognition of signs of improvement in the general condition of the inmate.
  - (e) Recognition of signs of mental retardation.
  - (f) Recognition of mental health emergencies and awareness of how to contact the appropriate professional care provider and taking other appropriate action.
  - (g) Suicide potential and prevention.
  - (h) Precise instructions on procedures for mental health referrals.
  - (i) Any other training determined to be appropriate.
7. All protocol development will include affected staff in discussions. Unresolved differences will be settled by the Executive Management Team (EMT).
8. Staff shall adhere to the following professional principles:
- (a) Services are available to all inmates without regard to race, color, creed, religion, national origin, age, sex sexual orientation, or handicap.

- (b) The approach to the provision of services is multi-disciplinary and eclectic and adheres to accepted practices and standards of care. Services are based upon individualized goal-oriented treatment plans. Treatment is carried out under the least restrictive conditions consistent with the inmate's level of functioning and security requirements. Services shall be implemented in a manner that ensures continuity of care and appropriate follow-up.
- (c) Where possible, active involvement of the recipient's family in care and treatment will be fostered.
- (d) The physical and psychological milieu shall be conducive to enhancing the inmate's self respect and dignity. Privacy and the inmate's rights shall be respected as fully as possible without compromising the safety and security of other recipients, staff and the wider community.
- (e) VDOC mental health policies, procedures and management systems shall be designed to promote ongoing assessment and improvement of the processes that contribute to quality care and satisfaction, therapeutic environment, improved staff skills and performance, and effective integration of functions and services.
- (f) VDOC mental health staff development and education, personnel policies and management systems shall be designed to support, attract and retain highly qualified staff and personnel.
- (g) There shall be collaboration with community-based services and agencies to promote and enhance offender services and transition into their communities.

## VI. REFERENCES

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

NCCHC Adult Standards 1992 P-35

NCCHC Adult Standards 1996 J-39

ACA 1990 3-4336, 3-4337, 3-4343, 3-4344, 3-4349, 3-4364, 3-4367, 3-4368, 3-4369, 3-4370, 3-4371

American Psychiatric Association (1989). Psychiatric Services in Jails and Prisons (Task Force Report #29). Washington, D.C., American Psychiatric Association.

## VII. DRAFT PARTICIPANTS

This directive was drafted by Thomas Powell, Ph.D., Clinical Director, 103 S. Main St., Waterbury, VT 05671. Also actively participating in development of this directive were Erin Turbitt, Sandy Dengler, Shirley Meier, R.N., M.Ed., and Chris Carr, Ph.D.