



Operating Procedure

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| Authority COV §53.1-32 | |
| ACA/PREA Standards 4-4368, 4-4399, 4-4403; 4-ACRS-4C-04, 4-ACRS-4C-15 | |
| Office of Primary Responsibility Chief of Mental Health Services | |

Subject
**MENTAL HEALTH SERVICES:
ADMINISTRATION**

Incarcerated Offender Access
Yes No

FOIA Exempt Attachments Yes No #3 No

I. PURPOSE

This operating procedure provides for the organization and administration of Mental Health Services within the Department of Corrections.

II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

Offender with Serious Mental Illness (SMI) - Offender diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, PTSD or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person’s ability to meet the ordinary demands of living.

Qualified Mental Health Professional (QMHP) - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, Psychiatrist, Social Worker (Masters level) or Registered Nurse or an individual with at least a Master’s degree in psychology, social work or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders.

Secure Diversionary Treatment Program (SDTP) – Bed assignments designated for offenders who have been classified as SMI; operates with structured security regulations and procedures, and provides programming and treatment services conducive with evidence based treatment protocols and individualized treatment plans

Shared Allied Management (SAM) Unit - A residential programming unit operated at designated DOC institutions to deliver intensive services in a safe environment to specific offender populations that typically require a high level of services from security, mental health, and/ or medical staff

IV. ADMINISTRATIVE PROCEDURE

A. Mission, Philosophy of Service, and Resources

1. The mission of the Mental Health Services program within the Department of Corrections is to enhance public and facility safety by providing quality assessment and treatment services to offenders as well as consultation and training to correctional staff in accordance with professional and ethical standards of practice.
2. The mental health program is approved by the Chief of Mental Health Services and includes at a minimum the following: (4-4368)
 - a. Screening on intake

- b. Outpatient services for the detection, diagnosis, and treatment of mental illness
 - c. Crisis intervention and the management of acute psychiatric episodes
 - d. Stabilization of the mentally ill and the minimization of psychiatric deterioration in the correctional setting
 - e. Elective therapy services and preventive treatment where resources permit
 - f. Provision for referral and admission to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility
 - g. Procedures for obtaining and documenting informed consent.
3. Offenders are assessed and classified regarding their mental health services needs upon intake into the DOC. The classification is updated based on periodic and need-based screenings and assessments throughout the offender's incarceration. Additional information may be found in Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification* and Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
 4. A significant percentage of the offender population requires some level of mental health services. A continuum of services has been implemented within the DOC, both to meet the needs of offenders while incarcerated, and to assist in planning for their release from the Department and successful transition to the community. All mental health care is provided by or under the clinical supervision of licensed professionals.
 5. All of the DOC mental health units and the Sex Offender Residential Treatment (SORT) Program are licensed by the Virginia Department of Behavioral Health and Developmental Services. In addition, the acute care and residential treatment units at Marion are accredited by the Joint Commission for the Accreditation of HealthCare Organizations.
 6. Emergency mental health services are available at each facility on a 24-hour basis either by an on-call Qualified Mental Health Professional (QMHP) assigned to that facility or the assigned Mental Health Clinical Supervisor or the QMHP(s) at another designated facility if the facility does not have QMHPs on staff (see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*).
 7. There is consultation between the Facility Unit Head or designee and the responsible QMHP or designee prior to taking action regarding seriously mentally ill or intellectually disabled offenders in the following areas: (4-4399) (When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.)
 - Housing assignments
 - Program assignments
 - Disciplinary measures
 - Transfers to other facilities
 8. The Mental Health Services Program includes training provided by QMHPs to corrections officers and other staff in recognizing signs and symptoms of mental illness, intellectual disabilities, suicide intervention and prevention, and other related topics. (4-ACRS-4C-04)
 9. Mental Health Services is responsible for coordinating with the Policy and Initiatives Unit to maintain accurate, current operating procedures.
- B. Organizational Structure of the Mental Health Services Program
1. The Health Services Director oversees Mental Health Services.
 2. Mental Health Services is headed by the Chief of Mental Health Services who supervises and is responsible for performance evaluations of the Mental Health Clinical Supervisors (MHCSs) and the Sex Offender Program Director (SOPD).
 3. The Sex Offender Program Director directly supervises the Sex Offender Residential Treatment

(SORT) Program and provides clinical supervision to other sex offender treatment providers in the DOC.

4. Institutions

- a. Each Mental Health Clinical Supervisor (MHCS), in consultation with the Warden and Assistant Warden of each facility, is responsible for the provision of mental health services to a designated group of facilities. The MHCS and SOPD supervise and are responsible for performance evaluations of senior QMHPs within their assigned facilities. Senior QMHPs include designated staff (typically supervisory staff) in psychology and social work positions.
- b. The senior QMHPs supervise and are responsible for performance evaluations of line QMHPs at their facility.
- c. The MHCSs and SOPD are responsible for the clinical supervision of designated QMHPs. The Warden, Assistant Warden or designee will be responsible for operational issues including the monitoring and tracking of time and attendance, and accurate reporting and documentation of leave according to applicable operating procedures.
- d. Unlicensed persons providing mental health services within the DOC will be under the clinical supervision of a licensed clinician.

5. Community Corrections

- a. The Community Corrections Mental Health Clinical Supervisor (MHCS), in consultation with the Superintendent of each facility and the Chief of each Probation and Parole District, is responsible for overseeing the provision of mental health services to include meeting, assessing, making supervision recommendations, and referrals to the community for treatment needs for offenders on probation and/or parole in the community who have been referred by facility QMHP's and District P&P Officers.
 - b. The direct provision of mental health services for the District offices is delegated to the Regional Mental Health Clinicians (RMHCs) and District Mental Health Clinicians (DMHCs).
 - c. The Health Services Unit has made videoconference equipment available in designated P&P Districts and Community Corrections facilities to provide an additional means for mentally ill offenders to connect with community treatment providers. Videoconferencing may occur prior to discharge (i.e. re-entry planning) and/or following discharge (i.e. CSB case and medication management).
 - d. The Community Corrections MHCS supervises the Regional Mental Health Clinicians and is responsible for the performance evaluations with input from the affected senior management staff, the monitoring and tracking of time and attendance, and the accurate reporting and documentation of leave for Regional Mental Health Clinicians.
 - e. Community Corrections Regional Mental Health Clinicians supervise District Mental Health Clinicians in their respective regions and are responsible for the performance evaluations with input from the affected senior management and staff of the P&P District, the monitoring and tracking of time and attendance, and the accurate reporting and documentation of leave for District Mental Health Clinicians.
6. Contract mental health service providers will provide clinical supervision for their staff. The MHCS or SOPD assigned to that unit will provide general oversight to monitor services rendered by the contract mental health services provider.
7. Psychiatric services are managed and supervised by the DOC Chief Psychiatrist in accordance with Operating Procedure 730.7, *Psychiatric Services*.

C. Employment Process

1. The unit will notify the MHCS, SOPD and/or the Chief of Mental Health Services of mental health services vacancies. Supervisors will offer the departing staff an opportunity to have an exit interview or to complete the information requested in an exit interview on their own (see *Mental*

Health Services Exit Interview, Attachment 3) to solicit suggestions that may improve the operation of the Mental Health Services Program and improve provision of services.

2. The MHCS or SOPD, in consultation with the Chief of Mental Health Services, will decide when and how a position is to be advertised and will notify the appropriate Human Resources Officer (HRO). Approved advertisements for mental health positions will be provided to the HRO, who will be responsible for advertising the position. Applications received will be screened by the MHCS, SOPD or designee, and candidates for interviews will be selected. The HRO will be responsible for notifying candidates, scheduling interviews, and for follow up contact with all candidates who were interviewed but not selected for the position.
3. Interviews for senior mental health positions should be conducted by the MHCS, SOPD, or Chief of Mental Health Services. Another senior Qualified Mental Health Professional (QMHP) and a representative of the unit's administration will typically assist in the interview process. The MHCS, SOPD, or Chief of Mental Health Services will serve as the appointing authority or designate the Facility Unit Head as the appointing authority.
4. Interviews for line mental health staff positions should be conducted by the MHCS, SOPD, or Chief of Mental Health Services. A representative of the unit's administration and the supervising senior QMHP will typically assist in the interview process. The MHCS or SOPD will serve as the appointing authority or designate the Facility Unit Head as the appointing authority.
5. The [*National Practitioner Data Bank Query*](#) 701_F7 shall be completed by the MHCS or SOPD for all final candidates for any licensed psychologist position prior to hiring.

D. Discipline

1. Institutions
 - a. Disciplinary actions for senior QMHPs will be administered by the MHCS or SOPD in consultation with the Chief of Mental Health Services, Warden, Assistant Warden, HRO, or designee at the facility.
 - b. Disciplinary actions for the line QMHPs will be administered by the senior QMHPs, in consultation with the MHCS, SOPD, or Chief of Mental Health Services, Warden, Assistant Warden, HRO, or designee at the facility.
 - c. At the discretion of the Chief of Mental Health Services, SOPD and MHCS, the Facility Unit Head or designee may administer disciplinary actions that are not related to clinical issues.
2. Community Corrections –
 - a. Disciplinary actions for Regional Mental Health Clinicians will be administered by the MHCS in consultation with the Chief of Mental Health Services, Superintendent, Chief Probation Officer, or Regional Administrator.
 - b. Disciplinary actions for District Mental Health Clinicians will be administered by the Regional Mental Health Clinician in consultation with the Chief of Mental Health Services, MHCS, Superintendent, Chief Probation Officer, or Regional Administrator.
3. Disciplinary action, including termination, is to be carried out utilizing the appropriate Human Resources Office.

E. Leave Requests

1. Routine Leave Requests for Senior QMHPs
 - a. The senior QMHPs will obtain approval for leave from the MHCS (covering MHCS or Chief of Mental Health Services if the MHCS position is vacant) and Warden or Assistant Warden or designee at their facility.
 - b. Requests are to be made in writing via email.
 - c. After leave has been completed, the senior QMHPs will submit a "Leave Activity Reporting Form" (P8) to the Warden or Assistant Warden or designee at their facility for 'supervisor's

signature.’

- d. The form will then be forwarded to the Human Resources Officer at the facility per facility practice.
 - e. Senior QMHPs will submit a copy of their “Leave Activity Reporting Form” (P8) to the MHCS (covering MHCS or Chief of Mental Health Services if the MHCS position is vacant).
 - f. SORT Program - The senior QMHP will obtain approval for leave from the SOPD and will submit the “Leave Activity Reporting Form” to the SOPD for signature and processing.
 - g. Community Corrections –
 - i. The Regional Mental Health Clinicians will obtain approval for leave from the MHCS and will submit the “Leave Activity Reporting Form” to the MHCS for signature and processing.
 - ii. District Mental Health Clinicians will obtain approval for leave from the Regional Mental Health Clinician and will submit the “Leave Activity Reporting Form” to the Regional Mental Health Clinician for signature and processing.
2. **Unscheduled Leave Requests for Senior QMHPs**
- a. In cases of unscheduled personal or medical leave, the senior QMHP will notify the MHCS or SOPD (covering MHCS or Chief of Mental Health Services if position is vacant) and Warden or Assistant Warden or designee at their facility via email and/or voice mail as soon as possible.
 - b. A “Leave Activity Reporting Form” (P8) will be submitted to the Warden or Assistant Warden or designee for ‘supervisor’s signature’ and forwarded to the appropriate Human Resources Officer upon return to work.
 - c. Senior QMHPs will submit a copy of their “Leave Activity Reporting Form” (P8) to the MHCS (covering MHCS or Chief of Mental Health Services if the MHCS position is vacant).
 - d. SORT Program - The senior QMHP will submit the “Leave Activity Reporting Form” to the SOPD for signature and processing.
 - e. Community Corrections
 - i. The Regional Mental Health Clinicians will notify the MHCS and the Superintendent or Chief P&P Officer if they were scheduled to be at the facility or office for the day.
 - ii. The District Mental Health Clinicians will notify the Regional Mental Health Clinician and the Superintendent or Chief P&P Officer if they were scheduled to be at the facility or office for the day.
3. **Leave Requests for Line QMHPs**
- a. Requests for scheduled or unscheduled leave for line QMHPs will be approved by the appropriate senior QMHP at the facility. If time does not permit the submission of a leave request by a line QMHP to the senior QMHP, s/he will contact the senior staff by telephone.
 - b. Once signed by the senior mental health staff, all Leave Activity Reporting Forms (P8’s) will be forwarded to the appropriate Human Resources Officer.

F. Orientation and Training

1. Orientation and training for Mental Health Services staff shall be completed and documented in accordance with Operating Procedure 102.6, *Staff Orientation*, Operating Procedure 350.2, *Training and Development*, and the *Training Matrix* developed by the Academy for Staff Development.
2. The Mental Health Clinical Supervisor, Senior QMHP, or Chief of Mental Health Services is responsible for the orientation of newly hired QMHPs. This orientation will be documented on the [Qualified Mental Health Professional Orientation Checklist 730_F19](#).
3. All requests from the senior QMHP for off-site training will be reviewed and approved by the MHCS, SOPD, or the covering MHCS prior to seeking additional required approvals.
4. Requests for off-site training from line QMHPs will be reviewed and approved by the senior QMHP prior to seeking additional required approvals.

G. Audits

The mental health staff at the facility, under the direction of the SOPD or MHCS (or covering MHCS or Chief of Mental Health Services if the MHCS position is vacant), are responsible for compliance with audit standards and providing required documentation. The development and implementation of action plans, etc., are also the mental health staff's responsibility, under the direction of the SOPD or MHCS (or covering MHCS or Chief of Mental Health Services if the MHCS position is vacant).

H. Outside Employment

Requests for outside employment by mental health staff will be handled per Operating Procedure 135.3, *Standards of Ethics and Conflict of Interest*, and approved by the MHCS, SOPD, or the Chief of Mental Health Services if the request is made by the MHCS or SOPD or if the MHCS or SOPD position is vacant.

V. MENTAL HEALTH SERVICES

A. Levels of Care - Additional information on levels of care available and on accessing mental health services may be found in Operating Procedure 730.3, *Mental Health Services: Levels of Service*.

1. Acute Care mental health services are provided to male and female offenders at designated DOC facilities.
2. Residential Treatment Mental Health Units are available to male and female offenders at designated correctional centers.
 - a. These units provide services in a structured treatment setting to offenders who have mental disorders but who do not require an acute care setting.
 - b. The units offer a sheltered environment, apart from the general population.
 - c. Services for offenders with co-occurring disorders (i.e., offenders who have a mental disorder and a history of substance abuse) are available.
 - d. Residential sex offender treatment services are available in the SORT Program. Sex offender treatment services are also available in the General Population at designated sites (see Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*).
3. *Secure Diversionary Treatment Programs (SDTP)* are provided at designated correctional centers for male offenders with *Serious Mental Illness (SMI)* who also frequently engage in assaultive, disruptive, and/ or unmanageable behavior and are in Special or Restrictive Housing and will not be released to General Population or moved into SD-1 or SD-2 within 28 days (see Operating Procedure 830.5, *Transfers, Institution Reassignments*).
4. *Shared Allied Management (SAM) Units* are provided at designated correctional institutions for Mentally ill or *Seriously Mentally Ill (SMI)* offenders who do not currently meet the criteria for assignment to Acute Care, a Mental Health Residential Treatment, or a SDTP but are at a greater risk to cycle in and out of Special or Restrictive Housing and/ or Mental Health Units for disruptive behavior related to their mental health diagnoses and symptoms (see Operating Procedure 830.5, *Transfers, Institution Reassignments*).
5. Facilities with full time QMHPs provide outpatient mental health services, i.e., services in General Population and Special Housing Units, to offenders, including but not limited to the following Core Services
 - a. Crisis intervention
 - b. Screening
 - c. Assessment
 - d. Monitoring
 - e. Emergency services to units with no QMHPs on site
 - f. Individual services

- g. Group services
 - h. Psychiatric services
 - i. Referral to other facilities as needed for mental health services
 - j. Release planning and coordination of aftercare services
6. QMHPs also provide the following services
- a. Consultation
 - b. Training
 - c. Program development, implementation, and evaluation
 - d. Follow-up when notified of offender non-compliance with psychotropic medications
7. Crisis intervention and assessment services are provided as needed to offenders assigned to field units and Community Corrections facilities. (4-ACRS-4C-15)

B. Access to Mental Health Services

1. The Senior QMHP or Regional Mental Health Clinician has primary responsibility for ensuring that the unit has appropriate mental health services coverage due to leave, schedule adjustments, or illness. Secondly, the MHCS is responsible for allocating resources to provide temporary mental health services staff coverage for a facility.
2. Information on access to mental health services should be communicated to offenders at the time of reception and each time an offender is moved to a new facility.
3. Offenders have access to mental health services and to a system for processing complaints regarding mental health care. Offenders may process complaints through the Offender Grievance Procedure at institutions or appeal to the Facility Unit Head at Community Corrections facilities.
4. Interaction between QMHPs and offenders should be conducted in a setting that protects the offenders' privacy to the greatest extent possible within security requirements. (4-4403)
5. Incarcerated offenders, including those on work release and in Community Corrections programs, may not choose their own QMHP.

C. Mental Health Records and Documentation of Services Provided

1. Section IV of the offender's Health Record is designated for documentation related to mental health services. Each facility with a QMHP is responsible for implementing a means to ensure that such information is provided and filed in a timely manner. It is the responsibility of the QMHPs to document the provision of services or other contacts with offenders.
2. Section IV may include the following: (see *Mental Health Records Organization*, Attachment 1)
 - a. Psychological Screenings
 - b. Psychological Evaluations, including raw test data
 - c. Psychiatric Evaluations
 - d. 'Limits of Confidentiality' form
 - e. Progress Notes
 - f. Transfer/Treatment and Discharge Summaries
 - g. Informed Consent for Medication
3. Other, separate mental health records or working files will not be maintained unless approved by the Chief of Mental Health Services.
4. Progress Notes are the primary means by which clinicians document their interactions and interventions with the offender and serve as an objective record, of the offender's status and responses to interventions. The SOAP format is the standard means by which individual contacts with offenders are documented.

S - Subjective Data

What the offender states about the problem; what s/he says they think or feel; usually placed in quotation marks.

O - Objective Data

What the QMHP observes or determines upon assessment of the offender, or factual data. This is documentation of factual information; what s/he does or was doing; without interpretations or opinions. A description of any interventions or staff actions is included here.

A - Assessment

The QMHP's assessment or interpretation of the offender's current mental status and response to stressors or interventions based upon the subjective and objective data. Specific diagnostic and clinical management issues are addressed here.

P - Plan

What the QMHP plans to do about the offender's problem or condition; outlining mental health interventions now and in the future.

- a. Progress Notes should be written in clear, concise, professional language, utilizing the [Mental Health Services Progress Notes](#) 730_F30 or the [Health Services Complaint and Treatment Form](#) 720_F17 with approval of the senior QMHP, with the exception of the SORT Program.
 - b. The use of abbreviations and symbols should be minimized unless they are easily understood by all who might use the record, including the offender, the Court, non-treatment staff, et al.
 - c. Progress Notes are considered part of a legal record and should be treated as such. Entries should be typed or written legibly in black ink, dated, and signed each time with the writer's name and discipline.
 - d. Errors should not be erased or covered with e.g., correction fluid. A single line should be drawn through the error and the writer should write the word "error" above the line and initial and date the error.
 - e. Individual Progress Notes should be completed:
 - i. By the end of the work day of an offender being seen by a Qualified Mental Health Professional or member of the Treatment Team
 - ii. More often as required by an operating procedure, or when the offender's clinical condition and situation warrant additional documentation
 - iii. Immediately following a contact that warrants such documentation (i.e., suicide attempt and/or threat, attempt and/or threat to escape, etc.).
5. Group Progress Notes - A [Treatment Group Participation Note](#) 730_F20 will be utilized to document an offender's involvement and progress in therapeutic groups. Program specific *Group Notes* may be substituted with the approval of the Chief of Mental Health Services.
- a. A group note should be completed for each offender as soon as possible after the conclusion of the group and prior to the end of the work day.
 - b. A note should be completed whether or not the individual attends the group.
 - c. If other participants are referenced in an offender's group note, only initials should be used.
 - d. Observations may include comments regarding the offender's mental status, affect, behavior, interactions with others, etc.
6. Refer to Operating Procedure 730.6, *Mental Health Services: Confidentiality*, and Operating Procedure 701.3, *Health Records*, for information related to release of mental health services information from offender records.

D. Additional information related to mental health services may be found in the following operating procedures:

1. Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*

2. Operating Procedure 730.3, *Mental Health Services: Levels of Care*
3. Operating Procedure 730.5, *Mental Health Services: Behavior Management*
4. Operating Procedure 730.6, *Mental Health Services: Confidentiality*
5. Operating Procedure 730.7, *Psychiatric Services*

VI. REFERENCES

Operating Procedure 135.3, *Standards of Ethics and Conflict of Interest*
Operating Procedure 145.4, *Employee Grievances*
Operating Procedure 102.6, *Staff Orientation*
Operating Procedure 350.2, *Training and Development*
Operating Procedure 701.3, *Health Records*
Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*
Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*
Operating Procedure 730.3, *Mental Health Services: Levels of Service*
Operating Procedure 730.5, *Mental Health Services: Behavior Management*
Operating Procedure 730.6, *Mental Health Services: Confidentiality*
Operating Procedure 730.7, *Psychiatric Services*
Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*
Training Matrix

VII. FORM CITATIONS

[National Practitioner Data Bank Query](#) 701_F7
[Health Services Complaint and Treatment Form](#) 720_F17
[Qualified Mental Health Professional Orientation Checklist](#) 730_F19
[Treatment Group Participation Note](#) 730_F20
[Mental Health Services Progress Notes](#) 730_F30

VIII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years from the effective date.

The office of primary responsibility reviewed this operating procedure in November 2016 and necessary changes have been made.

The office of primary responsibility reviewed this operating procedure in November 2017 and necessary changes have been made.

Signature Copy on File

N. H. Scott, Deputy Director of Administration

9/4/15

Date