STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS

Policy: 361

Subject:	**Mental Health Services**		
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Supersedes:	**NEW**	**APA Rule Number:**	

Recommended for approval by:		**Authorized By:**	
Signature	**Date**	**Signature**	**Date**

1. **Authority:**

   1.1 INTRODUCTION

   1.1.1 Mental Health Services are an integral part of the Vermont Department of Corrections' commitment to the habilitation and rehabilitation of offenders so that they may live productive, law-abiding lives as citizens. These services are also a part of the necessary address to the frequently overwhelming experiences of incarceration and supervision.

2. **Purpose:**

   2.1 It is the purpose of this policy to define the role of mental health services in the habilitation and rehabilitation programs of the Vermont Department of Corrections, the planning as provided for in Policy 121, and to define the relationship of these programs with programs and services provided elsewhere.

3. **Applicability/Accessibility**

   3.1.

4. **Policy**

   4.1 STATEMENT OF PHILOSOPHY

   4.1.1 While most persons who are committed to incarceration or supervision by the Vermont Department of Corrections experience a sense of depression, anger, being overwhelmed, etc., which is diagnosable as a transient emotional disturbance and requires sensitive concern and response, the majority of offenders are suffering chronic or longer standing mental illness. This larger group of offenders needs socially organized interventions designed to habilitate or rehabilitate them for living in a normal community, to be able to

obey the laws of the community and to provide for their needs and the needs of those dependent on them.

4.1.2 The Vermont Department of Corrections holds that responsible and supervised involvement in the general community outside an institution is the best environment for the establishing, maintaining and supporting social behaviors which promote a sense of mental health and well being.

4.1.3 When incarceration is necessary, habilitation and rehabilitation takes place best in a social environment where that social system is deliberately controlled to emphasize personal responsibility to the group for each individual's behavior.

4.1.4 For the small percentage of offenders who have chronic or long standing problems of mental illness, the Department of Corrections is committed to the effective and humane meeting of these needs in an environment of least restriction to the offender consistent with public safety and treatment of those problems. Individual program plans, consistent with Policy 121, will include specialized professional services designed to ameliorate or control the symptoms of chronic or long standing mental illness.

4.2 AVAILABILITY OF OFFENDERS OF MENTAL HEALTH SERVICES

4.2.1 It is the orientation of the Vermont Department of Corrections that offenders, as citizens of Vermont, are due Mental Health Services for chronic, long standing, or transient disorders (adjustment to a specific crisis or stress).

4.3 PAYMENT FOR SERVICES

4.3.1 General Rules Governing Payment

4.3.1.1 Payment will be made only for services rendered by or under direct supervision of practitioners holding a license or certificate (when licensure is not available) issued in Vermont in accordance with the Title XIX fee schedule established by the Agency of Human Services.

4.3.1.2 The practitioner will initiate the process for prior and payment authorization by submitting a letter itemizing estimates of procedure(s) and an estimated cost associated with each.

4.3.1.3 No payment will be made unless the signature or initials of the Superintendent or District Manager of the appropriate Facility or

District are on the letter of estimate. In instances when services will occur outside of an existing contract between a vendor and the Department of Corrections, or when fees will exceed Title XIX rates, prior approval by the Department of Corrections Chief of Clinical Services is required.

4.3.1.4 The fees used are those established by the Agency of Human Services for Title XIX (Medicaid) for the services itemized and are to be accepted by the practitioner as the maximum allowable charge for each service rendered. Occasionally, a reasonable deviation from the established fee schedule will be allowed by the Chief of Clinical Services in cases of unusual difficulty. Additional detailed information will be required to justify deviation.

4.3.1.5 The Department of Corrections' financial responsibility is secondary to that of the offender and any insurances or other benefits (Example: Veterans Administration, Social Security, etc.) that an offender may have available to him or her. If the offender elects not to take advantage of insurances (to include participation in employer related programs) or other available benefits, (s)he becomes responsible for that part of the total bill.

4.3.1.6 Co-Case Managers will make an effort to assist the offender in accessing and/or signing up for benefits and insurances available. Claims payments should go directly to the treating Mental Health professional where possible. In all cases of benefits used for claims payment, a request should be made to the benefit provider that the facility receive notice of payment.

4.3.2 Payment by Offenders Who Have No Resources Other Than Work Release

4.3.2.1 Inmates on work release and/or earning at least the minimum wage will be responsible for a pro-rated amount of the Department's share of the bill, if other resources are not available to the offender.

4.3.2.2 To determine the percentage of the amount the inmate's work release income will pay for: find the actual number of hours worked for four weeks prior to the date of billing. The percentage figure derived by the number of hours worked by 160 possible work hours will determine the amount of the Department's incurred liability for which the inmate is responsible.

Example:	Number of Hours Actually Worked
First Week	25
Second Week	15
Third Week	20
Fourth Week	20
	80 Hours

80 hours divided by 160 hours = 50%.

Therefore, if the Department's liability is $300.00, the inmate is to reimburse the Department a total of $150.00.

4.3.2.3 To determine the actual amount to be extracted from the weekly pay:

(a) If the offender has no current medical/dental/mental health/substance abuse liability to the Department, 20% of his/her gross earnings will be paid to the Department until the debt is eliminated.

4.3.2.4 (b) If other liability exists, 10% of the gross pay will be used to retire the debt. Any deductions will be rounded to the nearest whole dollar.

4.3.2.5 Inmates will be expected to use their resources (e.g., savings accounts) as a source of funds for bill payment.

4.3.2.6 Inmates achieving parole status will continue to be responsible for reimbursing the Department for their portion of the bill(s).

4.4 USE OF PREVIOUSLY ESTABLISHED THERAPIES

4.4.1 At times a person will be committed to the care, custody, and supervision of the Vermont Department of Corrections who has initiated a course of mental health related treatment prior to such commitment. Such treatment may continue only if: (1) there is approval by a Department of Corrections retained consultant or a Department of Corrections employed mental health professional that the effects of the treatment are not likely to generate a danger to the recipient or others; (2) that the costs of such treatment continue to be borne by the offender, or that they be handled as per Section VI of this policy; (3) that there be no requirements for special equipment, locales of service, or other special circumstances which are in conflict with security or case plan considerations or the normal operations of a facility, field office, or the Department; or (4) that any use of medications be reviewed

by a psychiatric consultant of the Department of Corrections and be approved for continued use in the facility or community context in which the offender is placed.

4.5 USE OF PSYCHOTROPIC MEDICATIONS

4.5.1 Generally, the Department of Corrections encourages the treatment of mental health concerns with a minimum use of medications. However, there are cases and situations in which psychotropic medications are necessary for effective treatment. Such medications are to be prescribed by psychiatrists only, and then only after consultation with the physician responsible for the physical medicine and health care needs of the offender.

4.5.2 Procedures established at each facility and field office must be followed for the monitoring of the effects of such medications (Policy 481).

4.5.3 FREEDOM OF CHOICE

4.5.3.1 Offenders have the right to seek mental health related services from any desired source. The Department of Corrections shall require the same approval and control as exercised in Section VII, Use of Previously Established Therapies, of this Policy.

4.6 USE OF MENTAL HEALTH CONSULTANTS BY THE DEPARTMENT OF CORRECTIONS

4.6.1 It is the intention of the Department of Corrections to use mental health consultants to plan program elements at each facility (and to suggest alterations), to aid in the implementation of Policy 121 for planning offender programs and to function in staff skill development for the provision of services to offenders. The use of mental health professionals for performing formal evaluations and creating specific program plans will be reserved for cases where the consultative processes have failed to develop an adequate assessment and subsequent program for the offender or in the direct delivery of service where such services are not available directly from Department of Corrections personnel.

4.7 CONFIDENTIALITY OF TREATMENT INFORMATION

4.7.1 Policy 266, Section XI, defines the mechanisms and controls for confidentiality of medical, mental health, and substance abuse treatment information. Practitioners providing services to offenders in the care, custody, or supervision of the Vermont Department of Corrections through the auspices or authority of Vermont Department of Corrections are expected to share data with Vermont Department of Corrections, consistent with Policy 266.

4.8 CONTRACTED SERVICES

4.8.1 The Vermont Department of Corrections has established contracts for provision of various types of services to offenders, its facilities and field offices, and the system at large. All such services and any materials produced related to such services are the property of the Vermont Department of Corrections.

5. Training Method

5.1.

6. Quality Assurance Processes

6.1.

7. Financial Impact:

8. References

This policy should form the guidelines for the use of mental health services in the assessment and planning processes of Policy 121 (Program Planning and Authorization), and services under Policy 702 (Potential Suicide), Policy 335 (Coordination With VSH), Policy 481 (Health Care Services), and Policy 681 (Alcohol and Drug Services).

9. Responsible Director and Draft Participants

POLICY