



# Virginia Department of Corrections

## Mental Health Services

### Operating Procedure 730.3

#### *MHS: Levels of Service*

#### **Authority:**

Directive 730, *Mental Health Services*

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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

**Acute Care Unit** - A designated treatment unit licensed to provide inpatient mental health services for inmates 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 inmates who still require mental health services after release from DOC facilities.

**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 §53.1-67.7 and COV §53.1-67.8.

**Facility** - Any institution or Community Corrections Alternative Program.

**Intensive Diversionary Treatment Program (IDTP)**- A residential programming unit that is designated for inmates with repeated involvement in critical incidents which warrants administrative attention and consumes an inordinate amount of resources from medical, mental health, and/or security operations. Inmates in this programming unit should not meet the criteria for involuntary commitment under Code of Virginia, Section 53.1-40.

**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 inmate; the ITP identifies relevant problems or needs, treatment goals and objectives, and interventions for each inmate 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 inmates 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.

**Inmate with Serious Mental Illness (SMI)** - Inmate diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, PTSD or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse 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.

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

**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.

**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 DOC 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.

**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, counseling, and security personnel, for the purpose of assessing the mental health status and services needs of the inmate and developing and implementing treatment, management, and aftercare plans.

## PURPOSE

This operating procedure provides for a mental health services system with appropriate levels of care for mentally disordered inmates/probationers/parolees housed in Department of Corrections (DOC) facilities or under DOC supervision in the community.

## PROCEDURE

- I. Services
  - A. The 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 inmate is screened and assessed to determine the inmate's mental health status, service 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-ACI-6A-08; 4-ACRS-4C-03 [I])
    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. Community Corrections Psychology Associates provide assessment and referral services for probationers/parolees under Probation and Parole supervision in the community and in CCAP facilities. (4-ACRS-4C-15 [CC])
- II. Levels of Care
  - A. Acute Care
    1. General
      - a. When deemed clinically necessary, inmates who have serious mental disorders or a developmental disability are typically referred for involuntary admission to an Acute Care Unit (ACU) within the DOC or to an appropriate non-correctional facility e.g., upon the inmate's release from the DOC. (5-ACI-6A-37, 5-ACI-6A-39, 5-ACI-6C-12)
      - b. Admission will be accomplished in accordance with COV §53.1-40.2, *Involuntary admission of prisoners with mental illness* through COV §53.1-40.9, *Civil admission proceeding prior to release*. (5-ACI-6C-12; 4-4404).
      - c. Male inmates who are in need of acute care may be admitted to Marion Correctional Treatment Center (MCTC) ACU. Female inmates who are in need of acute care may be admitted to Fluvanna Correctional Center for Women (FCCW) ACU.
    2. ACU Admission
      - a. Involuntary admission proceedings will be initiated when the inmate has a mental illness and there exists a substantial likelihood that, as a result of the mental illness, the inmate 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. Inmates considered for transfer to the MCTC ACU or the FCCW ACU 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. ACU Referral
    - a. The referring Psychology Associate will first contact and discuss the referral with the ACU (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 inmate. The Psychology Associate will then 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-ACI-6A-33) The original will be filed in Section IV of the inmate Health Record and copies forwarded to the ACU and the Psychology Associate Senior at CCS or designee via electronic messaging or fax.
      - i. If the ACU agrees to accept the transfer, the Psychology Associate of the referring facility will petition the court for the involuntary admission.
      - ii. If the ACU 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 inmate who meets the criteria for involuntary admission, arrangements can be made for a temporary, emergency transfer to an ACU. The Psychology Associate may contact the Acute Care Admissions Coordinator for approval of the emergency admission. Within five working days of the inmate's emergency admission to the ACU, the treatment staff will determine if the inmate is appropriately placed. (5-ACI-6C-12)
      - i. If the assessing Psychology Associate determines that the referral is appropriate, the ACU staff will initiate involuntary admission proceedings as soon as possible after transfer and notify the Psychology Associate Senior at CCS or designee. (5-ACI-6C-12)
      - 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 inmates to an ACU should typically occur within the jurisdiction of the referring DOC facility, based upon information provided by the Psychology Associate.
    - b. Inmates may appeal involuntary admission orders within ten days of such orders, per [COV §53.1-40.4, Appeal of order authorizing involuntary admission](#). (5-ACI-6C-12)
    - 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 ACU petitions the local court for an involuntary admission of an inmate 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 inmate along with the inmate'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 Section IV of the inmate's Health Record.
5. Provision of Medical and Mental Health Treatment of Inmates Incapable of Giving Consent (5-ACI-6C-04)
- a. In most cases, when the court is petitioned to order the involuntary admission of an inmate to an ACU, the petitioner will also seek an order authorizing specific treatment for the inmate.
  - b. [COV §53.1-40.1, Medical and mental health treatment of prisoners incapable of giving consent](#) and [COV §53.1-40.2, Involuntary admission of prisoners with mental illness](#), provides for the DOC to petition the court for an order authorizing treatment for an inmate who is incapable either mentally or physically of giving consent to such treatment and the proposed treatment is in the best interests of the inmate; 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 will be accomplished in accordance with [COV §53.1-40.1, Medical and mental health treatment of prisoners incapable of giving consent](#) and [COV §53.1-40.2, Involuntary admission of prisoners with mental illness](#), 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 inmates 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 inmate is currently involuntarily admitted to an ACU and one of the following conditions apply:
- a. The inmate's good time release or mandatory parole date is within 60 days of the expiration of the Involuntary Admission Order.
  - b. The inmate has a significant history of medication non-compliance that has resulted in rapid deterioration of mental health status.
  - c. The inmate has a significant medical appointment or consultation within 30 days of the expiration date of the Involuntary Admission Order.
  - d. The inmate no longer meets Involuntary Admission criteria, a discharge summary has been completed, and the inmate is awaiting transfer from the ACU within 30 days following the expiration of the Involuntary Admission Order.
  - e. The inmate has been accepted for admission to a RTU and bed availability is expected within the next 30 days.
7. Discharge from an ACU to a DOC non-MHU setting
- a. Assignments to an ACU are temporary. The inmate should be returned to the referring facility upon discharge unless the placement is no longer appropriate. Inmates 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 ACU recommends inmate 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 Section IV of the inmate Health Record 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 (RTU)
- a. Inmates whose mental status and services needs preclude their placement in general population may be discharged to a RTU.
  - b. The ACU's staff will seek approval from the RTU Director and the Psychology Associate Senior at CCS or designee for such a transfer.
  - c. When staff at an ACU recommends inmate 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 Section IV of the inmate's Health Record 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 *Discharge to the Community* section below.
- B. Mental Health RTU's (5-ACI-6A-38)
1. General
    - a. Inmates who do not require admission to an ACU but who would benefit from treatment and other services provided in a structured, therapeutic environment may be referred to a RTU.
    - b. Attachment 1, *Residential Treatment Admission Guidelines*, provides a list of currently available programs and the admission guidelines for each.
  2. Mental Health RTU Referral
    - a. The referring Psychology Associate will contact and discuss the referral with the Mental Health RTU 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-ACI-6A-33) The original will be filed in Section IV of the inmate's Health Record and copies sent via electronic messaging or fax to the RTU Director and the Psychology Associate Senior at CCS or designee.
    - b. If the Mental Health RTU agrees to accept the transfer, the Psychology Associate Senior at CCS or designee will coordinate the transfer.
    - c. If the Mental Health RTU 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 RTU
    - a. When the Mental Health Residential Treatment staff recommends discharge of an inmate 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 Section IV of the inmate's Health Record. The *Discharge Summary* should include placement recommendations. If the placement remains appropriate, the inmate 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. Inmates 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 inmate admitted to an Acute Care or RTU. A written ITP is encouraged but not required for inmates receiving Outpatient services. (5-ACI-6A-07)
2. In general, treatment planning is the process of:
  - a. Intake
    - i. Orientation to the Mental Health Unit (MHU)
    - ii. Preliminary assessment
    - iii. Development of preliminary ITP
  - b. Treatment Plan Development
  - c. Treatment Plan Reviews
  - d. Discharge Planning
3. Treatment Plan Development
  - a. The ITP is developed with the inmate, based upon the completed assessments.
  - b. See Attachment 2, Individualized Treatment Planning Instructions, for guidance completing the components of the ITP.
  - c. In Acute Care RTU placement, 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-ACI-6A-07)
    - 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 inmate for transfer from one facility to another to meet the inmate'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 *RTU's* sections above for transfers to DOC MHU's.
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 inmate's 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-ACI-6A-33)
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 inmate that is receiving mental health services outside a MHU is transferred from one DOC facility to another, the sending Psychology Associate should complete and send an Electronic Notification of Mental Health Inmate 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 inmate were coming to the facility of the Psychology Associate who was completing the *Notification*, and is not intended for inclusion in the inmate's Health Record.

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

1. SDTP- Overall program
  - a. High Security Diversionary Treatment Program (HSDTP) – Wallens Ridge State Prison
  - b. Intensive Diversionary Treatment Program (IDTP)- Marion Correctional Treatment Center
  - c. Diversionary Treatment Program (DTP)- River North Correctional Center
    - i. Enhanced Prosocial Interaction Community (EPIC)
    - ii. Secure Communicative and Reintegration Environment (SCORE)
2. The SDTP provides treatment in a secure setting to inmates who have been designated as Seriously Mentally Ill (SMI) who frequently engage in assaultive, disruptive, and/ or unmanageable behaviors. The following inmates are eligible for referral to an SDTP:
  - a. Inmates who are housed in Restorative Housing and will not be released to the institution's General Population or moved into SD-1 or SD-2 within 28 days.
  - b. Inmates assigned to Security Level S who are classified as SMI
  - c. Inmates transferring from one SDTP to another for appropriate housing
3. The interdisciplinary treatment team will conduct a formal ICA Hearing and refer eligible SMI Inmates for review and assignment to the appropriate SDTP in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*.

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

1. The SAM Unit promotes safety within institutions by avoiding the use of Restorative Housing to manage inmates that typically require a high level of services from security, mental health, and/ or medical staff.
2. Mentally ill or inmates who have been diagnosed as SMI 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 Restorative Housing and/ or MHU's for disruptive behavior, which may be 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 ACU or other MHU's
  - 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 currently meet the criteria for a MHU
3. Eligible inmates will be referred for assignment to a SAM Unit in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*.

#### G. Outpatient Care

1. Outpatient mental health services are available to inmates in all major facilities, and crisis intervention and assessment services are provided as needed to inmates assigned to field units. (4-ACRS-4C-15 [I])
2. Community Corrections Psychology Associates provide mental health services to probationers/ parolees on Probation and Parole supervision in the community and at CCAP facilities. The Community Mental Health 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 P&P District and CCAP facility under the supervision of the RMHC in their respective regions. A full-time Psychology Associate is assigned to Chesterfield Women's CCAP. (4-ACRS-4C-03 [CC], 4-ACRS-4C-15 [CC])

- a. Situations that warrant a referral to a Community Corrections Psychology Associate may include but are not limited to:
  - i. A probationer/parolee has previously received mental health treatment or appears to have mental health problems that could impact the ability to comply with conditions of probation, parole, and/or post release supervision.
  - ii. There is a question if, based on the probationer's/parolee's mental health status, they should continue to be assigned to a particular site or program
  - iii. A mentally disordered probationer/parolee has violated the conditions of probation and/or parole 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 at a CCAP facility:
  - i. The Superintendent, Senior Probation Officer, or nurse at the facility will contact the appropriate Community Corrections Psychology Associate to discuss the situation.
  - ii. Typically, the Community Corrections Psychology Associate will meet with and assess the probationer/parolee at the referring facility and will make recommendations for further action and/or follow up services.
  - iii. The Community Corrections Psychology Associate 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 probationer's/parolee's Health Record at the facility.
  - iv. If the assigned Community Corrections 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 Corrections 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 at a CCAP facility:
  - 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 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 DMHC 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 probationer's/parolee's Health Record at the facility.

## H. Discharge to the Community

### 1. Community Release Planning (5-ACI-6A-34)

- a. Problematic Release: Facility staff should contact the Community Release Unit soon as possible once an inmate is identified as a problematic release. Depending on the complexity of the case, a referral to the Problematic Release Unit should be made up to 12 months and no less than 90 days before the inmate's anticipated release date by completing and submitting a [Request for Assistance-Problematic Release 820\\_F9](#). The form must be completed in Word and sent via email to the Community Release Mailbox, and this process should be coordinated between Mental Health staff and the Re-entry Counselor.
- b. Disability Applications: Inmates with a Code of MH-2 or higher will need to be screened to determine if they are potentially eligible for SSI benefits; see Operating Procedure 820.2, *Re-entry Planning*. The disability process should begin prior to the inmate's release because of the MOU between DOC and the Social Security Administration/ Disability Determination Services (SSA/DDS). Under this agreement, inmates who apply prior to release will get priority status for a decision from DDS. If not completed prior to release, it could take six to 12 months for an inmate to receive benefits in the community.

- i. The screening will be completed within 180 days of release, with the facility Psychology Associate reviewing available mental health information.
  - ii. Issues for consideration in the screening may include determining if the inmate has a diagnosis identified by the SSA on its Listing of Impairments; see [SSA Blue Book Criteria](#) on the *DOC Intranet*, noting the severity of the illness as well as how the disorder impacts the ability of the inmate to engage in gainful activity.
  - iii. For those inmates who may be eligible for benefits, the Psychology Associate will complete a [Mental Health Appraisal for Disability \(DOC MH 17-D\)](#) 730\_F42.
  - iv. The Psychology Associate will confer with the medical staff at the facility to ensure that the inmate's medical problems or physical limitations are documented on the [Mental Health Appraisal for Disability \(DOC MH 17-D\)](#) 730\_F42.
  - v. If the Psychology Associate is not a licensed clinical psychologist or psychiatrist, the [Mental Health Appraisal for Disability \(DOC MH 17-D\)](#) 730\_F42 must be signed (or emailed) by a licensed clinical psychologist or psychiatrist. The Psychology Associate will email the completed form within four months of the inmate's expected release to the inmate's assigned Case Management Counselor. For inmates assigned to designated MHU's, the Psychology Associate may provide the Case Management Counselor with other information in addition to the [Mental Health Appraisal for Disability \(DOC MH 17-D\)](#) 730\_F42.
  - vi. A copy of the completed [Mental Health Appraisal for Disability \(DOC MH 17-D\)](#) 730\_F42 for the disability application packets should be provided to the Community Mental Health staff (MHCS, RMHC, and DMHC).
  - vii. Completion of SSI application should be coordinated with the Re-entry Counselor and then submitted to the local SSA Office. Disability claims may not be submitted more than 120 days (four months) prior to the release date. Age-based claims (i.e., for inmates age 65 and older) may not be submitted more than 30 days prior to release; see [SSA Blue Book Criteria](#), and [Mental Health Discharge Planning Guide](#) on the *DOC Intranet*.
2. Release Documentation
- a. Thirty to 45 days prior to the inmate'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 inmates being released from an ACU or RTU or with a Mental Health Classification Code of two or higher; see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.
  - b. For inmates released from licensed mental health units, a [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 (CSB) or other provider. The original [Mental Health Discharge Summary - DOC MH 7](#) 730\_F7 will be placed in Section IV of the inmate's Health Record.
  - c. The original [Mental Health Release Summary to Community - DOC MH 9](#) 730\_F9 will be placed in Section IV of the inmate's Health Record. Copies of the [Mental Health Release Summary to Community - DOC MH 9](#) 730\_F9 will be emailed to the Chief P&P Officer of the receiving or sentencing P&P District, P&P District mailbox, Community Release mailbox, and appropriate Community Corrections Psychology Associates (DMHC, MHCS, and RMHC). A copy of the [Mental Health Release Summary to Community - DOC MH 9](#) 730\_F9 should be faxed to the local CSB or Health Care Provider where the inmate has an appointment.
3. Continuity of Care
- a. When screening for a disability and problematic release, facility mental health staff should also talk with the inmate about post release plans, including whether the inmate intends to continue psychotropic medications and/or other mental health treatment in the community.
  - b. The Psychology Associate will also meet with the inmate prior to release to review and explain the aftercare plan.
    - i. Community Appointments: Facility mental health staff should schedule a follow up

appointment with a community service provider or CSB in the area where the inmate is being released. An effort should be made to secure an appointment even at CSB's who have open access (walk-in hours). If there is any difficulty, the facility Psychology Associate should contact the DMHC or RMHC for assistance. The DMHC may also recommend another treatment provider in areas where CSB services are limited.

- ii. Psychotropic Medication: If the inmate is prescribed psychotropic medication and specific criteria have been met; see Operating Procedure 720.5, *Pharmacy Services*, regarding psychotropic medication for inmates being released from the facility, the Psychology Associate will coordinate with facility medical staff and arrange for the inmate to leave the facility with up to a 30-day supply of medication.
  - (a) The psychiatrist or Health Authority will contact the Senior Psychology Associate and provide written back-up prescriptions to be mailed to the District Chief P&P Officer upon release of inmates under probation and parole supervision. Copies of the prescriptions will be filed in Section IV of the inmate's Health Record. The Senior Psychology Associate will send an email to the Chief P&P Officer to inform them of the prescription, and this email should be copied to the Community Corrections staff (MHCS, RMHC, and DMHC). A cover memo will accompany the written prescription and will include the following:
    - Name and VACORIS number of the inmate
    - Name of the medication, strength, and directions for use
    - Prescriber
    - Name and phone number of the Senior Psychology Associate
  - (b) Inmates released without supervision obligations may contact the Senior Psychology Associate at the facility to request a backup prescription. Backup prescriptions will not be provided for inmates released to out of state home plans.

#### I. Civil Commitment

- a. Inmates being released from a DOC facility who meet involuntary admission criteria will enter the 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 inmate.
- c. Admission under COV §37.2-814 et seq., *Commitment hearing for involuntary admission; written explanation; right to counsel; rights of petitioner* (not COV §53.1-40.2, *Involuntary admission of prisoners with mental illness*) is initiated by the Psychology Associate prior to the transfer of the inmate to the Forensic Unit. The local court is petitioned to hold a civil admission proceeding for an inmate who is still incarcerated in the DOC and may make an appropriate order for civil admission upon the inmate's release. Per COV §53.1-40.9, *Civil admission proceeding prior to release*, an inmate whose release from the custody of the DOC 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., *Commitment hearing for involuntary admission; written explanation; right to counsel; rights of petitioner*, within 15 days prior to the anticipated release date, and any admission order entered in such proceedings will be effective upon the release of the inmate from the DOC.
- 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. [\*Explanation of Involuntary Commitment Process-Description of Rights\*](#)
  - ii. [\*Independent Examination, Certification and Recommendations for Placement, Care and Treatment\*](#)
  - iii. [\*Order For Treatment\*](#)

- iv. [Petition For Involuntary Admission for Treatment](#)
  - e. Facility Psychology Associates will notify the appropriate CSB regarding the pending transfer of the inmate 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 inmate's Home Plan area; if the inmate is homeless, the CSB for the sentencing jurisdiction will be notified.
  - f. Transportation of the committed inmate will be coordinated and provided by the DOC
  - g. The Forensic Unit staff evaluates the transferred, committed mentally disordered inmates 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.
2. The referring staff will provide the following information to the DBHDS upon the DOC discharge and admission of an inmate to the Forensic Unit:
    - a. If being released from a MHU, 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 inmate's conditions of probation, parole and/or post release supervision
    - d. Whether or not the inmate's release was mandatory
    - e. The name and phone number of the P&P District Office to which the inmate is expected to ultimately return
    - f. Any available information regarding the potential Home Plan for the inmate, i.e., what is planned or recommended for the inmate beyond their admission to a DBHDS hospital
  3. The mental health staff can provide any information, which supplements the above, for example, a psychosocial history. Mental health staff are not authorized to release copies of Pre-Sentence Investigations.
- J. Care in the Community
1. Community Corrections Psychology Associates will coordinate with facility Psychology Associates, CSB's, local service providers, and other resources as necessary to assist in the transition of inmates from DOC facilities into the community.
  2. P&P Officers may refer probationers/parolees to Community Corrections Psychology Associates for assessment to determine their 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 court ordered psychological evaluations that require a licensed clinical psychologist.
  4. Community Corrections Psychology Associates may assess a probationer/parolee for risk of harm to self or others but they do not provide emergency services. Probationer's/Parolee's 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 for probationer's/parolee's under community supervision.
  5. Upon receiving an allegation from a probationer/parolee under community supervision that they were sexually abused while confined at a correctional facility, the head of the facility that received the allegation must 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 will 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 must document that notification has been provided. (§115.63[c], §115.263[c])

## REFERENCES





COV §37.2-814 et seq., Commitment hearing for involuntary admission; written explanation; right to counsel; rights of petitioner

COV §53.1-40.1, Medical and mental health treatment of prisoners incapable of giving consent

COV §53.1-40.2, Involuntary admission of prisoners with mental illness

COV §53.1-40.4, Appeal of order authorizing involuntary admission

COV §53.1-40.9, Civil admission proceeding prior to release

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 820.2, *Re-entry Planning*

Operating Procedure 830.5, *Transfers, Institution Reassignments*

## **ATTACHMENTS**

Attachment 1, *Residential Treatment Admission Guidelines*

Attachment 2, *Individualized Treatment Planning Instructions*

## **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 Inmate Transfer 730\\_F11](#)

[Mental Health Appraisal DOC MH-17 730\\_F17](#)

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

[Mental Health Appraisal for Disability \(DOC MH 17-D\) 730\\_F42](#)

[Request for Assistance- Problematic Release 820\\_F9](#)

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



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

[Order For Treatment](#)

[Petition For Involuntary Admission for Treatment](#)

