



**DEPARTMENT OF CORRECTIONS
AGENCY OF HUMAN SERVICES
STATE OF VERMONT**

NUMBER _____ POLICY
 _____ DIRECTIVE
 _____ PROCEDURE
361.01.10 PROTOCOL

SUBJECT Mental Health Rounds in Segregation Units	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 provide a standard procedure by which inmates housed in close custody, therapeutic seclusion or other segregation units will be periodically evaluated by mental health staff. The goal of the Vermont Department of Corrections is to ensure that mental health services are provided to all inmates in need of such services regardless of housing. As part of fulfilling this goal, procedural mental health rounds in segregation housing areas are critical.

III. APPLICABILITY/ACCESSIBILITY

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

IV. DEFINITIONS

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.

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.

Segregation: the confinement of an inmate to an individual cell that is separated from the general population.

V. PROTOCOL

- A. Mental health staff will conduct regular mental health rounds on all inmates confined in close or segregation status to insure that inmates previously identified as seriously mentally ill receive continuous mental health services while confined in segregation and that any inmate exhibiting signs of serious mental illness in confinement is detected and treated in a timely manner. Mental health rounds are conducted primarily for purposes of identification and referral of inmates with serious mental illness, as opposed to delivering actual mental health treatment or service.
1. Upon placement on segregation status, inmates who have been receiving mental health treatment shall be evaluated by the primary care clinician or designee within 24 hours of placement.
 - a. The evaluation will include a mental health status update, and a treatment plan review.
 - b. If segregation is deemed contraindicated due to mental health reasons, clinically appropriate action will be taken.
 - c. For inmates placed in segregation, an evaluation of mental status shall be performed every 30 days for which placement continues; a full mental status exam may be performed if deemed necessary.
 2. Upon placement on segregation status, inmates not currently receiving mental health treatment will be screened by a mental health professional within the first 72 hours. The screening will include a note in the medical chart describing current mental status and observed and anticipated mental health needs, if any.
- B. Mental health rounds
1. Mental health rounds shall be done weekly in all segregation units.
 2. Mental health rounds in segregation shall consist of:
 - a. brief verbal contact with every inmate confined in segregation setting;
 - b. inquiry into any problematic inmate behaviors observed by security staff in the unit; and
 - c. inquiry of inmate's view of current placement, observation of his or her coping skills and insight into current circumstance.
 3. Documentation of such rounds shall be made by entry into the Mental Health Rounds Log (attached) according to the Problem Key and categories indicated.
 4. Inmates found by the mental health staff person to be in need of mental health attention shall receive assessment and treatment within 48 hours, if not sooner.
 5. All inmates in segregation shall be informed of the procedure to contact mental health services if they so choose.

VI. 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.

NCCHC Adult Standards 1992 P-43, P-44

NCCHC Adult Standards 1996 J-43

VII. 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.

