

POLICY AND PROCEDURES

NUMBER: 1309

SUBJECT: Mental Health Services

ACA STANDARDS: 4-ALDF-4C-08, 27, 30, 31

DIRECTOR: Herbert Bernsen

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I. POLICY

The St. Louis County Department of Justice Services, in cooperation with the Department of Health, will establish procedures to allow inmates access to mental health services.

II. RESPONSIBILITIES

All St. Louis County Department of Justice Services' Corrections staff, Corrections Medicine staff, the Psychologist(s) and Psychiatrist(s) are responsible for the following procedures.

III. PROCEDURES

- A. The St. Louis County Department of Health will contract with a local psychiatrist(s) to provide in-house mental health services to inmates in the Justice Center.
- B. The Department of Health will employ psychologists to provide in-house mental health services to inmates in the Justice Center.
- C. The Department of Health will employ Licensed Clinical Social Workers (LCSW) to provide mental health services to inmates.
- D. The St. Louis County Department of Justice Services, in cooperation with the Department of Health, shall make the following provisions for mental health services to inmates in the Justice Center:
 1. Corrections Medicine staff on duty twenty-four (24) hours a day

2. A psychologist scheduled on weekdays and a psychiatrist scheduled at least two (2) days a week
 3. An Infirmary with a special needs cell, (See Policy #907 Use of Special Needs Cell) cells for inmates with mental health problems and interview rooms
 4. Training for Corrections staff and Corrections Medicine staff in suicide prevention and intervention, in addition to training in recognizing signs and symptoms of mental disorders, developmental disorders and chemical dependency. (See Policy #1304 Staff Medical Training)
- E. Determining the mental health of an inmate is the responsibility of the Corrections Medicine staff as well as the psychologist(s) and psychiatrist(s), LCSWs working as a cooperative team.
- F. The Corrections Medicine staff and the Corrections Case Managers will refer inmates for mental health services on an "as needed" basis. Corrections Officers may make emergency referrals. Emergency examinations and/or treatments will take priority over all scheduled mental health services. Staff may email the referral or psychological Referral Consultation sheet, may be completed by the Corrections Case Managers or the Corrections Medicine staff when a referral is made for the psychologist/psychiatrist.
- NOTE:** Any inmate may also request, through the Corrections staff or the Corrections Medicine staff, an appointment to the psychologist or psychiatrist.
- G. Inmates who are referred for a mental health appraisal by a qualified mental health person will receive that appraisal **Portions of this record are closed pursuant to Section 610.021 (19) (21) RSMo and Section 114.020 (18) (20) SLCRO because public disclosure of such portions would threaten public safety by compromising the safe and secure operation of the Jail, and the public interest in nondisclosure outweighs the public interest in disclosure of the portions of such records.**
- H. The psychiatrist(s) will be on call during non-scheduled hours for phone consultations.
- I. The psychiatrist or psychologist will schedule appointments at community clinics and psychiatric hospitals for inmates in need of specialized treatments or examinations.

- J. The Corrections Medicine staff will distribute medication to inmates who are receiving mental health services on a daily basis. (See Policy #1312 Medication Distribution) Every effort will be made to ensure the medication is swallowed by the inmate.
- K. The inmate's in-house mental health services will be primarily for the general mental health of the inmates and may include:
1. Psychological screening interviews
 2. Psychiatric examinations
 3. Medications
 4. Psychotherapy.
- L. When an inmate needs attention beyond the in-house mental health services, the inmate will be sent to a local hospital for emergency attention.
- M. The Corrections Medicine staff will arrange for movement of all inmates to the community clinics and hospitals through the Transportation Supervisor or Watch Commander. (See Policy #1318 Emergency Movement to Hospital, or Policy #1319 Inmate Transport to Community Clinics)
- N. Mental Health records will be maintained for all procedures and considered confidential by the Corrections Medicine staff.
- O. The Property Room Officer will contact the Corrections Medicine staff of inmates being released from a housing unit. The Intake Officer releasing a prisoner from Intake will notify the Corrections Medicine staff in Intake.
- P. When an inmate requiring mental health services is released into the community the Corrections Medicine staff will inform the inmate of any appropriate mental health information and issue a Medical Discharge Summary, (See Attachment #2) to the inmate before his/her departure. The Corrections Medicine staff will also return all remaining medication an inmate brought to the jail. Upon the Correction Medicine staff's discretion, due to the inmate's condition and destination, the inmate may receive a limited supply of medication upon release.
- Q. The Corrections Case Manager will initiate pre-discharge planning for an inmate who requires mental health services, prior to the release of the inmate into the community. The pre-discharge planning will include, but is not limited to:

1. Ensuring the inmate has a plan for housing, (friends, relatives, homeless shelter) upon his/her release.
2. Ensuring the inmate has a treatment plan or follow-up plan to continue his/her treatment.
3. Ensuring the family is informed of the inmate's mental health condition to assist the inmate in his/her treatment or follow-up plan. Ensuring the family has to the ability to transport the inmate to receive treatment.

NOTE: If the psychiatrist or psychologist recommends that the inmate being released needs to be transported to St. Louis Metropolitan Psychiatric Center for further treatment and the inmate's family is unable to assist, the Corrections Medicine staff will make the necessary calls to the Transportation Department or the Clayton Police to make arrangements for transportation.

- R. The Corrections Case Manager will ensure a copy of the pre-discharge plan is placed in the inmate's medical file.
- S. Upon release of an inmate to another authority, the Corrections Medicine staff will issue a Medical Transfer Sheet, (See Attachment #3) to the facility where the inmate has been transferred.
- T. Guidelines for Mental Health Interviews
1. The Mental Health Provider will be at least one (1) arm's length distance from the inmate at all times and are never to have physical contact.
 2. The Mental Health Provider will have access to a panic alarm when interviewing an inmate. The alarm will be activated when the provider is given any indication that the interview may turn into a physical altercation.
 3. Locations of Interviews
 - a. Housing Unit Floors (4-8)
 - (1) Interviews will be conducted in the Unit Control Interview Room
 - (2) The Mental Health Provider will be seated nearest to the door, in reach of the panic button and in view of the Unit Control Officer

- (3) Inmates will be seated in the northwest corner of the room, which will prevent the inmate from being seen by staff and inmates who may be in the Unit Control area
- (4) The door to the interview room will remain half open to allow the custody staff to see the Mental Health Provider
- (5) Unit Control Officers will ensure staff/inmates do not loiter near the Interview Room while interviews are conducted.

[NOTE: If the Unit Control Interview Room is unavailable, Mental Health Providers may conduct interviews in the Multi-Purpose Rooms or in the Housing Unit Interview Rooms. The Mental Health Provider will be seated in reach of the panic button and at a safe distance from the inmate. If all interview locations are occupied, interviews being conducted for a mental health crisis take precedence over programs.]

b. Intake

- (1) Interviews will be conducted in the Interview/Visiting Booth located in the Intake area

c. Infirmary

- (1) Interviews may be conducted in the following locations as recommended by the officer on duty:
 - (a) At the table in the dayroom on either the Medical or Mental Health side of the Infirmary
 - (b) Near the window of the Nurses' Station on the medical side
 - (c) Near the window of the Nurse's Station on the Mental Health side by the washer/dryer.

4. Restrictions (Restraints)

- a. The custody staff will determine if and to what extent an inmate will be restrained.
- b. The Mental Health Provider may recommend any increase in the degree of restraints placed on an inmate.
- c. Portions of this record are closed pursuant to Section 610.021 (19) (21) RSMo and Section 114.020 (18) (20) SLCRO because public disclosure of such portions would threaten public safety by compromising the safe and secure operation of the Jail, and the public interest in nondisclosure outweighs the public interest in disclosure of the portions of such records.
- d. If the custody staff determines the inmate presents a clear danger to staff or Mental Health Provider, the inmate will be seen at his/her cell.
- e. The Watch Commander may be called to determine the appropriate measures to be taken if there are any problems.

U. Communication Between Department of Justice Services' Staff and Mental Health Providers

- 1. Communications between the Department of Justice Services' staff and the medical/mental health staff is important and will be ongoing.
- 2. The weekly Mental Health meeting will include, but not be limited to information concerning the following:
 - a. Infirmaries inmates receiving Mental Health services
 - b. Identified inmates housed on the 8th floor (Administrative Segregation, Protective Custody, and/or lockdown)
 - c. Identified inmates housed in general population
 - d. Inmates identified as "High Profile".
- 3. The 8th Floor Corrections Case Manager who attends the meeting, will update the team members of pertinent information regarding the identified inmates on the 8th floor, to include, but not limited to:
 - a. Recent incidents

- b. Significant court dates
 - c. Social issues
4. It is important that on-going communication between the 8th floor custody staff, the Unit Manager and the Corrections Case Manager takes place so that information can be discussed at these weekly Mental Health meetings.
 5. Information regarding general population inmates will be communicated by housing unit staff to the appropriate Mental Health Provider.
 6. Any significant information needing immediate attention, to include, but not limited to death in an inmate's family and suicidal ideations, need to be communicated to the medical/mental health staff for immediate intervention.
 7. The Mental Health Provider will share information with the custody staff that will assist with the inmate's care, safety and/or safety of staff, at the conclusion of a mental health session with an inmate.
 8. The Mental Health Provider will also ensure that the appropriate information is documented into the Integrated Jail Management System (IJMS).

V. Classification

1. Classification Codes Decided by Corrections Case Managers
 - a. Classification of inmates to general housing and Administrative Segregation is a decision made by Corrections Case Managers in conjunction with information received from custody staff, medical/mental health staff and administrative staff.
 - b. Inmates may be placed on the "Secure Move" list by the Corrections Case Manager, Unit Managers or Watch Commanders based on assaultive or aggressive behavior toward staff or inmates and/or relevant information from custody staff, or medical/mental health staff.
 - c. The same criteria will be used to remove an inmate's name from the "Secure Move" status.

- d. Documentation of applying or removing these classifications will be made in the IJMS.
2. Classification Codes Specific to the Infirmary
- a. Secure Psych Lock
 - (1) This status is placed on a newly admitted inmate to the Infirmary when the inmate has not been assessed by a psychiatrist, psychologist or licensed clinical social work
 - (2) The Mental Health staff determines if this status is necessary for an inmate being admitted to the Infirmary or;
 - (3) Medical or custody staff determines if an inmate is demonstrating unpredictable or threatening behavior
 - (4) Inmates on this status are not allowed in the dayroom with other inmates
 - (5) These inmates are not restricted from phone calls or visits based solely on this status
 - (6) Only Mental Health staff may discontinue the “Secure Psych Lock” status.
 - b. Psych Lock
 - (1) Mental Health staff will inform the Infirmary nursing staff at the time of admission if this status is necessary or can initiate the status any time during an inmate’s stay or;
 - (2) Infirmary nursing or custody staff deems it appropriate based on observed behavior which is documented in the medical record
 - (3) This status is used when specific symptoms such as agitation, paranoia, etc. are observed, require closer observation
 - (4) Inmates on this status can come into the dayroom with other inmates, but will be monitored more closely by the Infirmary nursing and custody staff

- (5) Inmates on this status will not be restricted from phone use or visits based solely on this status
- (6) Only Mental Health staff may discontinue the “Psych Lock” status.

c. Disciplinary Lock

- (1) Custody staff is responsible for placing this status on an inmate due to rule violations
- (2) Inmates on this status are restricted from the same privileges as other inmates in other areas of the jail
- (3) The participation of the inmate on disciplinary lockdown in structured treatment groups will be at the discretion of the custody staff based on observed behavior
- (4) Removal of this status is the responsibility of the custody staff or the Hearing Coordinator.