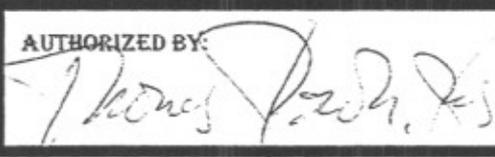




DEPARTMENT OF CORRECTIONS  
 AGENCY OF HUMAN SERVICES  
 STATE OF VERMONT

NUMBER  
 \_\_\_\_\_ POLICY  
 \_\_\_\_\_ DIRECTIVE  
 \_\_\_\_\_ PROCEDURE  
 361.01.02 PROTOCOL

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

The purpose of this protocol is to provide a standard by which inmates are referred for, both by themselves and by staff, and receive timely mental health services.

**III. APPLICABILITY/ACCESSIBILITY**

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

**IV. DEFINITIONS**

**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.

**Mental Health Referral:** is the process by which an individual in the criminal justice process, having been identified or self-identified as possibly in need of mental health treatment, is provided with the opportunity for suitable mental health assessment, evaluation and diagnosis to determine whether such care is necessary.

**V. DIRECTIVE**

- A. A mental health referral may occur at any time and be made by any person (including the inmate) for the following purpose(s):
1. A mental health evaluation;
  2. Suicide potential assessment;
  3. Other
    - a. an individual may be referred to mental health staff for services not otherwise stated;
    - b. an individual may self-identify themselves in need of mental health services not otherwise stated;
    - c. in these cases, mental health staff will determine the appropriate referral need.
- B. Mental health referrals by staff members
1. Any staff member who believes that an inmate may be in need of mental health services shall complete a *Mental Health Referral* form. This form includes the following:
    - a. observations of the inmate's behavior
    - b. situational variables (i.e., roommate difficulties, change in legal status) which may impact his or her emotional state.
    - c. additional comments relevant to the understanding of this inmate.
  2. A supply of Mental Health Referral forms shall be kept on each unit and in the shift supervisor's office.
  3. Completed forms should be placed in a secure mental health box to allow for 24-hour staff accessibility. This box will be checked each weekday.
  4. These forms are confidential and must be kept from the view of other inmates.
  5. The referring staff member may be contacted by clinical staff for follow-up information.
- C. Suicide risks and crisis situations
1. If a referring staff member believes that an inmate may be at risk for suicide, he or she shall contact mental health or supervisory personnel immediately in accordance with Protocol #361.01.13 (Suicide Prevention).
  2. If a referring staff member believes that an inmate's mental health situation is critical and requires immediate attention, he or she shall contact mental health or supervisory personnel immediately.
  3. If an emergency situation, such as a suicide risk or a crisis situation, arises during off hours, staff members shall follow procedures in accordance with protocols regarding On-Call Coverage and Crisis Intervention.
- D. Self-referrals for mental health services
1. Inmates identifying themselves in need of mental health services shall complete an *Inmate Request for Clinical Services* form and forward it to mental health services. This form includes the following:
    - a. perceived problem areas;
    - b. response section (mental health staff completes);
    - c. space for SOAP note upon meeting with inmate.

2. If the inmate believes that his or her concerns need to be addressed immediately, he or she shall contact the case manager or any correctional officer in order to receive assistance in obtaining mental health services as soon as possible.

E. Notice

1. On the day of arrival at a facility, preferably at the time of the initial screening processes, each inmate shall be provided with written material orienting him or her to procedures for accessing medical and mental health services followed by a verbal orientation within 14 days.
2. Additionally, notices describing access to health and mental health services shall be posted in living areas and common areas throughout the facility.

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-54

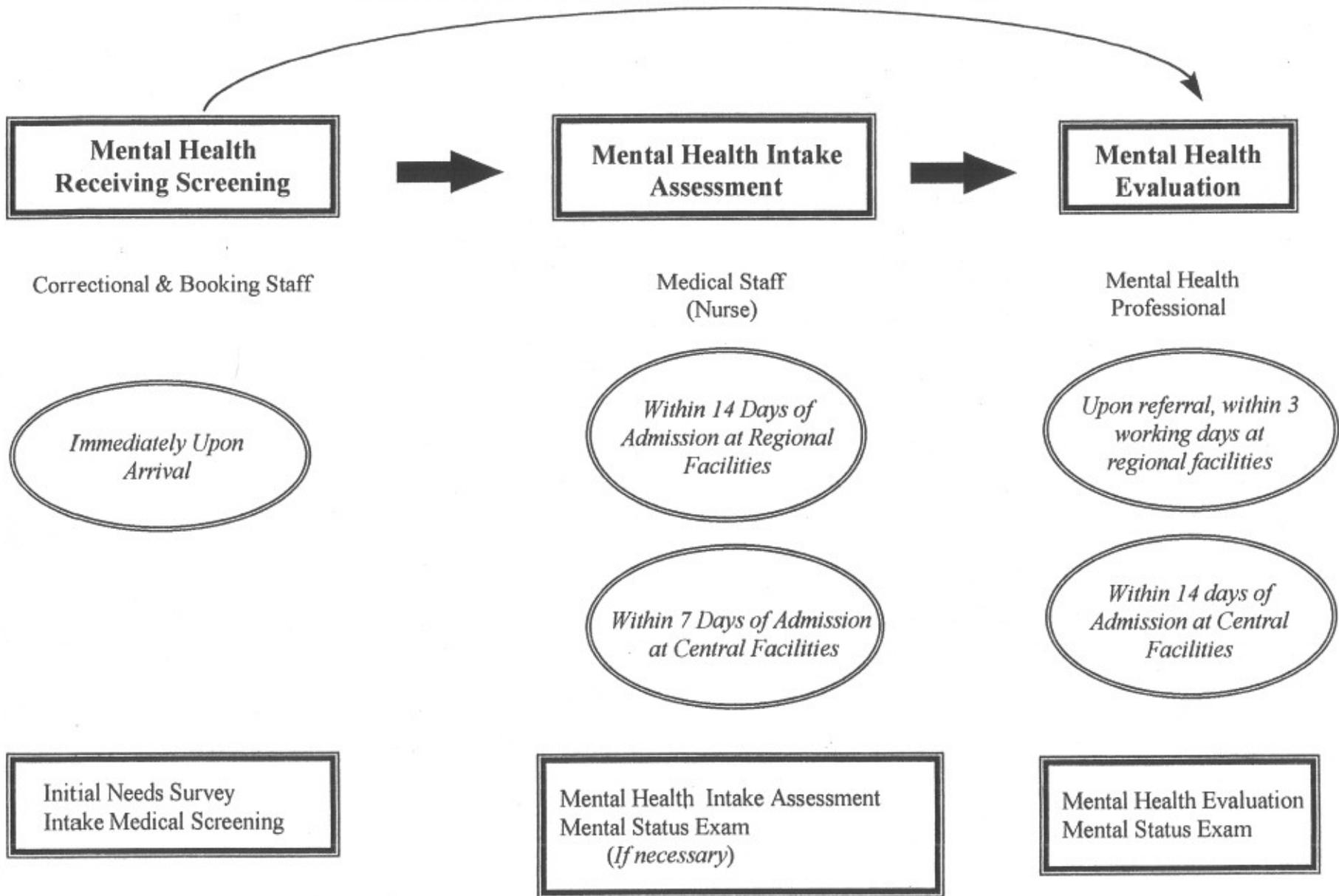
NCCHC Adult Standards 1996 J-51

ACA 1990 3-4343, 3-4344, 3-4349

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.

**PROGRESSION OF MENTAL HEALTH SERVICES**



## INMATE REQUEST FOR CLINICAL SERVICES

Dental                       Medical                       Mental Health  
*Please check one of the above.*

Inmate Name: \_\_\_\_\_  
Facility: \_\_\_\_\_

DOB: \_\_\_\_\_  
Date: \_\_\_\_\_

### Description of Problem

*Please do not write below this line.*

### Staff Section

Disposition: \_\_\_\_\_  
Triaging Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

S: \_\_\_\_\_  
\_\_\_\_\_

O: \_\_\_\_\_  
\_\_\_\_\_

A: \_\_\_\_\_  
\_\_\_\_\_

P: \_\_\_\_\_  
\_\_\_\_\_

Signature of Responding Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

## MENTAL HEALTH REFERRAL FORM

Inmate Name: \_\_\_\_\_  
Facility: \_\_\_\_\_

Referring Staff: \_\_\_\_\_  
Unit: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### Observations

*Describe inmate's behavior (please be specific)  
What is inmate saying which causes you concern (please use quotations if possible)?*


### Situational Variables

*Does this behavior seem unusual for this resident? Describe any roommate problems, change in legal status or other factors which may have impacted his or her emotional state. How long has it been going on?  
Do you know of any circumstances which may have caused (or worsened) this problem?*


### Additional Comments


Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


## Procedures

This form is designed to help us identify inmates with mental health needs, as well as to provide staff with a way to document that they are responding to those needs. Your observations and comments are important.

1. For use by staff when an inmate appears to be acting or talking in a bizarre or unusual manner, which is not the norm for that inmate.
2. A supply of forms will be kept on each unit and in the shift supervisor's office.
3. Completed forms are confidential; they must be safeguarded from the view of other inmates.
4. Completed forms should be placed in the mental health box in a designated area to allow for 24-hour staff accessibility.
5. This box will be checked each weekday.
6. Referring staff member may be contacted by clinical staff for follow-up information.
7. Staff are encouraged to ask questions or seek advice from clinical staff regarding plan of action for resident.