



Virginia Department of Corrections

Mental Health Services

Operating Procedure 730.1

Mental Health and Wellness Services: Administration

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

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

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DEFINITIONS

Community Corrections Alternative Program (CCAP) - A system of residential facilities operated by the Department of Corrections to provide evidence-based programming as a diversionary alternative to incarceration in accordance with COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion.*

Serious Mental Illness (SMI) – An inmate/probationer/parolee diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, Posttraumatic Stress Disorder (PTSD) or Anxiety Disorder, or any diagnosed mental disorder (excluding substance use 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.

Psychology Associate - 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, which may include Psychiatric Provider, Social Worker, or Registered Nurse.

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) - A residential programming unit with bed assignments designated for eligible inmates who are classified as Seriously Mentally Ill (SMI), and who meet the criteria for program admission. The SDTP is a formalized program that operates within structured security regulations and procedures, and provides for 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 institutions to deliver intensive services in a safe environment to specific inmate populations that typically require a high level of services from security, mental health, and/or medical staff.

Telehealth - The provision of remote medical and/or mental health care by a two-way, real-time electronic interactive communication between the patient and the practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio equipment.

PURPOSE

This operating procedure provides for the organization and administration of mental health services within the Department of Corrections (DOC).

PROCEDURE

I. Administrative Procedure

A. Mission, philosophy of service, and resources

1. The mission of the Mental Health Services Program within the DOC is to enhance public and facility safety by providing quality assessment and treatment services to inmates/probationers/parolees as well as consultation and training to correctional staff in accordance with professional and ethical standards of practice.
2. The Mental Health Services Program is approved by the Chief of Mental Health Services and includes at a minimum the following: (5-ACI-6A-28)
 - a. Screening on intake
 - b. Outpatient services for the detection, diagnosis, and treatment of mental illness, to include medication management and/ or counseling, as appropriate
 - 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 and specialty units for inmates whose psychiatric needs exceed the treatment capability of the facility
 - g. Follow up with inmates who return from an inpatient psychiatric facility
 - h. Procedures for obtaining and documenting informed consent.
 - i. In community settings, serve as consultants and liaisons to available sources
3. Inmates/probationers/parolees are assessed and classified regarding their mental health services needs upon intake into the DOC.
 - a. The classification is updated based on periodic and need-based screenings and assessments throughout the inmate's incarceration.
 - b. Additional information may be found in Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, and Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.
4. A significant percentage of the inmate/probationer/parolee population requires some level of mental health services. A continuum of services has been implemented within the DOC, both to meet the needs of inmates 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 Correctional Treatment Center 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 Psychology Associate assigned to that facility, the assigned Mental Health Clinical Supervisor, or the Psychology Associate(s) at another designated facility if the facility does not have Psychology Associate(s) 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, multidisciplinary staff, and the responsible Psychology Associate or designee for the management of seriously mentally ill or intellectually disabled inmates/probationers/parolees (5-ACI-6C-06, 5-ACI-6C-07)
 - a. Consultation will occur prior to taking action in the following areas:
 - i. Housing assignments
 - ii. Program assignments
 - iii. Disciplinary measures and proceedings
 - iv. Transfers to other facilities
 - b. When immediate action is required, a consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours after action is taken.
 - c. The responsible Psychology Associate will assist medical staff with inmates/probationers/parolees who have comorbid medical issues.
 8. The Mental Health Services Program includes training provided by Psychology Associates 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)
- B. Organizational structure of the Mental Health and Wellness Services Program
1. The Health Services Director oversees mental health and wellness services.
 2. Mental health and wellness 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 SORT Program and provides clinical supervision to other sex offender treatment providers in the DOC.
 4. Institutions (4-ACRS-4C-15 [I])
 - a. Each MHCS, in consultation with the Facility Unit Head and Assistant Facility Unit Head of each institution, is responsible for the provision of mental health services to a designated group of institutions.
 - i. The MHCS and SOPD supervise and are responsible for performance evaluations of Senior Psychology Associates within their assigned institutions.
 - ii. Senior Psychology Associates will include designated staff (typically supervisory staff) in psychology and social work positions.
 - b. The Senior Psychology Associates supervise and are responsible for performance evaluations of line Psychology Associates at their institution.
 - c. The MHCSs and SOPD are responsible for the clinical supervision of designated Psychology Associates. The Facility Unit Head, Assistant Facility Unit Head, 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.
 - e. A Qualified Mental Health Provider (QMHP) may serve as a group Mental Health Technician under the supervision of a Psychology Associate or above.
 5. Community corrections (4-ACRS-4C-15 [CC])
 - a. The Community Corrections MHCS, in consultation with the Facility Unit Head of each facility and the Chief of each P&P Office, 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 probationers/parolees on probation, parole, and/or post release in the community who have been referred by facility Psychology Associates and P&P Officers.
 - b. The direct provision of mental health services for the P&P Offices is delegated to the Regional Mental Health Clinicians (RMHCs) and District Mental Health Clinicians (DMHCs).

- c. The Health Services Unit (HSU) has made videoconference equipment available in designated P&P Offices and Community Corrections Alternative Programs (CCAP) to provide an additional means for mentally ill probationers/parolees to connect with community treatment providers. Videoconferencing may occur prior to discharge (i.e. re-entry planning) and/or following discharge (i.e. Community Service Board case and medication management).
 - d. The Community Corrections MHCS supervises the RMHC's 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 RMHC's.
 - e. Community Corrections RMHCs supervise DMHC's in their respective regions and are responsible for the performance evaluations with input from the affected senior management and staff of the P&P Office, the monitoring and tracking of time and attendance, and the accurate reporting and documentation of leave for DMHC's.
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 Chief Psychiatrist in accordance with Operating Procedure 720.10, *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 departing staff an exit interview or the opportunity to complete the information requested in an exit interview on their own; see *Mental Health Services Exit Interview*, Attachment 1, 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).
 - a. Approved advertisements for mental health positions will be provided to the HRO, who will be responsible for advertising the position.
 - b. Applications received will be screened by the MHCS, SOPD or designee, and candidates for interviews will be selected.
 - c. 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.
 - a. Another Senior Psychology Associate and a representative of the unit's administration will typically assist in the interview process.
 - b. 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. A representative of the unit's administration and the supervising Senior Psychology Associate will typically assist in the interview process.
 - b. 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 will be completed by the MHCS or SOPD for all final candidates for any licensed or credentialed position prior to hiring.
6. Unless licensed or under licensure supervision, all QMHP's and Psychology Associates will be required to maintain DHP registration status to be paid for by the DOC.

D. Discipline

1. Institutions

- a. Disciplinary actions for Senior Psychology Associates will be administered by the MHCS or SOPD in consultation with the Chief of Mental Health Services, Facility Unit Head, Assistant Facility Unit Head, HRO, or designee at the institution.
- b. Disciplinary actions for the line QMHPs will be administered by the Senior Psychology Associates, in consultation with the MHCS, SOPD, or Chief of Mental Health Services, Facility Unit Head, Assistant Facility Unit Head, HRO, or designee at the institution.
- 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. P&P Offices and CCAP's

- a. Disciplinary actions for RMHC's will be administered by the MHCS in consultation with the Chief of Mental Health Services, Facility Unit Head, Chief P&P Officer, or Regional Administrator.
- b. Disciplinary actions for DMHS's will be administered by the RMHC in consultation with the Chief of Mental Health Services, MHCS, Facility Unit Head, Chief P&P 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 Psychology Associates

- a. Senior Psychology Associates will obtain approval for leave from the MHCS (covering MHCS or Chief of Mental Health Services if the MHCS position is vacant) and Facility Unit Head or Assistant Facility Unit Head or designee at their institution.
- b. Requests are to be made in writing via email.
- c. After leave has been completed, the Senior Psychology Associates will submit a "Leave Activity Reporting Form" (P8) to the Facility Unit Head or Assistant Facility Unit Head or designee at their institution for supervisor's signature.
- d. The form will then be forwarded to the HRO at the institution per institutional practice.
- e. Senior Psychology Associates 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 Psychology Associate will obtain approval for leave from the SOPD and will submit the "Leave Activity Reporting Form" to the SOPD for signature and processing.
- g. P&P Offices and CCAP's
 - i. The RMHC's will obtain approval for leave from the MHCS and will submit the "Leave Activity Reporting Form" to the MHCS for signature and processing.
 - ii. DMHC's will obtain approval for leave from the RMHC and will submit the "Leave Activity Reporting Form" to the RMHC for signature and processing.

2. Unscheduled leave requests for Senior Psychology Associates

- a. In cases of unscheduled personal or medical leave, the Senior Psychology Associate will notify the MHCS or SOPD (covering MHCS or Chief of Mental Health Services if position is vacant) and Facility Unit Head or Assistant Facility Unit Head or designee at their institution via email and/or voice mail as soon as possible.
- b. A "Leave Activity Reporting Form" (P8) will be submitted to the Facility Unit Head or Assistant Facility Unit Head or designee for 'supervisor's signature' and forwarded to the appropriate HRO upon return to work.
- c. Senior Psychology Associates 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 Psychology Associate will submit the “Leave Activity Reporting Form” to the SOPD for signature and processing.
 - e. P&P Offices and CCAP’s
 - i. The RMHC will notify the MHCS and the Facility Unit Head or Chief P&P Officer if they were scheduled to be at the facility or P&P Office for the day.
 - ii. The DMHC will notify the RMHC and the Superintendent or Chief P&P Officer if they were scheduled to be at the facility or P&P Office for the day.
 3. Leave requests for line Psychology Associates
 - a. Requests for scheduled or unscheduled leave for line Psychology Associates will be approved by the appropriate Senior Psychology Associate at the facility. If time does not permit the submission of a leave request by a line Psychology Associate to the Senior Psychology Associate, the Psychology Associate 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 HRO.
- F. Orientation and training
1. Orientation and training for mental health services staff must 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. All mental health services staff must complete 12 hours of continuing professional education or staff development in clinical skills annually. Examples of topic areas covered may include but are not limited to the following: **(5-ACI-6B-13)**
 - a. Mental health needs of inmate/probationer/parolee population (special needs)
 - b. Behavior management techniques
 - c. Mental health issues with female population
 - d. Trauma-informed care
 - e. Confidentiality of mental health record information
 - f. Suicide/self-injury prevention
 - g. Signs and symptoms of mental illness, substance abuse/relapse and neurocognitive disorders/neurodevelopmental disabilities
 - h. Assessment and diagnosis of mental disorders
 - i. Crisis intervention
 3. The MHCS, Senior Psychology Associate, or Chief of Mental Health Services is responsible for the orientation of newly hired Psychology Associates. This orientation will be documented on the [Psychology Associate-Orientatation Checklist 730_F19](#).
 4. All requests from the Senior Psychology Associate for off-site training will be reviewed and approved by the MHCS, SOPD, or the covering MHCS prior to seeking additional required approvals.
 5. Requests for off-site training from line Psychology Associates will be reviewed and approved by the Senior Psychology Associate prior to seeking additional required approvals.

G. Audits

The mental health services 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 services 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 services 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 when the MHCS or SOPD position is vacant.

II. Mental Health and Wellness Services

A. Levels of care - Additional information on the 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 inmates at designated DOC institutions.
2. Residential Treatment Mental Health Units are available to male and female inmates at designated institutions.
 - a. These units provide services in a structured treatment setting to inmates 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 inmates with co-occurring disorders (i.e., inmates 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 institutions; see Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*.
3. *Secure Diversionary Treatment Programs (SDTP)* are provided at designated institutions for eligible inmates with *Serious Mental Illness (SMI)* who also frequently engage in assaultive, disruptive, and/or unmanageable behavior and need a more therapeutic general population environment; see Operating Procedure 830.5, *Transfers, Institution Reassignments*.
4. *Shared Allied Management (SAM) Units* are provided at designated institutions for mentally ill or *Seriously Mentally Ill (SMI)* inmates 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 Restorative Housing and/or Mental Health Units; see *SAM Unit* criteria included in Operating Procedure 830.5, *Transfers, Institution Reassignments*.
5. Institutions with full time Psychology Associates provide outpatient mental health services, i.e., services in general population and restorative housing units, to inmates, 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 Psychology Associates on site
 - f. Individual services
 - g. Group services
 - h. Psychiatric services
 - i. Referral to other institutions as needed for mental health services
 - j. Release planning and coordination of aftercare services
6. Psychology Associates also provide the following services:
 - a. Consultation
 - b. Training
 - c. Program development, implementation, and evaluation

d. Follow-up when notified of inmate/probationer/parolee non-compliance with psychotropic medications

7. Crisis intervention and assessment services are provided as needed to inmates/probationers/parolees assigned to field units and CCAP's. (4-ACRS-4C-15)

B. Access to mental health and wellness services

1. The Senior Psychology Associate or RMHC has primary responsibility for ensuring that the unit has appropriate mental health and wellness services coverage due to leave, schedule adjustments, or illness. Secondly, the MHCS is responsible for allocating resources to provide temporary mental health and wellness services staff coverage for a facility.

2. Information on access to mental health and wellness services should be communicated to inmates/probationers/parolees at the time of reception and each time an inmate/probationer/parolee is moved to a new facility.

3. Inmates/probationers/parolees have access to mental health and wellness services and to a system for processing complaints regarding mental health care. Inmates/probationers/parolees may process complaints through the *Offender Grievance Procedure* at institutions or appeal to the Facility Unit Head at CCAPs.

4. Interaction between Psychology Associates and inmates/probationers/parolees should be conducted in a setting that protects the inmates'/probationers'/parolees' privacy to the greatest extent possible within security requirements. (5-ACI-6C-10)

5. Inmates/probationers/parolees, including those on work release and in CCAPs, may not choose their own Psychology Associate.

6. Mental health and wellness services may be provided via telehealth.

C. Mental health records and documentation of services provided

1. Section IV of the inmate's/probationer's/parolee's Health Record is designated for documentation related to mental health services.

a. Each facility with a Psychology Associate is responsible for implementing a means to ensure that such information is provided and filed in a timely manner.

b. It is the responsibility of the Psychology Associates to document the provision of services or other contacts with inmates/probationers/parolees.

2. Section IV of the inmate's/probationer's/parolee's Health Record may include the following; see *Organizing Mental Health Information in Section IV of the Health Record*, Attachment 2:

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 inmate/probationer/parolee and serve as an objective record, of the inmate's/probationer's/parolee's status and responses to interventions. The SOAP format is the standard means by which individual contacts with inmates/probationers/parolees are documented.

S - Subjective Data

What the inmate/probationer/parolee states about the problem; what the inmate/probationer/parolee says they think or feel; use quotation marks when recording significant inmate/probationer/parolee statements verbatim.

O - Objective Data

What the Psychology Associate observes or determines upon assessment of the inmate/probationer/parolee, or factual data. This is documentation of factual information; what the inmate/probationer/parolee does or was doing without interpretations or opinions. A description of any interventions or staff actions is included here.

A - Assessment

The Psychology Associate's assessment or interpretation of the inmate's/probationer's/parolee'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 Psychology Associate plans to do about the inmate's/probationer's/parolee'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 Psychology Associate, 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 inmate/probationer/parolee, the Court, non-treatment staff, et al.
 - c. Progress notes are considered part of a legal record and should be treated as such. Entries must be typed or written legibly in black ink, dated, and signed each time with the writer's name, highest degree, and title.
 - 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 inmate/probationer/parolee being seen by a Psychology Associate or member of the Treatment Team.
 - ii. More often as required by an operating procedure, or when the inmate's/probationer's/parolee'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.).
 - f. Group progress notes - A [Treatment Group Participation Note 730_F20](#) will be utilized to document an inmate's/probationer's/parolee's involvement and progress in therapeutic groups. Program specific group notes may be substituted with the approval of the Chief of Mental Health Services.
 - g. A group note should be completed for each inmate/probationer/parolee as soon as possible after the conclusion of the group and prior to the end of the workday.
 - h. A note should be completed whether or not the inmate/probationer/parolee attends the group.
 - i. If other participants are referenced in an inmate's/probationer's/parolee's group note, only initials should be used.
 - j. Observations may include comments regarding the inmate's/probationer's/parolee's mental status, affect, behavior, interactions with others, etc.
5. Continuous Quality Improvement (CQI)
- a. The Chief of Mental Health Services serves as a participant on the HSU CQI Committee, a

multidisciplinary committee designed to monitor and improve the quality of health care services provided to inmates/probationers/parolees; see Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program*.

- b. The CQI Sub Committee of the Mental Health Services Steering Committee is responsible for the following: **(5-ACI-6A-29)**
 - i. Collecting, trending, and analyzing data combined with planning, intervening, and reassessing services.
 - ii. Evaluating defined data, which will result in more effective access to care, improved quality of care, and better utilization of resources.
 - iii. Reviewing all suicides or suicide attempts and other serious incidents, e.g., use of force, assaults, restraints, involuntary medications, involving inmates/probationers/parolees identified with a serious mental illness.
 - iv. Reviewing clinical care issues, implementing measurable corrective action plans to address and resolve important problems and concerns identified specific to mental health issues when warranted, and incorporating findings of internal review activities into the organization's educational and training activities.
 - v. Maintaining appropriate records of internal review activities.
 - vi. Requiring a provision that records of internal review activities comply with legal requirements on confidentiality of record.
6. Refer to Operating Procedure 701.3, *Health Records*, and Operating Procedure 730.6, *Mental Health Services: Confidentiality*, for information related to release of mental health and wellness services information from inmate/probationer/parolee records.

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

1. Operating Procedure 720.10, *Psychiatric Services*
2. Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*
3. Operating Procedure 730.3, *Mental Health Services: Levels of Care*
4. Operating Procedure 730.5, *Mental Health Services: Behavior Management*
5. Operating Procedure 730.6, *Mental Health Services: Confidentiality*

REFERENCES

Operating Procedure 102.6, *Staff Orientation*

Operating Procedure 135.3, *Standards of Ethics and Conflict of Interest*

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 720.10, *Psychiatric Services*

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 735.2, *Sex Offender Treatment Services (Institutions)*

Training Matrix

ATTACHMENTS

Attachment 1, *Mental Health Services Exit Interview*



Attachment 2, *Organizing Mental Health Information in Section IV of the Health Record*

FORM CITATIONS

[National Practitioner Data Bank Query](#) 701_F7

[Health Services Complaint and Treatment Form](#) 720_F17

[Psychology Associate Orientation Checklist](#) 730_F19

[Treatment Group Participation Note](#) 730_F20

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