



# Operating Procedure

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<b>ACA/PREA Standards</b> 5-6A-4350, 5-6A-4351, 5-6A-4372, 5-6A-4374, 5-6C-4397 5-6C-4404; 4-4350, 4-4351, 4-4372, 4-4374, 4-4397, 4-4404; 4-ACRS-4C-03, 4-ACRS-4C-15; §115.63, §115.263	
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<b>Office of Primary Responsibility</b> Chief of Mental Health Services	

**Subject**  
**MENTAL HEALTH SERVICES: LEVELS OF SERVICE**

## I. PURPOSE

This operating procedure provides for a mental health services system with appropriate levels of care for mentally disordered offenders housed in Department of Corrections facilities or under Department of Corrections supervision in the community.

## 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

**Acute Care Unit** - A designated treatment unit licensed to provide inpatient mental health services for offenders whose functioning is so severely impaired by a mental disorder that they meet the criteria for involuntary admission

**Aftercare Services** - Services provided by community mental health professionals to offenders who still require mental health services after release from DOC facilities

**Community Corrections Alternative Program (CCAP)** - A residential facility operated by the Department of Corrections to provide evidence-based programming in accordance with COV §53.1-67.7 and COV §53.1-67.8

**Community Corrections Facility** - A residential facility operated by the Department of Corrections to provide Community Corrections Alternative Programs

**Facility** - Any Community Corrections facility or institution

**Individualized Treatment Plan (ITP)** - A goal-oriented plan, developed and reviewed/revised on a regular basis by the Mental Health treatment team in conjunction with the offender; the ITP identifies relevant problems or needs, treatment goals and objectives, and interventions for each offender admitted to a mental health unit within the Department of Corrections

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

**Mental Health Residential Treatment Unit** - A designated treatment unit where mental health services are provided to offenders who are unable to function in a general population setting due to mental disorder but who typically do not meet the criteria for admission to an Acute Care unit

**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

**Outpatient Services** - Services for offenders with mental disorders who are able to make a satisfactory adjustment in General Population settings or Restrictive Housing Units and who do not need the level of services provided by an Acute Care or Residential Treatment Unit

**Psychology Associate** - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, Psychiatric Provider, Social Worker (Masters level), District Mental Health Clinician, 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

**Qualified Mental Health Professional (QMHP)-Adult** - An individual employed in a designated mental health services position who meets Department of Health Professions (DHP) Board of Counseling regulatory standards including at least a bachelor's degree in human services or a related field, supervised experience, registration with DHP as a QMHP, and ongoing education in Mental Health topics

**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

**Treatment Team** - An interdisciplinary team typically comprised of a psychiatrist, psychologist or psychology associate, clinical social worker, and nurse who has a psychiatric background; the team works in conjunction with other support staff, including medical and security personnel, for the purpose of assessing the mental health status and services needs of the offender and developing and implementing treatment, management, and aftercare plans.

#### IV. PROCEDURE

- A. The Virginia Department of Corrections (DOC) offers a range of mental health services including Acute Care, Residential Treatment, Outpatient Treatment, and Crisis Intervention.
- B. Upon initial intake into a DOC facility, with as-needed and periodic reviews, each offender is screened and assessed to determine the offender's mental health status, services needs, and appropriate mental health classification. (See Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.)
- C. Crisis Intervention and Emergency Care are available at each institution on a 24-hour basis. (5-6A-4351; 4-4351)
  1. Facilities with full-time Psychology Associates have a Psychology Associate on call at all times to provide emergency mental health services through consultation and, if needed, crisis intervention.
  2. Facilities without full-time Psychology Associates request emergency mental health services by contacting the assigned Mental Health Clinical Supervisor or designated Psychology Associate at another facility (see *Guidelines to Access Emergency Mental Health Services*, Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*).
- D. Assessment and referral services are available for offenders in community corrections facilities and under supervision in the community through Community Corrections Psychology Associates. (4-ACRS-4C-15)
  1. P&P Offices have access to District Mental Health Clinicians or Mental Health Specialists to serve that District.
  2. Community corrections units and facilities without full-time Psychology Associates request mental health services by contacting the assigned Regional Mental Health Clinician or the Mental Health Clinical Supervisor.

## V. LEVELS OF CARE

### A. Acute Care

#### 1. General

- a. When deemed clinically necessary, offenders who have serious mental disorders or a developmental disability are typically referred for involuntary admission to an Acute Care Unit within the DOC or to an appropriate non-correctional facility e.g., upon the offender's release from the DOC. (5-6A-4374, 5-6C-4404; 4-4374, 4-4404)
- b. Admission shall be accomplished in accordance with COV §53.1-40.2 through §53.1-40.9. (5-6C-4404; 4-4404).
- c. Male offenders who are in need of acute care may be admitted to Marion Correctional Treatment Center's (MCTC) Acute Care Unit. Female offenders who are in need of acute care may be admitted to Fluvanna Correctional Center for Women's (FCCW) Acute Care Unit.

#### 2. Acute Care Unit Admission

- a. Involuntary admission proceedings shall be initiated when the offender has a mental illness and there exists a substantial likelihood that, as a result of the mental illness, the offender will, in the near future:
  - i. Cause serious physical harm to themselves as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information or
  - ii. Cause serious physical harm to others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information or
  - iii. Suffer serious harm due to their lack of capacity to protect themselves from harm or to provide for their basic human needs, and
  - iv. Alternatives to involuntary admission have been explored and deemed unsuitable and there is no less restrictive alternative to such an admission.
- b. Offenders considered for transfer to the MCTC Acute Care Unit or the FCCW Acute Care Unit are typically diagnosed with and/or exhibit one or more of the following:
  - i. Psychotic disorders
  - ii. Major affective disorders
  - iii. Incapacitating anxiety or dissociative disorders
  - iv. Cognitive disorders which preclude placement in a general population
  - v. Overtly suicidal or self-injurious behavior
  - vi. Intellectual disabilities when coexisting with conditions listed above
  - vii. Symptom presentation suggesting major mental disorder which requires an extended evaluation in an inpatient setting

#### 3. Acute Care Unit Referral

- a. The referring Psychology Associate will first contact and discuss the referral with the Acute Care Unit (MCTC or FCCW) Admissions Coordinator and the Psychology Associate Senior at Central Classification Services (CCS) or designee before petitioning a judge or special justice for admission of an offender. The Psychology Associate will complete an assessment documented on a [Mental Health Transfer Request - MH 6 730\\_F6](#).
- b. The *Transfer Request* will be current (completed within the previous 14 days) at the time of the referral request. (5-6A-4372; 4-4372) The original will be filed in Section IV of the Health Record and copies forwarded to the Acute Care Unit and the Psychology Associate Senior at CCS or designee via electronic messaging or fax.
  - i. If the Acute Care Unit agrees to accept the transfer, the Psychology Associate of the referring facility will petition the Court for the involuntary admission.
  - ii. If the Acute Care Unit does not agree to accept the transfer, the Psychology Associate Senior at CCS or designee will be contacted for placement options.

- c. In emergencies when there is insufficient time for the Psychology Associate of the referring facility to petition a Court regarding an offender who meets the criteria for involuntary admission, arrangements can be made for a temporary, emergency transfer to an Acute Care Unit. The Psychology Associate may contact the Acute Care Admissions Coordinator for approval of the emergency admission. Within five working days of the offender's emergency admission to the Acute Care Unit, the treatment staff will determine if the offender is appropriately placed. (5-6C-4404; 4-4404)
  - i. If the assessing Psychology Associate determines that the referral is appropriate, the Acute Care Unit staff will initiate involuntary admission proceedings as soon as possible after transfer and notify the Psychology Associate Senior at CCS or designee. (5-6C-4404; 4-4404)
  - ii. If the assessing Psychology Associate, in consultation with the Acute Care Admissions Coordinator, determines that the referral is inappropriate, they will contact the Psychology Associate Senior at CCS or designee for transfer arrangements, typically back to the sending facility.
4. Involuntary Admission Hearing and Jurisdiction
  - a. Judicial proceedings regarding admission of offenders to an Acute Care Unit should typically occur within the jurisdiction of the referring DOC facility, based upon information provided by the Psychology Associate.
  - b. Offenders may appeal involuntary admission orders within 10 days of such orders, per COV §53.1-40.4. (5-6C-4404; 4-4404)
  - c. If the petition for involuntary admission is granted, the referring Psychology Associate will contact the Psychology Associate Senior at CCS or designee and the Acute Care Admissions Coordinator for transfer arrangements.
  - d. If the petition for involuntary admission is not granted, the referring Psychology Associate will notify the Acute Care Admissions Coordinator and will consult with the Psychology Associate Senior at CCS or designee for placement options.
  - e. Involuntary admission may also occur when the Acute Care Unit petitions the local Court for an involuntary admission of an offender whose current order is about to expire.
  - f. Involuntary admission forms include the [Petition For Order For Involuntary Admission To A Licensed Correctional Mental Health Facility - DOC MH 1 730\\_F4](#), [Affidavit in Support of Petition for Order for Involuntary Admission to A Licensed Correctional Mental Health Facility - DOC MH 1A 730\\_F4A](#), and the [Order For Involuntary Admission To A Licensed Correctional Mental Health Facility - DOC MH 1B 730\\_F4B](#). An original set of these documents must be sent to the Acute Care facility with the offender along with the offender's Criminal Record. A copy of these documents will be maintained at the local Court. Some Court jurisdictions may require an original set of documents and when this occurs, two sets of original documents are required. Copies will also be filed in the Health Record (Section IV).
5. Provision of Medical and Mental Health Treatment of Offenders Incapable of Giving Consent (5-6C-4397; 4-4397)
  - a. In most cases, when the Court is petitioned to order the involuntary admission of an offender to an Acute Care Unit, the petitioner will also seek an order authorizing specific treatment for the offender.
  - b. COV §53.1-40.1 and COV §53.1-40.2 provides for the DOC to petition the Court for an order authorizing treatment for an offender who is incapable either mentally or physically of giving consent to such treatment and the proposed treatment is in the best interests of the offender. See the *Acute Care* section above for the process of involuntary admission to a licensed correctional mental health facility.
  - c. Obtaining the order authorizing treatment shall be accomplished in accordance with COV §53.1-40.1 and COV §53.1-40.2, using the appropriate forms; [Petition for Order Authorizing Involuntary Medical and/or Mental Health Treatment - DOC MH 2 730\\_F5](#), [Affidavit in Support of Petition for](#)

[Order Authorizing Involuntary Medical and/or Mental Health Treatment - DOC MH 2A](#) 730\_F5A,  
[Order Authorizing Involuntary Medical and/or Mental Health Treatment - DOC MH 2B](#) 730\_F5B.

6. Voluntary Admission – Qualifying offenders may submit an [Application for Voluntary Admission to a Licensed Correctional Mental Health Facility - DOC MH 3](#) 730\_F8. Voluntary admission status may be considered only when an offender is currently involuntarily admitted to an Acute Care Unit and one of the following conditions apply:
  - a. The offender’s good time release or mandatory parole date is within 60 days of the expiration of the Involuntary Admission Order.
  - b. The offender has a significant history of medication non-compliance that has resulted in rapid deterioration of mental health status.
  - c. The offender has a significant medical appointment or consultation within 30 days of the expiration date of the Involuntary Admission Order.
  - d. The offender no longer meets Involuntary Admission criteria, a discharge summary has been completed, and the offender is awaiting transfer from the Acute Care Unit within 30 days following the expiration of the Involuntary Admission Order.
  - e. The offender has been accepted for admission to a Residential Treatment Unit and bed availability is expected within the next 30 days.
7. Discharge from an Acute Care Unit to a DOC non-MHU setting
  - a. Assignments to an Acute Care Unit are temporary. The offender should be returned to the referring facility upon discharge unless the placement is no longer appropriate. Offenders admitted from a Reception and Classification Center should be discharged to the initial permanent assignment unless the placement is no longer appropriate.
  - b. When staff at an Acute Care Unit recommends offender discharge, a [Mental Health Discharge Summary - DOC MH 7](#) 730\_F7 will be completed within 14 days before the discharge. The *Discharge Summary* should include placement recommendations.
  - c. The original will be filed in the Health Record (Section IV) and a copy of the *Discharge Summary* will be sent to the Psychology Associate Senior at CCS for completion of required classification processing. The Psychology Associate Senior at CCS or designee will review the request for transfer, execute the required classification paperwork, and provide a copy to the Senior Psychology Associate or MHU Director at the receiving facility.
8. Discharge to a Mental Health Residential Treatment Unit
  - a. Offenders whose mental status and services needs preclude their placement in General Population may be discharged to a Residential Treatment Unit.
  - b. The Acute Care Unit’s staff will seek approval from the Residential Treatment Unit Director and the Psychology Associate Senior at CCS or designee for such a transfer.
  - c. When staff at an Acute Care Unit recommends offender discharge, a [Mental Health Discharge Summary - DOC MH 7](#) 730\_F7 will be completed within 14 days before the discharge. The *Discharge Summary* should include placement recommendations.
  - d. The original will be filed in the Health Record (Section IV) and a copy of the *Discharge Summary* will be sent to the Psychology Associate Senior at CCS for completion of required classification processing. The Psychology Associate Senior at CCS or designee will review the request for transfer, execute the required classification paperwork, and provide a copy to the Senior Psychology Associate or MHU Director at the receiving facility.
9. Discharge to the Community - see the *Discharge to the Community* Section below.

## B. Mental Health Residential Treatment Units

1. General
  - a. Offenders who do not require admission to an Acute Care Unit but who would benefit from treatment and other services provided in a structured, therapeutic environment may be referred to

a Residential Treatment Unit.

b. *Residential Treatment Admission Guidelines* (see Attachment 1) provides a list of currently available programs and the admission guidelines for each.

2. Mental Health Residential Treatment Unit Referral

a. The referring Psychology Associate will contact and discuss the referral with the Mental Health Residential Treatment Unit Director and the Psychology Associate Senior at CCS or designee. The Psychology Associate will complete an assessment documented on a [Mental Health Transfer Request - MH 6 730\\_F6](#). The *Transfer Request* will be current (completed within the previous 14 days) at the time of the referral request. (5-6A-4372; 4-4372) The original will be filed in Section IV of the Health Record and copies sent via electronic messaging or fax to the Residential Treatment Unit Director and the Psychology Associate Senior at CCS or designee.

b. If the Mental Health Residential Treatment Unit agrees to accept the transfer, the Psychology Associate Senior at CCS or designee will coordinate the transfer.

c. If the Mental Health Residential Treatment Unit does not agree to accept the transfer, the Psychology Associate Senior at CCS or designee will be contacted for placement options.

3. Discharge from a Mental Health Residential Treatment Unit

a. When the Mental Health Residential Treatment staff recommends discharge of an offender and the receiving facility is within the DOC, a [Mental Health Discharge Summary - DOC MH 7 730\\_F7](#) will be completed within 14 days before the discharge and placed in the Health Record (Section IV). The *Discharge Summary* should include placement recommendations. If the placement remains appropriate, the offender should be returned to the referring facility upon discharge.

b. A copy of the *Discharge Summary* will be sent to the Psychology Associate Senior at CCS or designee for completion of required classification processing. The Psychology Associate Senior at CCS or designee will review the request for transfer, execute the required classification paperwork, and provide a copy to the Senior Psychology Associate or MHU Director at the receiving facility.

c. Offenders admitted from a Reception and Classification Center should be discharged to the initial permanent assignment unless the placement is no longer appropriate.

d. Discharge to the Community - see the *Discharge to the Community* Section below.

C. Treatment Planning and Interventions

1. An Individual Treatment Plan (ITP) is required for each offender admitted to an Acute Care or Residential Treatment Unit. A written ITP is encouraged but not required for offenders receiving Outpatient services. (5-6A-4350; 4-4350)

2. In general, treatment planning is the process of:

a. Intake

i. Orientation to the Mental Health Unit

ii. Preliminary assessment

iii. Development of preliminary *Individual Treatment Plan (ITP)*

b. Treatment Plan Development

c. Treatment Plan Reviews

d. Discharge Planning

3. Treatment Plan Development

a. The ITP is developed with the offender, based upon the completed assessments.

b. See *Individualized Treatment Planning Instructions* (Attachment 2) for guidance completing the components of the ITP.

c. In Acute Care Placement and Residential Treatment Units, a preliminary ITP is completed within 24 hours of admission. This preliminary ITP will remain in place no longer than 30 days and the Treatment Team reassesses the ITP as needed, but at least every 90 days.

- d. The ITP is comprised of: (5-6A-4350; 4-4350)
  - i. Master Treatment Plan 730\_F10
  - ii. Inactive Problem List 730\_F10A
  - iii. Objectives and Intervention Plans 730\_F10B
  - iv. Interdisciplinary Team Reassessment 730\_F10C

#### D. Transfer from Facility to Facility

1. Mental health staff may consider an offender for transfer from one facility to another to meet the offender's specific identified mental health needs.
2. The referring Psychology Associate will contact and discuss the referral with the Psychology Associate Senior at CCS or designee and the Psychology Associate Senior of the receiving facility (see *Acute Care* and *Residential Treatment Units* Sections above for transfers to DOC Mental Health Units).
3. Within 14 days before the referral request, the referring Psychology Associate will complete an assessment documented on a Mental Health Transfer Request - MH 6 730\_F6, file the original in Section IV of the Health Record, and send copies via electronic messaging or fax to the Psychology Associate Senior at CCS or designee and the Psychology Associate Senior of the receiving facility. (5-6A-4372; 4-4372)
4. If the request for transfer is approved, the Psychology Associate Senior at CCS or designee will complete the necessary classification processing.
5. Whenever an offender that is receiving Mental Health services outside a Mental Health Unit is transferred from one DOC facility to another, the sending Psychology Associate should complete and send an Electronic Notification of Mental Health Offender Transfer 730\_F11 to the receiving Senior Psychology Associate. This is a courtesy notification with the intent of providing as much relevant information as needed, if the offender were coming to the facility of the Psychology Associate who was completing the *Notification*, and is not intended for inclusion in the offender record.

#### E. Secure Diversionary Treatment Program (SDTP)

1. The *Secure Diversionary Treatment Program (SDTP)* provides treatment in a secure setting to *Seriously Mentally Ill (SMI)* offenders who frequently engage in assaultive, disruptive, and/ or unmanageable behaviors and who are housed in Restrictive Housing and will not be released to General Population or moved into SD-1 or SD-2 within 28 days.
2. SMI Offenders in Restrictive Housing will be referred to the *Secure Diversionary Treatment Program (SDTP)* and reviewed for assignment to the appropriate SDTP in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*.

#### F. Shared Allied Management (SAM) Unit

1. The *Shared Allied Management (SAM) Unit* promotes safety within institutions by avoiding the use of Restrictive Housing to manage offenders that typically require a high level of services from security, mental health, and/ or medical staff.
2. Mentally ill or seriously mentally ill (SMI) offenders are eligible for assignment to a *SAM Unit* if they do not currently meet the criteria for assignment to Acute Care, a Mental Health Residential Treatment, or a SDTP; and they are at a greater risk to cycle in and out of Restrictive Housing and/ or Mental Health Units for disruptive behavior related to their mental health diagnoses and symptoms which may include:
  - a. A Mental Health Code 2 or 2S and are housed in RHU with a history of repeated misbehavior due to their mental illness
  - b. Recently released from an Acute Care Unit or other Mental Health Units
  - c. Had suicidal/ self-harm incidents and/ or thoughts in the last three months
  - d. Have a difficult time adapting to the basic demands of their current housing status due to the symptoms of their mental health diagnosis but do not meet the criteria for a Mental Health Unit

3. Eligible offenders will be referred for assignment to a *Shared Allied Management (SAM) Unit* in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*.

#### G. Outpatient Care

1. Outpatient mental health services are available to offenders in all major facilities, and crisis intervention and assessment services are provided as needed to offenders assigned to field units.
2. Community Corrections Psychology Associates provide mental health services to offenders in Community Corrections Facilities. These staff include the Community Corrections Mental Health Clinical Supervisor (MHCS), Regional Mental Health Clinicians (RMHCs), and District Mental Health Clinicians (DMHCs). DMHCs are assigned to cover each Probation and Parole District and CCAP facility under the supervision of the RMHC in their respective regions. A full-time Psychology Associate is assigned to cover Chesterfield Women's Community Corrections Alternative Program. (4-ACRS-4C-03, 4-ACRS-4C-15)
  - a. Situations that warrant a referral to a Community Corrections Psychology Associate may include but are not limited to:
    - i. An offender appears to be seriously mentally disordered
    - ii. There is a question if, based on the offender's mental health status, the offender should continue to be assigned to a particular site or program
    - iii. A mentally disordered offender has violated the conditions of probation and there is a question of whether to impose sanctions or pursue treatment options
  - b. For situations requiring mental health intervention that arise during regular working hours:
    - i. The Superintendent, Senior Probation Officer, or nurse at the facility will contact the appropriate Community Psychology Associate to discuss the situation.
    - ii. Typically, the Community Psychology Associate will meet with and assess the offender at the referring facility and will make recommendations for further action and/or follow up services.
    - iii. The Community Psychology Associate will document the intervention/assessment on an external ~~Supervision~~ note uploaded to VACORIS or via a Mental Health Services Progress Notes 730\_F30 filed in the Health Record at the facility.
    - iv. If the Community Psychology Associate determines that mental health services are warranted, the Psychology Associate will relay this to the referring individual so that the appropriate follow up action(s) can occur.
    - v. If the Community Psychology Associate cannot be reached, the referring unit should contact the RMHC or Mental Health Clinical Supervisor.
  - c. For situations arising after regular working hours:
    - i. The Superintendent, Senior Probation Officer or nurse at the facility will contact the assigned Community Corrections Psychology Associate to discuss the situation. If unable to reach the DMHC, the RMHC or Mental Health Clinical Supervisor (MHCS) should be contacted.
    - ii. Based on the information provided, the RMHC/MHCS will make recommendations for further action and/or follow up services and will follow up with the appropriate District Mental Health Clinician no later than the next working day. This will be communicated verbally to the referring staff (or designee).
    - iii. No later than the next working day, the DMHC will document the intervention/assessment on an external note uploaded to VACORIS or via a Mental Health Services Progress Notes 730\_F30 filed in the Health Record at the facility.

#### H. Discharge to the Community

1. General
  - a. At least 30 days in advance of the release date, the offender's primary therapist and Case Management Counselor will arrange care for an offender who requires mental health services upon release to the community.
  - b. These services may include referral to the appropriate Community Services Board or other



- provider; arrangements for continuing prescribed psychotropic medications; and, if necessary, petitioning for involuntary civil admission per COV §37.2-814 through §37.2-820.
- c. Thirty to forty-five days prior to the offender's release from the DOC, the [Mental Health Release Summary to Community - DOC MH 9 730\\_F9](#) is to be completed by a Psychology Associate for offenders being released from an Acute Care or Residential Treatment Unit. A follow-up [Mental Health Discharge Summary - DOC MH 7 730\\_F7](#) should be completed within 14 days of release and forwarded to the appropriate Community Corrections Psychology Associates and Community Services Board or other provider.
  - d. Thirty to forty-five days prior to the offender's release from the DOC, the [Mental Health Release Summary to Community - DOC MH 9 730\\_F9](#) is to be completed by a Psychology Associate for offenders with a Mental Health Classification Code of 2 or higher (see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*).
  - e. For offenders who are being released to the community from the Sex Offender Residential Treatment program, see Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*.
  - f. The original *DOC MH 7* and/or *DOC MH 9* will be placed in the Health Record (Section IV). Copies of the *DOC MH 9* will be sent to the Chief of the receiving P&P District, the appropriate Community Corrections Psychology Associate, the Mental Health Clinical Supervisor, and the local Community Services Board or Health Care Provider where the offender has an appointment.
  - g. If the offender is prescribed psychotropic medication and specific criteria have been met (see Operating Procedure 720.5, *Pharmacy Services*, regarding psychotropic medication for offenders being released from the facility), the primary therapist will coordinate with medical staff and arrange for the offender to leave the facility with up to 30 days supply of medication.
  - h. The Psychology Associate will meet with the offender prior to release to review and explain the aftercare plan.
2. Discharges to the Department of Behavioral Health and Developmental Services (DBHDS) for Acute Care Services:
- a. Offenders being released from a DOC facility who meet involuntary admission criteria will enter the Department of Behavioral Health and Developmental Services (DBHDS) through the Forensic Unit at Central State Hospital or another hospital determined by DBHDS.
  - b. The Psychology Associate will contact the Forensic Unit's Admission Officer as soon as possible after determining that involuntary commitment is indicated to plan for the transfer of the offender.
  - c. Admission under COV §37.2-814 et seq., (not §53.1-40.2) is initiated by the Psychology Associate prior to the transfer of the offender to the Forensic Unit. The local Court is petitioned to hold a civil admission proceeding for an offender who is still incarcerated in the DOC and may make an appropriate order for civil admission upon the offender's release. Per COV §53.1-40.9, an offender whose release from the custody of the Department of Corrections is imminent and who may be mentally ill and in need of hospitalization may be the subject of an admission proceeding under COV §37.2-814 et seq. within 15 days prior to the anticipated release date, and any admission order entered in such proceedings shall be effective upon the release of the offender from the Department of Corrections.
  - d. The Psychology Associate will notify the appropriate Community Corrections Mental Health Clinicians (Regional and District) of the pending transfer. Community Corrections Psychology Associates will serve as the point of contact for the appropriate P&P District and the DBHDS regarding treatment and discharge planning. DBHDS commitment forms are different than DOC forms, DBHDS commitment forms are as follows:
    - i. [Petition For Involuntary Admission for Treatment](#)
    - ii. [Independent Examination, Certification and Recommendations for Placement, Care and Treatment](#)
    - iii. [Order For Treatment](#)
    - iv. [Explanation of Involuntary Commitment Process-Description of Rights](#)

- e. Facility Psychology Associates will notify the appropriate Community Services Board regarding the pending transfer of the offender to the DBHDS and document notification on the [Mental Health Release Summary to Community - DOC MH 9 730\\_F9](#). Psychology Associates must notify the CSB that serves the offenders Home Plan area; if the offender is homeless, the CSB for the sentencing jurisdiction will be notified.
  - f. Transportation of the committed offender will be coordinated and provided by the DOC
  - g. The Forensic Unit staff evaluates the transferred, committed mentally disordered offenders to determine the appropriate least restrictive treatment setting. When clinically indicated, the Forensic Unit staff coordinates subsequent transfers to other regional hospitals or treatment settings.
3. The referring staff will provide the following information to the DBHDS upon the DOC discharge and admission of an offender to the Forensic Unit:
- a. If being released from a mental health unit, a [Mental Health Discharge Summary - DOC MH 7 730\\_F7](#)
  - b. A [Mental Health Release Summary to Community - DOC MH 9 730\\_F9](#)
  - c. A copy of the offender's conditions of parole or post release supervision
  - d. Whether or not the offender's release was mandatory
  - e. The name and phone number of the P&P District to which the offender is expected to ultimately return
  - f. Any available information regarding the potential Home Plan for the offender, i.e., what is planned or recommended for the offender beyond their admission to a DBHDS hospital
4. The mental health staff can provide any information which supplements the above, for example, a psychosocial history. Mental health staff is not authorized to release copies of Pre-Sentence Investigations.

#### I. Care in the Community

1. A Community Corrections Psychology Associate will coordinate with facility Psychology Associates, Community Service Boards, local service providers, and other resources as necessary to assist in the transition of offenders from DOC facilities into the Community.
2. P&P Officers may refer offenders to Community Corrections Psychology Associates for assessment to determine the offender's need for services and to facilitate access to the appropriate resources.
3. Community Corrections Psychology Associates may perform mental health assessments to provide recommendations for special conditions of supervision related to mental health care and treatment. Note: Community Corrections Psychology Associates are not authorized to perform certain types of Court ordered evaluations e.g., competency to stand trial.
4. Community Corrections Psychology Associates may assess offenders for risk of harm to self or others but they do not provide emergency services. Offenders who meet either of these criteria should be referred to the local CSB, crisis services, or local hospital. Community Psychology Associates can assist DOC staff in the process of obtaining emergency community services if necessary for offenders under community supervision.
5. Upon receiving an allegation from an offender under community supervision that they were sexually abused while confined at a correctional facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. (§115.63[a], §115.263[a])
6. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (§115.63[b], §115.263[b])
7. The Facility Unit Head shall document that it has provided such notification. (§115.63[c], §115.263[c])

## VI. REFERENCES

Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition), American Psychiatric Association, Washington, D.C.

12VAC35-105, *Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services*

Operating Procedure 720.5, *Pharmacy Services*

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

Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*

Operating Procedure 830.5, *Transfers, Institution Reassignments*

## VII. FORM CITATIONS

[Petition For Order For Involuntary Admission To A Licensed Correctional Mental Health Facility - DOC MH 1 730\\_F4](#)

[Affidavit in Support of Petition for Order for Involuntary Admission to A Licensed Correctional Mental Health Facility - DOC MH 1A 730\\_F4A](#)

[Order For Involuntary Admission To A Licensed Correctional Mental Health Facility - DOC MH 1B 730\\_F4B](#)

[Petition for Order Authorizing Involuntary Medical and/or Mental Health Treatment - DOC MH 2 730\\_F5](#)

[Affidavit in Support of Petition for Order Authorizing Involuntary Medical and/or Mental Health Treatment - DOC MH 2A 730\\_F5A](#)

[Order Authorizing Involuntary Medical and/or Mental Health Treatment - DOC MH 2B 730\\_F5B](#)

[Mental Health Transfer Request - MH 6 730\\_F6](#)

[Mental Health Discharge Summary - DOC MH 7 730\\_F7](#)

[Application for Voluntary Admission to a Licensed Correctional Mental Health Facility - DOC MH 3 730\\_F8](#)

[Mental Health Release Summary to Community - DOC MH 9 730\\_F9](#)

[Master Treatment Plan 730\\_F10](#)

[Inactive Problem List 730\\_F10A](#)

[Objectives and Intervention Plans 730\\_F10B](#)

[Interdisciplinary Team Reassessment 730\\_F10C](#)

[Electronic Notification of Mental Health Offender Transfer 730\\_F11](#)

[Mental Health Services Progress Notes 730\\_F30](#)

[Petition For Involuntary Admission for Treatment](#)

[Independent Examination, Certification and Recommendations for Placement, Care and Treatment](#)

[Order For Treatment](#)

[Explanation of Involuntary Commitment Process-Description of Rights](#)

## VIII. REVIEW DATE

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

*The office of primary responsibility reviewed this operating procedure in March 2019 and necessary changes are being drafted.*

*Signature Copy on File*

*2/6/18*

N. H. Scott, Deputy Director of Administration

Date