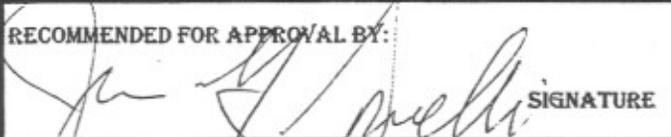
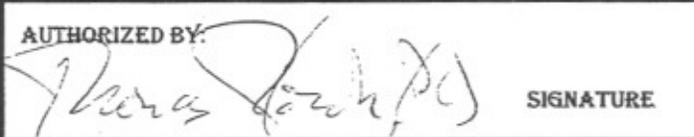




**DEPARTMENT OF CORRECTIONS
AGENCY OF HUMAN SERVICES
STATE OF VERMONT**

NUMBER
 _____ POLICY
 _____ DIRECTIVE
 _____ PROCEDURE
361.01.05 PROTOCOL

SUBJECT Mental Health Services	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 STATEMENT

The purpose of this protocol is to establish a standard procedure for the provision of mental health services for all inmates in the custody of the VDOC. The fundamental goal of mental health services should be to provide the same level of care to inmates in the correctional system as is available to them in the community.

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 Treatment: is defined as the use of a variety of mental health therapies, biological as well as psychological, in order to alleviate symptoms of mental disorders which significantly interfere with the inmate's ability to function in the particular criminal justice environment.

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.

V. PROTOCOL

It is the policy of the Vermont Department of Corrections (VDOC) that every inmate who is being seen on a regular basis for mental health services shall have a treatment plan which represents an attempt to create a specific set of goals for which treatment is recommended and the means by which the goals will be accomplished.

- A. Essential Mental Health Services: The essential program priorities for mental health treatment services include but are not limited to:
 1. Recognition and treatment of inmates with serious mental illness (e.g., inmates with psychotic symptoms, dementia, or significant depression with suicidal ideation);
 2. Consultation with other health care providers and correctional administration and staff.

- B. An appropriate range of mental health treatment services, housing and psychotherapies of different types including the following:
 1. A special program for inmates requiring close mental health supervision;
 2. Available inpatient beds, either in the facility or in hospital settings, for inmates in need of psychiatric hospitalization;
 3. Seven-day-a-week mental health coverage which includes 24 hour availability of consultation with a psychiatrist;
 4. Assessment and preparation of a written, individualized treatment plan for all inmates receiving mental health services in accordance with Protocols 361.01.04 (Mental Health Evaluation) and 361.01.06 (Individualized Treatment Planning);
 5. Availability of appropriate psychotropic medications;
 6. Health Assessment
 - a. this includes a review of the inmate's medical history and current medical conditions or symptoms as they impact the inmate's psychiatric status and current treatment.
 - b. appropriate referrals are made to the medical staff where indicated.
 7. Discharge Planning
 - a. systematic planning for termination from current services and linkage to follow-up services either in a facility or the community as clinically appropriate in accordance with Protocol 361.01.01 (Continuity of Care).
 - b. this includes identifying the resources and supports required for referral to another program. Where clinically indicated, it is ensured that linkage to appropriate service programs in the community takes place.
 8. Psychotherapies - individual or group psychotherapy designed to address the specific problems and concerns of the inmate as identified in the treatment plan.
 9. Psychopharmacotherapy - the use of medication in the treatment of mental disorders, as prescribed by a physician or psychiatric nurse practitioner responsible for the inmate.

10. Medication Education - the provision of information to inmates regarding the nature of his or her mental illness and the benefits, risks, and side effects of the proposed psychopharmacological treatment.
11. Crisis Services - short term intensive treatment provided on an individual basis to inmates who are in a state of crisis.
 - a. services aim at assessment and the alleviation and/or stabilization of any crisis episode.
 - b. for more acute episodes, 24 hour on-call and crisis coverage is available; the nursing staff will access the services of the on call psychiatrist, other mental health professional, physician or other health care staff as required.
12. Case Management - assisting and monitoring the inmate in obtaining services and supports that he or she requires.
13. Other Individual Services - short-term limited intervention provided to inmates who require brief assessments, support, and/or situation-specific services.

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.

ACA 1990 3-4336, 3-4337, 3-4369

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.