# Operating Procedure	**Effective Date** February 1, 2013 **Amended**	**Number** 730.4 **Operating Level** Department
	Supersedes Operating Procedure 730.4 (2/1/10)	
	Authority COV §53.1-10, §53.1-40.1	
Subject **MENTAL HEALTH SERVICES: OFFENDERS "AT RISK" IN SPECIAL HOUSING**	**ACA Standards** 4-4256, 4-4399	
Incarcerated Offender Access Yes ☐ No ☒	**FOIA Exempt** Yes ☐ No ☒ **Attachments** Yes ☐ No ☒	**Office of Primary Responsibility** Mental Health Program Director

I. PURPOSE

This operating procedure establishes guidelines for the identification and management of offenders who may be at risk for deterioration, self-harm, or harm to others when placed in Special Housing in Department of Corrections institutions.

II. COMPLIANCE

This operating procedure applies to all institutions 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, and DOC directives and operating procedures.

III. DEFINITIONS

"At Risk" Offender - An offender who meets at least one of the following criteria for being "at risk" for deterioration, self-harm, and/or being a danger to others in Special Housing as determined by a Qualified Mental Health Professional:

- Is currently displaying symptoms of a serious mental disorder indicating the need for mental health services
- Is currently prescribed psychotropic medication for the treatment of mental disorder
- Has an Axis I and/or Axis II disorder (current DSM) which, in the judgment of a QMHP, may result in deterioration, self-harm, and/or being a danger to others
- Has received inpatient mental health treatment within the last two years, excluding for purposes of evaluation only or for substance abuse treatment only
- Has had a suicide attempt(s) or incidents of self-injurious behavior within the last two years
- Designated as HRSV and/or HRSA per PREA screening

Institution - A prison facility operated by the Department of Corrections; includes major institutions, field units, and work centers

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 Masters degree in psychology, social work ,or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders

Special Housing - A general term for special purpose bed assignments including segregation, disciplinary segregation, general detention, and pre-hearing detention

IV. PROCEDURE

A. Each institution shall systematically identify, monitor, and manage offenders considered "at risk" for deterioration, self-harm, or harm to others when placed in Special Housing.

1. All offenders should have an initial mental health screening on intake into the DOC in accordance

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

2. The receiving nurse will screen all offenders transferring from one institution to another (see Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*) on the day of arrival, or no later than the next working day if the offender arrives when nursing staff is not on duty.
3. Any noted mental health concerns shall be forwarded to a QMHP.

B. At facilities not having a QMHP, nurses and selected officers receive training to conduct mental health screening of offenders when the nurse is not available.

1. Mental health screenings should be conducted when the offender arrives at the institution (as noted above), when the offender is placed in special housing, and whenever the nurse determines that a screening is needed.
2. A mental health screening conducted by staff other than a QMHP should be documented in the Health Record. Nursing staff will utilize the *Intra-system Transfer Medical Review* *(DOC 726-B)* 720_F9*;* Officers will utilize the *Health Screening - Health-Trained Staff* 720_F10.
3. At the completion of the mental health screening, the screener should immediately contact a QMHP designated to provide services to that institution if:
   a. The offender expresses or evidences current suicidal ideation, plan, or intent, or
   b. The offender expresses or evidences acute psychotic symptoms or behaviors, or
   c. There is documentation of or the offender reports suicidal behavior within the last three months, or
   d. Is designated as or scores as a High Risk Sexual Victim (HRSV) or a High Risk Sexual Aggressor (HRSA)
   e. A routine referral may be made for other mental health related issues

C. A QMHP may complete a *Mental Health Screening: Special Housing Assignment (DOC MH 14)* 730_F12 on any offender at the institution at any time. If the offender is not considered "at risk", the completed *DOC MH 14* is valid for one year from the completion date, if there is no change in the offender's mental health status or services needs.

D. The QMHP may maintain a list of those offenders who meet the criteria for “at risk” in special housing. This list may be provided to the Shift Commander and/or Special Housing Unit Supervisor to ensure that “at risk” offenders receive proper supervision and care.

E. The QMHP shall complete a *Mental Health Screening: Special Housing Assignment (DOC MH 14)* 730_F12 on the first working day after the assignment to Special Housing of any offender who has not previously been screened, who has previously been screened and found to be “at risk”, or who has previously been screened but the *DOC MH 14* is more than one year old.

F. If the QMHP determines an offender assigned to Special Housing to be “at risk,” they will complete a *Special Housing Notification: "At Risk" Offender (MH 14A)* 730_F13 to communicate relevant management information to security staff.

G. If the QMHP determines that placement in Special Housing may have a deleterious effect on an offender's mental health, the QMHP shall notify the Facility Unit Head that placement in Special Housing is not recommended and offer alternatives for mental health care such as commitment to an acute care setting, transfer to another institution, or strategies for management within the general population. NOTE: The Facility Unit Head's signature is required on the *Special Housing Notification: "At Risk" Offender (MH 14A)* 730_F13 for placement of an "at risk" offender in Special Housing against QMHP recommendations. (4-4399)

H. A QMHP will observe offenders “at risk” in Special Housing to assess the level of risk. The QMHP will determine the frequency of observation based upon the offender's mental health status, mental health services needs, and the institution's mental health services procedures.

1. The QMHP will see the offender as soon as possible and no later than the first working day after the offender enters Special Housing. This review, documented on a *Mental Health Monitoring Report* 730_F14, will include a mental status assessment of the offender, and will address the following:
   a. Is the offender oriented to time/place/person and to the current situation
   b. Does the offender appear to be a danger to self or others
   c. What are the current behaviors displayed by the offender
   d. Any recommendations to the staff for managing the offender will be stated on the *Special Housing Notification: "At Risk" Offender (DOC MH 14A)*
2. The QMHP shall provide to Special Housing unit Security staff documentation of the offender's mental status and any special management instructions via *Special Housing Notification: "At Risk" Offender (DOC MH 14A)*. Security staff should enter pertinent information from *DOC MH 14A* in the *Special Conditions* section on the offender's *Special Housing: Individual Log* 425_F4. Each time a QMHP sees an offender in Special Housing, that contact will be logged on the offender's *Special Housing: Individual Log* by the QMHP's initials or documented by other means.
3. Based on the initial assessment considering the offender's current mental status, level of behavioral functioning, and clinical history, the QMHP shall determine how often a QMHP is to see an "at risk" offender in Special Housing.

I. Any identified "at risk" offender placed in Special Housing should be physically assessed (i.e., weight and vital signs taken and recorded, checked for symptoms of possible side-effects to prescribed medication) by a qualified medical staff member (i.e., RN, LPN/CNT, or CHA) no less than once monthly.

J. A QMHP shall personally interview and prepare a *Mental Health Monitoring Report* 730_F14 on any offender remaining in Special Housing for more than 30 days. If confinement in Special Housing continues beyond 30 days, a QMHP shall conduct a mental health assessment at least every three months - more frequently if prescribed by the chief medical authority. This assessment should be documented on a *Mental Health Monitoring Report* 730_F14. (4-4256)

K. When any offender is placed in restraints within a cell, a QMHP will visit the cell and assess the offender on the first working day that the offender is restrained.
   1. This assessment will be documented on the *Special Housing Notification: "At Risk" Offender (MH 14A)* 730_F13.
   2. The QMHP will determine the extent and frequency of any additional mental health monitoring and/or services.

V. REFERENCES

DSM (Current) IV-R, Diagnostic and Statistical Manual for Mental Disorders – Fourth Edition

Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*

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

VI. FORM CITATIONS

Special Housing: Individual Log 425_F4

Intra-system Transfer Medical Review (DOC 726-B) 720_F9

Health Screening - Health-Trained Staff 720_F10

Mental Health Screening: Special Housing Assignment (DOC MH 14) 730_F12

Special Housing Notification: "At Risk" Offender (MH 14A) 730_F13

Mental Health Monitoring Report 730_F14

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than February 1, 2016.

Signature Copy on File *12/7/12*

A. David Robinson, Chief of Corrections Operations Date