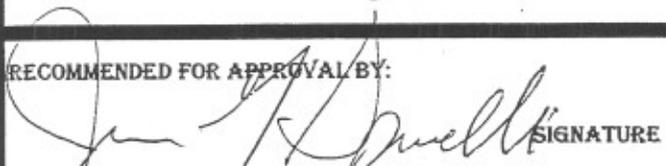
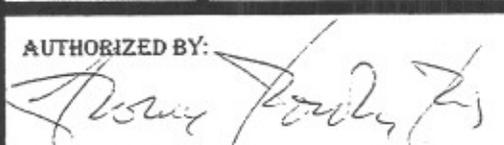




DEPARTMENT OF CORRECTIONS
 AGENCY OF HUMAN SERVICES
 STATE OF VERMONT

NUMBER

_____ POLICY
 _____ DIRECTIVE
 _____ PROCEDURE
361.01.09 PROTOCOL

SUBJECT Residential Treatment Programs	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 mental evaluations, treatment and discharge of inmates in the department's two residential treatment programs. It is the policy of the Vermont Department of Corrections (VDOC) to provide a humane and secure environment that is treatment, goal and outcome oriented and which emphasizes reintegration into the general population. This will be achieved through cooperation and collaborative interaction with staff, inmates and others.

III. APPLICABILITY/ACCESSIBILITY

All individuals and groups affected by the operations of the Department of Corrections may have a copy of this protocol.

IV. DEFINITIONS

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.

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.

Secure Residential Treatment Program (SRTP): the secure residential mental health unit at Northwest State Correctional Facility. The purpose of the RTP-Max is to provide psychiatric treatment and intervention for inmates with close custody needs. It has ten single-man cells, two group rooms, private offices and a satellite health service area. It is designated to facilitate the clinical management and treatment of inmates with mental health needs who pose an immediate security risk.

Intermediate Residential Treatment Program (IRTP): the residential mental health unit at Northwest State Correctional Facility. The purpose of this unit is to provide transitional mental health care to designated inmates and to prepare them for successful reintegration into the general inmate population. This unit has single and double-man cells, 1 group room, a day room, and a mental health staff office.

Mental Health Evaluation: a detailed clinical assessment performed by a psychologist or psychiatrist and conducted on inmates identified as needing mental health treatment. Results of this evaluation are utilized in the formulation of an individualized treatment plan. Further, the mental health evaluation is a comprehensive mental health examination which is appropriate to the particular suspected level of mental illness or mental disability and which is focused on the particular suspected mental illness or mental disability. Thus, generally, the nature and quality of the particular mental health evaluation is related to the context in which the individual inmate is referred.

IV. POLICY STATEMENT

The Vermont Department of Corrections recognizes the need for mental health services in both residential and close custody units for certain inmates who suffer from serious mental illness. The Residential Treatment Programs are designed to provide these inmates with the opportunity to address their mental health issues in a supportive, structured environment, appropriate to their custody levels, for the purposes of (1) reducing the symptoms of their mental illness, (2) reducing the risk of harm to self or others, and (3) preparing for or enhancing productive participation in Departmental programs and activities in the general population.

V. SECURE RESIDENTIAL TREATMENT PROGRAM

A. Referral to the SRTP

1. Any inmate considered for referral to the SRTP shall receive a mental health evaluation by a mental health professional at his or her sending facility.
2. If the mental health professional concludes that the needs of the inmate would be best served in the SRTP at NWSCF, he/she shall forward this recommendation in writing (see *RTP Referral* form) to the Superintendent of the sending facility who shall review and approve/disapprove the request. If approved, the request shall be forwarded to the Chief Psychologist at NWSCF for consideration and approval.
3. Requests forwarded to NWSCF shall be reviewed by the Chief Psychologist, the consulting psychiatrist, and other designated parties. Following consideration of the request, NWSCF shall either:
 - a. accept the case and schedule transfer of the inmate to the SRTP; or
 - b. notify the sending facility of the reasons the inmate is not being accepted into the SRTP and provide recommendations for alternative intervention and treatment.

4. Referrals from within the NWSCF shall be considered for SRTP placement by the Chief Psychologist, and the consulting psychiatrist.
5. Disputes involving referrals to the SRTP from facilities other than NWSCF shall be mediated by the Clinical Director and the director of Security and Operations.

B. Evaluation and Classification

1. Upon admission to the SRTP, the Mental Health Evaluation and *RTP Referral Form*, completed prior to referral, shall be reviewed by a psychiatrist or psychologist at NWSCF and further evaluation shall be completed as indicated.
2. The completed mental health evaluation and RTP Referral shall be utilized in the formulation of a comprehensive, individualized treatment plan.
3. Upon placement in the SRTP, inmates will be oriented to the policies, procedures and behavioral expectations of this unit.

C. Treatment Services

1. Treatment plans are required for all inmates on the SRTP and should be reviewed in accordance with Protocol 361.01.06 (Individualized Treatment Planning). This review should occur sooner if a crisis situation arises or a change in plan is warranted.
2. When clinically appropriate, the clinician should elicit input and discuss the treatment plan with the inmate. Appropriate documentation shall be made on the Treatment Plan form.
3. Upon placement in the SRTP, inmates who have been receiving mental health treatment shall be evaluated by a mental health professional or his or her designee within 24 hours of placement.
 - a. The evaluation will include a mental health status update, and a treatment plan review.
 - b. Subsequent to admission, if placement in SRTP is deemed contraindicated, appropriate action, including transfer to VSH, will be taken according to clinical judgment and security considerations.
4. Upon placement in the SRTP, any inmate not receiving mental health treatment prior to placement will be screened by a mental health professional within 24 hours.
 - a. The screening will include a note in the medical chart describing current mental status, anticipated mental health needs and plan of action.
 - b. Subsequent to admission, if placement in SRTP is deemed contraindicated, appropriate action, including transfer to VSH, will be taken according to clinical judgment and security considerations.
5. For inmates placed in the SRTP, an evaluation of Mental Status shall be performed every 30 days for which placement continues.
6. Rounds - Mental health staff will conduct mental health rounds no less than three times per week in the SRTP.
 - a. These rounds are conducted to insure that inmates previously identified as seriously mentally ill receive continuous mental health service while on this unit and that any inmate exhibiting exacerbation of symptoms is detected and treated in a timely manner.
 - b. Mental health rounds in the SRTP shall consist of:
 - (1) brief verbal contact with every inmate; and
 - (2) inquiry into any problematic inmate behaviors observed by security staff on the unit.

- c. Documentation of such rounds shall be made by entry into the *Secure Residential Treatment Program Mental Health Rounds Log*.
 - d. Mental health rounds are conducted primarily for purposes of identification and referral of inmates experiencing symptoms of serious mental illness, as opposed to delivering actual mental health treatment or service.
 - e. Inmates found by the mental health staff person to be in need of mental health attention shall receive evaluation and treatment as soon as possible, not to exceed 48 hours.
7. An appropriate range of clinical services shall be available for inmates in the SRTP in accordance with Protocol 361.01.05 (Mental Health Services).
- D. Disciplinary Reports for Inmates in the SRTP shall be handled in accordance with protocol 361.01.11 (Disciplinary Procedures for Inmates with Serious Mental Illness).
- E. Discharge
1. Inmates will be discharged from the SRTP to the IRTP when clinical and behavioral objectives have been met.
 2. The *RTP Discharge Summary* form (attached) must be completed for all inmates discharged from the SRTP and include the following:
 - a. reasons for placement in RTP;
 - b. current mental status;
 - c. diagnosis on discharge;
 - d. risk factors related to placement in RTP;
 - e. danger to self or others;
 - f. medication;
 - g. course of treatment; and
 - h. recommendations towards improved adjustment in RTP and within the facility.

VI. INTERMEDIATE RESIDENTIAL TREATMENT PROGRAM

A. Referral to the IRTP

1. Any inmate considered for referral to the IRTP shall receive a mental health evaluation by a mental health professional at his or her sending facility.
2. If the mental health professional concludes that the needs of the inmate would be best served in the IRTP at NWSCF, he/she shall forward this recommendation in writing (see *RTP Referral* form) to the Superintendent of the sending facility who shall review and approve/disapprove the request. If approved, the request shall be forwarded to the Chief Psychologist at NWSCF for consideration and approval.
3. Requests forwarded to NWSCF shall be reviewed by the Chief Psychologist, the consulting psychiatrist, and other designated parties. Following consideration of the request, NWSCF shall either:
 - a. accept the case and schedule transfer of the inmate to the IRTP; or

- b. notify the sending facility of the reasons the inmate is not being accepted into the IRTP and provide recommendations for alternative intervention and treatment.
4. Referrals from within the NWSCF shall be considered for IRTP placement by the Chief Psychologist, and the consulting psychiatrist.
5. Disputes involving referrals to the IRTP from facilities other than NWSCF shall be mediated by the Clinical Director and the Director of Security and Operations.

B. Evaluation and Classification

1. Upon admission to the IRTP, a mental health evaluation and RTP Referral, completed prior to referral, shall be reviewed by a psychiatrist or psychologist at NWSCF and further evaluation shall be completed as indicated.
2. The completed mental health evaluation and RTP Referral shall be utilized in the formulation of a comprehensive, individualized treatment plan.
3. Upon placement in the IRTP, inmates will be oriented to the policies, procedures and behavioral expectations of this unit.

C. Treatment Services

1. Treatment plans are required for all inmates on the IRTP and should be reviewed in accordance Protocol 361.01.06 (Individualized Treatment Planning). This review should occur sooner if a crisis situation arises or a change in plan is warranted.
2. When clinically appropriate, the clinician should elicit input and discuss the treatment plan with the inmate. Appropriate documentation shall be made on the Treatment Plan form.
3. Upon placement in the IRTP, inmates who have been receiving mental health treatment shall be evaluated by a mental health professional or his or her designee within 24 hours of placement.
 - a. The evaluation will include a mental health status update, and a treatment plan review.
 - b. Subsequent to admission, if placement in IRTP is deemed contraindicated, appropriate action, including transfer to VSH, will be taken according to clinical judgment.
4. Upon placement in the IRTP, all inmates not receiving mental health treatment prior to placement will be screened by a mental health professional within 24 hours.
 - a. The screening will include a note in the medical chart describing current mental status, anticipated mental health needs and plan of action.
 - b. Subsequent to admission, if placement in IRTP is deemed contraindicated, appropriate action, including transfer to VSH, will be taken according to clinical judgment.
5. An appropriate range of clinical services shall be available for inmates in the IRTP in accordance with Protocol 361.01.05 (Mental Health Services).

D. Disciplinary Reports for Inmates in the IRTP shall be handled in accordance with Protocol 361.01.11 (Disciplinary Procedures for Inmates with Serious Mental Illness).

E. Discharge

1. Inmates will be discharged from the IRTP when clinical and behavioral objectives have been met.
2. The RTP Discharge Summary form (attached) must be completed for all inmates discharged from the IRTP and include the following:
 - a. reasons for placement in RTP;
 - b. current mental status;
 - c. diagnosis on discharge;
 - d. risk factors related to placement in RTP;
 - e. danger to self or others;
 - f. medication;
 - g. course of treatment; and
 - h. recommendations towards improved adjustment in RTP and within the facility.

VII. 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 3-4367, 3-4368, 3-4369

VIII. 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.

REQUEST FOR PLACEMENT IN RESIDENTIAL TREATMENT PROGRAM

Inmate Name: _____
Facility: _____

Referring Staff: _____
Unit: _____ Date/Time: _____

Referral to: IRTP SRTP

Reason for Request <i>Include diagnosis, behaviors, and all relevant information</i>

Alternative Placements/Treatment <i>Describe past efforts to treat this inmate and how alternative treatment has been unsuccessful</i>

Additional Comments

Is Mental Health Evaluation attached: Yes No

Mental Health Staff Signature and Degree: _____ Date: _____

Forward this form to sending facility's Superintendent for approval

ACTION TAKEN

Sending Facility Superintendent

Request Approved Request not Approved

Comments: _____

Superintendent Signature: _____ Date: _____

If request is approved, forward this form to NWSCF (c/o Chief Psychologist) immediately for consideration.

NWSCF

Inmate approved for placement in SRTP
 IRTP

Inmate not approved for placement in NWSCF RTP

Reason: _____

Recommendation(s) for alternative intervention(s) and treatment: _____

Signature of Chief Psychologist: _____ Date: _____
Signature of NWSCF Superintendent: _____ Date: _____

Please insure that this form is filed in inmate's medical chart

