

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-6

PAGE 1 of 3

SUBJECT: Mental Health Services - Case Finding and Patient
Flow

EFFECTIVE DATE: October 2008
SUPERCEDES DATE: September 2007

References

Related ACA Standard

**Edition Standards for Adult Correctional
Institutions 4-4368, 4-4369, 4-4370, 4-4372, 4-4399**

Purpose

To insure Mental Health needs are identified and services provided in the applicable setting.

General

Inmates who are in need of mental health interventions are identified either upon admission or at some point during their incarceration. When identified during admission to DOC they are referred to mental health staff at the Diagnostic/Reception Centers when (1) they are referred by the committing court, (2) their responses to the Mental Health Screening Inventory indicates a need for further psychological assessment, (3) behavioral abnormalities are observed by staff, (4) they are received on psychotropic medications during initial processing and classification, or (5) they are self-referred. During incarceration inmates are referred to psychologists or other mental health staff when they are (1) referred by medical personnel, (2) referred by non-medical staff due to observed behavioral abnormalities, or (3) self-referred.

Specialized Service Delivery Options

Generally, routine mental health services are provided on an outpatient basis by mental health staff assigned to units where the inmate is housed. When the severity of mental disorder is such that treatment resources at the local site are insufficient, the patient is referred to a specialized service delivery center. If staff determine the patient cannot be treated effectively with available resources on an outpatient basis, the patient will be referred for transfer to an inpatient or residential mental health unit. Such referrals will be made in compliance with the procedures described in section CC-7 of the Healthcare Procedures Manual.

Disagreements over the appropriateness of a referral will be resolved as much as possible by the Mental Health Program managers of the facilities involved. If a resolution cannot be accomplished the Mental Health Program Chief may submit the case to the Assistant Section Chief of Mental Health Services for the region in which the referral originated for a decision as to what services are needed and placement in which specialized treatment facility, if any, is most appropriate to meet the treatment needs of the inmate.

Upon completion of inpatient/residential treatment, the inmate will be returned to an appropriate prison unit in accordance with the discharge procedures of the treating facility and referred back to the outpatient clinic for follow-up care. Patients may be transferred between specialized inpatient/residential treatment facilities as needed to facilitate delivery of the most appropriate treatment for a particular inmate. Once discharged from inpatient/residential treatment the procedures outlined in section CC-7 must be re-initiated to secure a transfer to an inpatient or residential facility for treatment.

Long-term housing in single cell segregation units may produce stress sufficiently great to induce deterioration in mental functioning in some inmates. Housing in single cell segregation facilities and repeated placement in single cell segregation facilities may indicate that the inmate has behavioral problems that may or may not be related to the existence of a mental disorder. For these reasons single cell segregation units may require greater scrutiny through regular rounds by the mental health staff assigned to the unit.

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Responsibilities

It is the responsibility of the Mental Health Program Mangers for each service delivery area to monitor case findings in their areas and institutions to ensure that appropriate identification of inmates with mental disorders occurs and treatment/assessment services are being provided.

Court Referrals

The sentencing court in many cases recommends psychiatric evaluation and/or treatment in their commitment order. These inmates must be seen by a psychologist or psychiatrist to determine the need for and extent of treatment that may be appropriate. Consultations will be acquired and referrals made as indicated. A report will be prepared by a psychologist or psychiatrist for the sentencing court, using the sample below, which will indicate the action taken on the court's recommendation.



10/31/08

Paula Y. Smith, Director of Health Services

Date

SOR: Chief of Mental Health Services

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SAMPLE LETTER TO COMMITING COURT

Michael F. Easley
Governor

North Carolina Department of Correction
Division of Prisons
831 West Morgan Street • 4260 MSC • Raleigh, North Carolina 27699-4260
Telephone (919) 838-4000 Fax (919) 715-9534

Theodis Beck
Secretary

Boyd Bennett
Director of Prisons

Date _____

The Honorable _____

Dear Judge _____:

In response to your request for (psychiatric) (psychological) evaluation and/or treatment for (inmate's name) on Commitment Order # _____, the following actions were taken:

_____ (a brief description of the mental health intervention accomplished)

Your interest in the treatment of this individual is appreciated. If there is any additional information that you may wish relating to this case, please do not hesitate to contact us.

Sincerely,

John Doe
Staff Psychologist II