

**POLICY & PROCEDURES**

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| <b>CHAPTER:</b>   | 4  | Facility Services             | <b>4.2.18</b>                           |
| <b>SECTION:</b>   | 2  | Health Services               | <b>EFFECTIVE DATE:</b><br>7 / 21 / 2020 |
| <b>SUBJECT:</b>   | 18 | <b>MENTAL HEALTH SERVICES</b> |   |
| <b>STANDARDS: ACA – 4 – ALDF: 2A-48, 4C-27 (M), 4C-28, 29, 30, 4C-31, 4C-34, 4C-40, 4D-20</b> |    |                               |   |
| <b>APPROVED:</b>  |    |                               | <b>REVIEW DATE:</b><br>7 / 21 / 2020    |
| Dale Glass<br>COMMISSIONER OF CORRECTIONS   |    |                               | <b>REVISION DATE:</b><br>7 / 30 / 20    |
| Rescind: 4.2.18 dated 11/5/07   |    |                               |   |

**I. POLICY**

The Division will provide essential mental health services to inmates who suffer from mental illness in order to maintain or improve their mental health, contribute to their satisfactory adjustment to confinement, reduce the risk of criminal recidivism upon their release, and aid the Division in the maintenance of an environment that preserves the basic human rights and dignity of the inmates and correctional staff.

**II. RESPONSIBILITIES**

The facility executive staff, healthcare providers, and staff having daily contact with the inmate population are responsible for ensuring that the provisions of this policy is adhered to.

**III. DEFINITIONS**

None

**IV. PROCEDURES****A. General Information**

1. Access to mental health services will be given to those for whom confinement has been ordered by legal authorities and/or any inmate as determined necessary by the Division's Healthcare professionals.
2. All inmates will receive an initial mental health screening at the time of admission to the

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Division by a mental-health trained or a qualified mental-health care person.

3. All inmates will receive a mental health appraisal by a qualified mental health person within 14 days of admission to the Division. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority.
4. The Division may authorize the transfer of a mentally ill inmate to a psychiatric facility where more appropriate mental health services or housing is available to meet the inmate's mental health needs.
5. Priority will be given to inmates who suffer from chronic or acute mental illnesses and those who present a danger of injury to themselves or others due to mental health problems.
6. Qualified mental health personnel may supervise, participate in, or provide consultation or recommendations for mental health-related counseling, staff training, facility and community education, housing and program assignments, disciplinary measures, and inmate transfers to other facilities.
7. Inmates receiving treatment in the Special Management Unit will have the same rights and benefits as other inmates in general population unless the consulting psychiatrist, psychologist, or appropriate health care staff decides that participation in a particular activity is inconsistent with the inmate's treatment plan. The treating health care provider will review such a decision every 30 days.
8. The Psychiatrist will direct and supervise all mental health staff. The Psychiatrist reports administratively to the Health Services Administrator and will develop, implement, and monitor all correctional mental health services in compliance with the Division of Corrections' policy and procedures, contractual agreement, and applicable ethical guidelines and professional standards of care.

**B. Mental Health Evaluations**

1. Screening for mental health problems shall be conducted at the time of admission by a qualified mental health person. This screening includes but is not limited to:
  - a. Inquiry into whether the inmate:
    - 1) has a present suicide ideation,
    - 2) has a history of suicidal behavior,
    - 3) is presently prescribe a psychotropic medication,
    - 4) has a present mental health complaint,
    - 5) is being treated for mental health problems,
    - 6) has a history of inpatient and outpatient psychiatric treatment,
    - 7) has a history of treatment for substance abuse.
  - b. Observation of:

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- 1) general appearance and behavior,
  - 2) evidence of abuse and/or trauma,
  - 3) current symptoms of psychosis, depression, anxiety, and/or aggression.
- c. Disposition of inmate:
- 1) cleared for general population,
  - 2) cleared for general population with appropriate referral to mental-health care service,
  - 3) referral to appropriate mental-health care service for emergency treatment.
2. Informal Evaluations shall be conducted by a qualified mental health person in response to requests from medical, security, or other correctional staff. These evaluations may result in a written note to the inmate's medical file or an oral consultation with the requesting person or both.
3. Mental health appraisals by a qualified mental health person shall occur within 14 days of admission for all inmates. Mental health examination includes, but is not limited to:
- a. assessment of current mental status and condition,
  - b. assessment of current suicidal potential and person-specific circumstances that increases suicide potential,
  - c. assessment of violence potential and person-specific circumstances that increase violence potential,
  - d. review of available historical records of inpatient and outpatient psychiatric treatment,
  - e. review of history of treatment with psychotropic medication,
  - f. review of history of psychotherapy, psycho-educational groups, and classes of support groups,
  - g. review of history of drug and alcohol treatment,
  - h. review of educational history,
  - i. review of history of sexual abuse victimization and predatory behavior,
  - j. assessment of drug and alcohol abuse and/or addiction,
  - k. use of additional assessment tools, as indicated,
  - l. development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.
4. Comprehensive evaluations by a healthcare professional shall be conducted on mentally

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ill inmates if a health care provider, exercising ordinary skill and care, concludes with reasonable medical certainty that:

- a. The inmate's symptoms indicate serious mental illness or injury;
- b. Treatment could cure or substantially alleviate the disease or injury or alleviate significant pain or discomfort; and
- c. Delay or denial of care could harm the inmate substantially.

5. Comprehensive evaluations include at least the following:

- a. review of the mental health screening and appraisal data,
- b. direct observation of behavior,
- c. collection and review of additional individual diagnostic interviews and tests, assessing personality, intellect, and coping abilities,
- d. compilation of the individual's mental health history.
- e. development of an overall treatment/management plan with appropriate referral to include:
  - 1) Transfer to mental health facility for inmates whose psychiatric needs exceed the treatment capability of the facility.
  - 2) Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.

**C. Crisis Intervention And The Management Of Acute Psychiatric Episodes:**

- a. Twenty-four-hour mental health consultation services for the purpose of crisis intervention will be available through an on-call, call-back system in the facility.
- b. Suicide assessments and intervention shall be conducted in accordance with Division Policy 4.2.13 – Suicide Prevention/Intervention.
- c. Life-threatening psychiatric emergency occurs when a mentally ill inmate exhibits assault or self-injurious behavior. Staff will monitor the inmate in a secure setting and remove any items that inmates could use to harm themselves or others (See #4.2.13 Suicide Prevention/Intervention) Staff will record the inmate's behavior, activities, and apparent condition. Staff will comply with the attending health care provider's recommendations while monitoring the inmate.

**D. Referrals to Outpatient & Psychiatric Hospitals:**

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- a. The detection, diagnosis, and treatment of mental illness shall be the function of the staff psychiatrist on an outpatient basis from the Health Care Unit. The healthcare professional shall make referrals and schedule appointments to see the psychiatrist as deemed appropriate for inmates within the general population or Special Management Unit.
- b. Inmates with a severe mental illness or who are severely developmentally disabled will receive a mental health evaluation. Where appropriate, these inmates are referred for placement in non-correctional facilities, or in units specifically designated for handling this type of individual.
- c. Referrals and possible admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility will be initiated by the mental health staff.
- d. An inmate may request mental health services directly from the mental health staff or through medical staff utilizing an Inmate Request Form.
- e. The Healthcare professional must inform medical staff of inmates who receive mental health services. Any staff member also may refer inmates directly to the healthcare professional or through medical staff via an Incident Report.
- f. Sessions shall be documented in accordance with the guidelines set forth by the medical contractor.
- g. If staff members believe a referral to the psychiatrist is necessary, they must submit the referral through the Healthcare professional (MHP). If the MHP is not available, facility staff must make the request through medical staff.

**E. Special Management Issues**

- 1. Inmates identified as special needs assigned to the general population shall be monitored by the correctional caseworker and mental health staff no less than once every two weeks for the appropriateness of their housing arrangements and other casework and mental health concerns.
- 2. Special needs inmates not appropriate for general population shall be screened by the mental health staff for placement in the Special Management Unit. Any placements into the special needs cells and back to general population must be approved or initiated by the MHP.
- 3. Correctional staffs who believe that an inmate is not appropriate for general population shall refer the inmate to Classification and/or the Shift Commander. If the Shift Commander and/or Classification staff agrees that the inmate is not appropriate for general population, the inmates move shall be conducted in accordance with the Division Policy 3.4.4 –

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Administrative Segregation/Protective Custody. The TASC form completed to initiate this move shall indicate the reason for the placement, and a referral to mental health staff. The staff member initiating the TASC form shall forward a copy to the Health Care Unit.

4. Inmates assigned to the Special Management Unit shall be afforded the same privileges as other inmates on a non-disciplinary status. They must be reviewed every seven days for the first two months and at least every 30 days thereafter by the Healthcare professional. The reviews shall be documented on the Classification Hearing Form and filed in the inmates custody file.
5. In the areas listed below, correctional staff members shall consult with the medical or mental health staff before taking action with inmates assigned to the Special Management Units or medical dormitory Housing Units identified as being chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled:
  - a. housing assignments
  - b. program assignments
  - c. disciplinary measures
  - d. transfers in and out of the facility
6. If immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours. These consultations shall be documented on a Classification Hearing Form and filed in the inmate's custody file.