

<u>ADMINISTRATIVE REGULATION</u>		REGULATION NUMBER	PAGE NUMBER
		700-03	1 OF 10
COLORADO DEPARTMENT OF CORRECTIONS		CHAPTER: Offender Health Services	
		SUBJECT: Mental Health Scope of Service	
RELATED STANDARDS: ACA Standards 2-CO-4E-01, 2-CO-4F-01, 4-4281-4, 4-4281-5, 4-4368, 4-4370 through 4-4374, 4- 4403-1 4-4405, and 4-4435		EFFECTIVE DATE: March 15, 2015	
		SUPERSESION: 03/15/14	
OPR: OCS	REVIEW MONTH: DECEMBER	 Rick Raemisch Executive Director	

I. POLICY

It is the policy of the Colorado Department of Corrections (DOC) to provide mental health services that are oriented towards improvement, maintenance or stabilization of offenders' mental health, contribute to their satisfactory prison adjustment, diminish public risk presented by offenders upon release, and aid the DOC in the maintenance of an environment that preserves the basic human rights and dignity of offenders, correctional DOC employees, and contract workers.

II. PURPOSE

The purpose of this administrative regulation (AR) is to establish the general scope and limits of mental health services, as approved by the chief of Behavioral Health Services, which are provided to DOC offenders by qualified mental health DOC employees and contract workers. [2-CO-4E-01] [2-CO-4F-01] [4-4368]

III. DEFINITIONS

- A. Ambulatory Restraint: The use of mechanical devices that limit movement of extremities without preventing the offender from moving about in an area. The mechanical devices may consist of metal universal restraint system, safety harness, or cloth restraints.
- B. Clinical Restraint, General: Physical restrictions on an offender's movements ordered by properly credentialed clinicians for clinical purposes. Clinical restraint includes ambulatory restraint, medical restraint, and four point restraint.
- C. Contract Worker: A person other than a DOC employee who provides services to the DOC under contract, special assignment, or informal agreement (e.g. purchase order). A contract worker includes self-employed persons, sole proprietors, and persons employed by an employer in the private sector, another public entity, or by another agency of the state of Colorado.
- D. DOC Employee: Someone who occupies a classified, full or part-time position in the State Personnel System (including management and at will positions) in which the Department has affect over pay, tenure, and status.
- E. Health Care Practitioner: A clinician trained to diagnose and treat patients, e.g., physicians, dentists, psychologists, optometrists, nurse practitioners, and physician assistants.

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- F. Health Services Administrator (HSA): The DOC employee or contract worker administratively in charge of multi-disciplinary clinical services teams that provide services at the facility level or clinical unit. These clinical teams include medical, nursing, dental, mental health, drug and alcohol, sex offender, and health care support DOC employees and contract workers.
- G. Mental Health Care Professional: DOC employee or contract worker who performs clinical duties for offenders with mental illness, e.g., psychologists, nurses, social workers, and licensed professional counselors, in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.
- H. Mental Health Four Point Restraint: Any mechanical device used to restrain offenders four extremities to a fixed object. This does not include the use of the restraint chair.
- I. Professional Mental Health Clinician: Clinical Services DOC employees and contract workers trained in the provision of mental health services. These DOC employees and contract workers are licensed to provide mental health services to adults or are eligible for licensure and work under the supervision of a licensed professional mental health clinician. Such DOC employees and contract workers include those in the following DOC positions: psychologists, social workers, masters' level counselors.
- J. Psychiatric Practitioners: Clinical Services DOC employees and contract workers who are licensed as psychiatrists, psychiatric position extenders, and nurse specialists to include psychiatric physician assistants and nurse practitioners with prescriptive authority.
- K. Significant Functional Impairment: The demonstration of difficulty functioning within the confines of the correctional environment as evidenced by engaging in deliberate self-harming behaviors, such as cutting, self-mutilation, ingestion or insertion of a foreign body, head banging, drug overdose, hanging, biting, or jumping from heights with intent to cause self-harm; demonstrating difficulty maintaining activities of daily living such as eating, maintaining personal hygiene, or participating in recreation; and/or a pervasive pattern of dysfunctional, bizarre, or disruptive social interaction as a consequence of an underlying mental disorder
- L. Serious Mental Illness: The current diagnosis of any of the following DSM diagnoses accompanied by the P-code qualifier of M, denoting the presence of a major mental disorder: schizophrenia, schizoaffective disorder, delusional disorder, schizophreniform disorder, brief psychotic disorder, substance-induced psychotic disorder (excluding intoxication and withdrawal), unspecified schizophrenia spectrum and other psychotic disorder (previously psychotic disorder not otherwise specified), major depressive disorders, and bipolar disorders. Offenders, regardless of diagnosis, indicating a high level of mental health needs based upon high symptom severity and/or high resource demands, which demonstrate significant impairment in their ability to function within the correctional environment.

IV. PROCEDURES

A. Organization: [2-CO-4F-01]

1. ***The chief of Behavioral Health Services is the mental health authority. The mental health program administrator and the chief of psychiatry will approve all clinical activities carried out by mental health and psychiatric DOC employees and contract workers. [2-CO-4E-01]*** All mental health services provided by mental health clinician DOC employees and contract workers will be clinically directed by, or coordinated through, the mental health program administrator. All psychiatric services provided by psychiatric provider DOC employees and contract workers will be clinically directed by, or coordinated through, the chief of psychiatry. These positions will review and approve clinical mental health policies and will participate in personnel reviews and planning for mental health supervisors, oversee recruitment of mental health DOC employees and contract workers, and must be consulted regarding selection and movement of mental health DOC employees and contract workers. ***The mental health program administrator, will***

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also annually review and approve a suicide prevention and intervention training curriculum to be provided to all line DOC employees and contract workers through the Corrections Training Academy. The suicide prevention and intervention training includes, but is not limited to:

- a. *Identifying the warning signs and symptoms of impending suicidal behavior.*
 - b. *Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors.*
 - c. *Responding to suicidal and depressed offenders.*
 - d. *Communication between correctional and health care personnel.*
 - e. *Referral procedures.*
 - f. *Housing observation and suicide watch level procedures.*
 - g. *Follow-up monitoring of offenders who make a suicide attempt. [4-4373]*
2. A mental health supervisor will oversee the clinical and operational functioning of each facility mental health service. The mental health supervisor will report to the health services administrator (HSA) regarding all day-to-day mental health services operational functions. ***The mental health program administrator will provide clinical supervision of mental health services and programs, [2-CO-4E-01]*** in consultation with the chief of Behavioral Health Services.
 3. The chief of psychiatry is responsible for overseeing system-wide recruitment and administrative supervision of ***psychiatrists. [4-4368]*** ***The chief of psychiatry will also develop system-wide procedures regarding psychiatric services, [4-4368]*** in consultation with the chief of behavioral health services.
- B. Types of Services: ***The following mental health services/programs will be provided to offenders: [2-CO-4E-01][2-CO-4F-01] [4-4368]***
1. Initial Evaluation and Treatment Recommendations:
 - a. All offenders are programmed upon entry to DOC. Programmers will review all documents relevant to the offender's criminal history and mental health needs, assign initial psychological needs levels (P-codes) and developmental disabilities needs levels (DD-codes), and based upon specific criteria, refer the offender to Mental Health, as needed.
 - b. ***All inter-system and intra-system transfer offenders will receive an initial mental health screening at the time of admission to the facility by mental health trained or qualified mental health DOC employees and/or contract workers [4-4368] AR 700-03, "Colorado Department of Corrections Mental Health Screening Form" (Attachment A) The mental health screening includes, but is not limited to:***

Inquiry into whether the offender: [4-4370]
 - 1) ***Has a present suicide ideation.***
 - 2) ***Has a history of suicidal behavior.***
 - 3) ***Is presently prescribed psychotropic medication.***
 - 4) ***Has a current mental health complaint.***
 - 5) ***Is being treated for a mental health problem.***
 - 6) ***Has a history of inpatient or outpatient psychiatric treatment.***

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- 7) *Has a history of treatment for substance abuse.*
- 8) *Has a history of head injury or traumatic brain injury with loss of consciousness.*

Observation of:

- 9) *General appearance and behavior.*
- 10) *Evidence of abuse and/or trauma.*
- 11) *Current symptoms of psychosis, depression, anxiety, and/or aggression.*

Disposition of offender:

- 12) *To the general population.*
- 13) *To the general population with appropriate referral to mental health care services.*
- 14) *Referral to appropriate mental health care services for emergency treatment. [4-4370]*

2. **Mental Health Appraisal:** *All intersystem offender transfers will undergo a mental health appraisal by a DOC mental health clinician within 14 days of admission to a facility (AR 700-03 “Inter-System Mental Health Appraisal Form (Attachment B)”). Mental health appraisals include, but are not limited to: [4-4371]*
 - a. *Assessment of current mental status and condition.*
 - b. *Assessment of current suicidal potential and person-specific circumstances that increase 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 or 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. [4-4281-4] [4-4281-5]*
 - j. *Assessment of drug and alcohol abuse and/or addiction.*
 - k. *Use of additional assessment tools, as indicated.*
 - l. *Referral to treatment, as indicated.*
 - m. *Development and implementation of a treatment plan, including recommendations concerning housing, work assignment, and program participation.*
3. **Mental Health Evaluations:** *Any offender referred for mental health treatment will receive a comprehensive written evaluation by a professional mental health clinician. The evaluation will be completed within 14 days of the referral request, and may include, but not be limited to: [4-4372]*
 - a. *A review of mental health screening and appraisal data.*

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- b. ***Direct observation of behavior, including assessment of current mental status to include suicidal potential and person-specific circumstances that increase suicide potential.***
 - c. ***Collection and review of additional data from individual diagnostic interviews and/or appropriate psychological tests.***
 - d. ***Compilation of the individual's mental health history, including review of historical psychiatric treatment, psychotropic medication, and/or psychotherapy.***
 - e. ***Development of an overall treatment/management plan, and/or referral to an appropriate mental health facility for offenders whose psychiatric needs warrant such placement. [4-4368] [4-4372]***
4. **Informal Evaluations:** Mental health DOC employees and contract workers will provide informal evaluations in response to requests from case managers or other correctional DOC employees and contract workers. These evaluations may result in a written note to the offender's file and/or a verbal consultation with the requesting person.
 5. **Emergency Services:** Twenty-four hour mental health services, with psychiatric backup, are available through an on-call, call-back system throughout the DOC major facilities and centers and the Youthful Offender System (YOS). Emergency mental health services will be provided for offenders assigned to Adult Parole through the community.. Offenders may be referred for community mental health services by the community parole officer or through the mental health coordinator assigned to the division of Adult Parole.
 6. **Psychiatric Treatment:** ***Psychiatric evaluation, treatment, and/or referral are available in all major facilities. This will include the management of acute psychiatric episodes. [2-CO-4E-01] [4-4368]*** All psychotropic drugs are prescribed by licensed physicians or physician extenders based on appropriate psychiatric and/or physical evaluation of the offender's treatment needs. Psychotropic medications will be administered or dispensed by qualified persons in accordance with legal requirements and professional standards.
 7. **Sex Offender Treatment:** Psychoeducational and psychotherapeutic services are available for offenders who have engaged in sexually deviant behaviors and/or committed sex offenses. Offenders must meet eligibility requirements for acceptance into this program.
 8. **Drug and Alcohol Treatment:** Substance abuse monitoring, case management, drug and alcohol education and treatment, and other supportive services are also available.
 9. **Services for Offenders with Serious Mental Illness:** ***All offenders are assessed and those with mental illnesses are identified and monitored during their incarceration. [4-4374].*** Special services include group and individual treatment, collaboration with correctional DOC employees and contract workers regarding special needs, specialized programs to promote medication compliance and self-management, specialized housing and management, and special assistance with transition to the community.
 10. **Inpatient Services:** Inpatient treatment for psychiatric disorders is available through DOC infirmaries and the Colorado Mental Health Institute at Pueblo (CMHIP). DOC's Residential Treatment Programs (RTP) provide specialized housing and increased mental health services for high needs offenders. ***Offenders who require inpatient services due to mental illness or developmental disabilities may be referred to a RTP or CMHIP for evaluation and treatment. [4-4374]***
 11. **Psychoeducational/Skills Development Programs:** ***These programs are designed to assist offenders in the development of social and self-management skills that will assist in the stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting. [4-4368]*** Program topics may include medication

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management, mental illness management, anger management, stress management, cognitive skills, assertiveness, and communication skills will be offered as resources allow.

12. Services for Offenders with Developmental Disabilities: These services include identification and tracking of offenders with intellectual deficits and special services to assist these offenders in learning, adjusting to the correctional environment, developing effective independent living skills, and recommendation for housing assignments. Specialized housing for those with developmental disabilities and higher treatment and/or management needs is available for male offenders at the San Carlos Correctional Facility and for female offenders at the Denver Women’s Correctional Facility in the RTP.
 13. ***Counseling and Crisis Intervention Services: Initial contact and counseling services will be provided by facility case management, DOC employees and contract workers and/or, on call professional mental health clinicians and may be initiated by offender self-referral, or by other facility DOC employees and contract workers referral. Offenders who require further counseling will be referred to facility mental health offices for follow-up, or placed in appropriate programs. When an offender has engaged in self-injurious behavior a treatment plan focused on preventing further self-injury will be developed by a professional mental health clinician and implemented. For those offenders who currently have an active mental health treatment plan, the current treatment plan will be updated to include interventions specifically addressing prevention of further self-injury. [2-CO-4F-01] [4-4368] [4-4435]***
 14. ***Outpatient Services: Outpatient services will be provided for the detection, diagnosis, and treatment of mental illness that is not available at the facilities. [4-4368]***
 15. ***Certain treatment services (e.g. elective therapy treatment, preventive treatment, etc.) will be provided only in specific facilities where resources permit and all professional mental health services must be ordered by a psychiatric practitioner or professional mental health clinician. [4-4368]***
 16. The department will offer mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any facility. The care provided will be consistent with the community level of care. The evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to other facilities or their release from custody (115.83(a-c)).
- C. Priority of Services: When mental health resources are limited, priority will be given to offenders who suffer from chronic or acute mental illnesses and those offenders who present a danger of injury to themselves or others due to mental health problems.
- D. Clinical Use of Seclusion and Restraints: ***The use of seclusion and/or restraints for medical and psychiatric purposes is a clinical judgment and may only be ordered by properly trained and credentialed medical and mental health DOC employees and contract workers. [4-4405]***
1. ***Clinical multi-point restraints may only be ordered by a psychiatric provider or professional mental health clinician. This will occur in one of the DOC infirmaries, at the San Carlos Correctional Facility, or Denver Women’s Residential Treatment Program.***
 2. ***Clinical seclusion and/or ambulatory restraints may be ordered by a professional mental health clinician as part of a mental health watch in any DOC facility.***
 3. ***Procedures for the use of restraints will be in accordance with DOC Mental Health Standards and Procedures and will include:***

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- a. *Conditions under which restraints may be applied.*
 - b. *Types of restraints to be applied.*
 - c. *Monitoring procedures used while offender is in restraints.*
 - d. *Length of time restraints are to be applied.*
 - e. *Documentation of efforts used for less restrictive treatment alternative. [4-4405]*
4. The transport/restraint will be used in accordance with AR 300-16RD, *Use of Force Options*.
 5. *An after-incident review will be done after every use of restraints for medical or psychiatric purposes. [4-4405]*
- E. **Mental Health DOC Employees/Contract Workers Consultation Regarding Correctional Management**
1. The chief of Behavioral Health Services, in coordination with the chief of psychiatry and mental health program administrator, will provide consultation to the Office of Offender Services regarding the availability of mental health services in all facilities to assure that offenders are placed at facilities where their mental health needs can be managed. The RTP Referral Committee will work with Offender Services to arrange offender movement in and out of a RTP.
 2. The mental health coordinator assigned to the Division of Adult Parole will be consulted whenever possible concerning offenders with serious mental illnesses on parole.
- F. **Consultative and Preventive Services:** Consultation with correctional DOC employees and contract workers related to offender behavioral management, program planning and development, and mental health issues will be provided.
- G. **Right to Refuse Treatment:** Mental health services will be offered to offenders according to DOC procedures with the offender retaining the right of refusal. *In those instances where involuntary treatment is required, a due process procedure will be followed [4-4368]* by mental health, medical, and correctional officers, in accordance with AR 700-23, *Administering Involuntary Medication*, and Colorado law.
- H. **Professional DOC Employees and Contract Workers' Qualifications:** Services will be provided by DOC employees and contract workers who are *professionally qualified by training, experience, and credentials. [4-4368]* All professional mental health DOC clinicians and contract workers will be licensed to provide mental health services to adults or will work under the supervision of licensed professional mental health clinicians and contract workers. All job duties and responsibilities of professional mental health clinicians and contract workers will be approved by the mental health program administrator, in consultation with the chief of behavioral health services, who will verify current credentials for all professional mental health clinicians and contract workers. Licensed professional mental health clinicians and contract workers function as independent providers who are authorized to provide and/or direct mental health treatment services provided to offenders.
- I. **Confidentiality:** In a correctional setting, confidentiality exists within limits. Privileged information will not be disclosed without the offender's permission, except as required by state law and DOC administrative regulations.
- J. **Program Evaluation:** Mental health services will participate in and support a formal system of program evaluation. Evaluations will be aimed at determining the effectiveness and efficiency of mental health services programs in meeting mental health goals and objectives as outlined in this AR.
- K. **Mandatory Disclosure:** *All relevant information regarding ethical and professional issues related to offenders' mental health treatment, to include information about treatment methods and duration, confidentiality, appropriate professional behavior, and the degrees, credentials, and licensure of DOC mental health care practitioners, as required and regulated by the Colorado Mental Health Practice Act, will be provided to offenders who receive mental health services.*

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1. ***An orientation program and written statement in a language understood by the offender regarding mental health treatment services will be presented to all offenders during the initial intake process. Offenders who receive mental health services in a DOC facility will be asked to sign "Mandatory Disclosure and Information for Behavioral Health Clients" (Attachment C). [4-4368] The written statement will include the following:***
 - a. A statement indicating that all professional mental health clinicians are either licensed as psychologists, social workers, or professional counselors in this state, or are working under the supervision of licensed clinicians.
 - b. A statement that any offender seen in mental health treatment has the right to be informed of the degrees, credentials, and licenses of the specific psychiatric practitioner, professional mental health clinician, mental health professional and treatment provider(s), as required and/or regulated by the Colorado Mental Health Practice Act, involved in his/her treatment.
 - c. A statement that the practice of all psychiatric practitioners and professional mental health care clinicians are regulated by the Department of Regulatory Agencies and an address and telephone number for the grievance board.
 - d. A statement indicating that:
 - 1) ***The information provided by the client during therapy sessions is legally confidential in the case of licensed psychotherapists [4-4368].*** Information provided by the client to an unlicensed psychotherapist who practices under the supervision of a licensed psychotherapist is also confidential. All DOC psychiatric practitioners or professional mental health care clinicians practice under the supervision of licensed providers.
 - 2) Certain situations are required to be reported to the appropriate parties as provided in Colorado Revised Statutes (C.R.S.) section 12-43-218. These situations are:
 1. Where the offender may cause harm to him or herself;
 2. Where the offender may cause harm to another offender or staff;
 3. If the offender reports any instance which may threaten the safety or security of the facility.
 4. Any instance of sexual assault must be reported using the Prison Rape Elimination Act (PREA) procedures contained in AR 100-40-Prison Rape Elimination Act.
 - 3) The client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and any charges to be assessed. ***Some behavioral health services may be delivered via teleconferencing and the client must be notified that the service will be provided in this format. The client has the right to refuse any behavioral health services at any time. [4-4368][4-4403-1]***
 - 4) The client may seek a second opinion, at his/her own expense, from a private mental health provider or may terminate therapy at any time.
 - 5) In a professional relationship, sexual intimacy is never appropriate and should be reported to the Department of Regulatory Agencies grievance board in writing and offenders may also report the sexual intimacy to DOC by using the PREA tip line; reporting to the mental health supervisor at his or her facility and to the HSA at his or her facility.
 - 6) A copy of the written statement, along with the names and degrees, credentials, and licensure of all facility mental health treatment providers will be posted in each mental health area.

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- L. Individualized Material Restrictions to Facilitate Offender Rehabilitative Goals: Any material including but not limited to written documents, pictures, magazines, publications, etc., may be prohibited under the following conditions:
1. A mental health care professional employed by the DOC will assess the offender's history and determines the type of material that would be detrimental to public safety and/or the DOC rehabilitative goals for the offender.
 2. After the assessment is complete, the material or description of the material and recommendation will be forwarded to the facility warden for implementation of the material restriction.
 3. The mental health care professional may recommend an individualized material restriction by completing the first part of the Rehabilitative Need Material Restriction Form (Attachment D) and forwarding it to the facility warden for further action.
 4. When available, a copy of a representative sample of the material to be restricted will be attached to the mental health assessment and recommendations and placed in the mental health file
- M. Continuity of Care/Transition to the Community: Mental health services will ensure continuity of care to offenders throughout DOC facilities, and will arrange for appropriate referral to community services when offenders discharge or parole, as outlined in AR 700-26, *Continuity of Care Standards for Mental Health Treatment*. Offenders assigned to Adult Parole are part of the continuity of care continuum established by the DOC.
- N. Offenders assigned to the DOC Youthful Offender System (YOS): Offenders assigned to YOS will receive mental health services equivalent to those provided to adult offenders. Psychiatric practitioners, professional mental health care professionals, and contract workers who provide services to YOS offenders will be appropriately trained for this population. YOS offenders may be placed at DOC infirmaries, or DOC mental health units, as needed to meet their mental health needs, in accordance with AR 600-06, *Placement and Release from DOC Mental Health Units*.
- O. Oversight of Private Prison Mental Health Services: The Private Prisons Monitoring Unit (PPMU) will ensure that a formal quality assurance audit is conducted, at least annually, to assess the quality of clinical mental health services in private facilities and determine if the private facilities are adequately prepared to meet the mental health needs of offenders with serious mental illness. A formal recommendation will be provided to the associate director of PPMU and the mental health program administrator at least annually and/or whenever a change in resources occurs in the private facilities. The chief of Behavioral Health Services, in coordination with the mental health program administrator and the chief of psychiatry, will develop policies and procedures with the associate director of Offender Services for referral and transfer of offenders with serious mental health needs from private facilities and into DOC special placements, as needed.

V. RESPONSIBILITY

- A. It will be the responsibility of the chief of Behavioral Health Services and the director of Clinical and Correctional Services, to enforce and maintain this AR.
- B. It will be the responsibility of administrative, program, and correctional DOC employees and contract workers to be knowledgeable of this AR.
- C. It will be the responsibility of each mental health care professional to use this AR as a guide to practice.

VI. AUTHORITY

- A. Chapter V of the Colorado Department of Health licensure requirements for community clinic facilities.
- B. C.R.S. 12-43-214. Mandatory disclosure of information to clients.

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- C. C.R.S. 17-2-212. Duty of warden.
- D. C.R.S. 17-23-101. Transfer of inmates who have a mental illness or a developmental disability.
- E. C.R.S. 17-23-103. Transfer to department.
- F. C.R.S. 17-40-103. Examination of offenders - report.
- G. C.R.S. 18-1.3-407. Sentences - youthful offenders - legislative declaration - powers and duties of district court - authorization for youthful offender system – powers and duties of department of corrections.
- H. C.R.S. 18-1.3-901. Short title.
- I. C.R.S. 18-1.3-907. Defendant to be advised of rights.
- J. C.R.S. 24-72-204. Allowance or denial of inspection - grounds - procedure – appeal – definitions.
- K. C.R.S. 25-1-801. Patient records in custody of health care facility.
- L. C.R.S. 27-10-101. Legislative declaration.
- M. C.R.S. 27-10-105. Emergency procedure.
- N. C.R.S. 27-10-106. Court-ordered evaluation for person with mental illness.
- O. C.R.S. 27-10-120. Records.

VII. HISTORY

April 1, 2013
 May 15, 2012
 January 15, 2011
 December 15, 2010
 November 15, 2009
 October 15, 2008
 September 1, 2008
 October 1, 2007
 October 1, 2006
 October 1, 2005

ATTACHMENTS:

- A. AR Form 700-03A, Colorado Department of Corrections Mental Health Screening Form
- B. AR Form 700-03B, Inter-System Mental Health Appraisal Form
- C. AR Form 700-03C, Your Rights as a Client of DOC
- D. AR Form 700-03D, Rehabilitative Need Material Restriction
- E. AR Form 100-01A, Administrative Regulation Implementation/Adjustments



Inter-System Mental Health Appraisal Form

Date of Appraisal: _____

Offender's Name: _____ DOC # _____
Last First

Facility: _____ Gender: M F Level of Education completed: _____

Yes No MENTAL HEALTH TREATMENT HISTORY

(Prior P Code & date if applicable _____)

- 1. Are you taking psychiatric medication now? _____
- 2. Have you ever taken psychiatric medication? _____
- 3. Have you ever been hospitalized for mental health problems? _____
- 4. Have you ever been treated for mental health problems? _____
- 5. Is there a history of special placement at SCCF or admissions to CMHI-P? _____
- 6. Has anyone in your family ever been treated for mental health problems? _____
- 7. Have you had a recent death of someone close to you, divorce, or loss of a relationship? _____

SUICIDE & SELF-INJURY FACTORS

- 8. Have you ever tried to kill yourself? When _____
Method _____
- 9. Are you thinking about killing yourself now? _____
- 10. Have you ever injured yourself on purpose by burning, cutting, or scratching yourself? _____
When _____
Method _____
- 11. Are you thinking about hurting yourself now? _____

SUBSTANCE ABUSE FACTORS

- 12. Have you ever been treated for alcohol/drug or other substance abuse problems? _____
Treatment History: _____
Drug(s) of choice & route of administration: _____



Date of Appraisal: _____

VIOLENCE FACTORS

- 13. Have you ever been violent toward another person? _____
- 14. Have you ever been the victim of domestic violence? _____

- 15. Do you have concerns for your safety? (gang affiliation, high profile, custody or vulnerability issues) _____

- 16. Have you ever experienced prior sexual victimization or molestation (institution or community)? _____

- 17. Have you ever perpetrated sexual assault/abuse (institution or community)? _____

CURRENT MENTAL STATUS AND CONDITION

- 18. Appears unusually emotionally upset, depressed, or fearful. _____
Symptoms: _____
- 19. Appears agitated, restless, or is unable to sit still, sleep, or stop talking. _____
Symptoms: _____
- 20. Appears aggressive, threatening, hostile, belligerent, won't be calmed down, has a history of angry outbursts.
Symptoms: _____
- 21. Appears to be distracted, is disoriented, and/or unable to understand or follow directions. _____

- 22. Has bruises, cuts, scrapes, burns, or other physical injuries or appears to have been traumatized in some way. _____

DISPOSITION P1 _____ P2 _____ P3 _____ P4 _____ P5 _____

- 23. Cleared to general population. No Mental Health or Psychiatric referrals.
- 24. Cleared to general population with referral(s): Mental Health Psychiatry. Priority Code _____
- 25. Referral to Mental Health/Psychiatry for emergency evaluation and treatment planning.
- 26. Referral for Diagnostic Testing and/or Special Placement Referral
Referral/Diagnostic Question: _____
- 27. Cleared for housing, work assignment, and program participation.

Mental Health Clinician/Clinician #



Mandatory Disclosure and Information for Behavioral Health Clients

- A. General Information:** Colorado state law requires that you receive information about the professional degree and the license, registration or certificates that your therapist holds. This information is posted in the behavioral health office at every correctional facility and you may ask your therapist directly for this information. You may also write to headquarters and receive the information about the degree and license your therapist holds. The address for the Department of Corrections headquarters office is: Colorado Department of Corrections, Division of Clinical Services, 1250 Academy Park Loop, Colorado Springs, Colorado 80910.
- B. Therapist Credentials:** Each therapist holds a license, registration or certificate that has been issued to them from the Department of Regulatory Agencies. This agency oversees the practice of behavioral health services in Colorado. This agency also maintains a list of registered psychotherapists. In the Department of Corrections, all unlicensed psychotherapists work under the supervision of a licensed behavioral health therapist.
- 1. Levels of Licensing, Registration and Certification:** The Department hires a variety of behavioral health staff. Listed below are the education and training requirements for licensure, registration or certification in Colorado. You may ask your therapist directly what kind of license, registration or certificate he or she holds.
 - 2. Therapists who hold a license are these:**
 - a. Licensed Clinical Social Workers (LCSW) – A Master’s degree; 2 years of post degree supervision and a license from the Department of Regulatory Agencies.
 - b. Licensed Professional Counselor (LPC) – A Master’s degree; 2 years of post degree supervision and a license from the Department of Regulatory Agencies.
 - c. Licensed Marriage and Family Therapist (LMFT) – A Master’s degree; 2 years of post degree supervision and a license from the Department of Regulatory Agencies.
 - d. Licensed Psychologist – A Doctorate in Psychology; one year post degree supervision and a license.
 - e. Licensed Social Workers (LSW) – A master’s degree in social work and a license.
 - f. Licensed Addictions Counselor (LAC) – A Master’s degree in professional counseling; 2,000 hours of supervised clinical addictions experience; certification as a CACIII and a license.
 - 3. Therapists who are candidates for licensure:**
 - a. Psychologist Candidates – A Doctorate in Psychology and currently participating in clinical supervision required to obtain a license.
 - b. Professional Counselor Candidates – A Master’s degree in professional counseling and currently participating in clinical supervision to obtain a license.
 - c. Marriage and Family Therapist Candidates – A Master’s degree in professional counseling and currently participating in clinical supervision to obtain a license.
 - 4. Therapists who hold a certificate:**
 - a. Certified Addictions Counselor III (CAC III) – A Bachelor’s degree in professional counseling and 2000 hours of supervised clinical experience in addiction counseling.
 - b. Certified Addictions Counselor II (CAC II) – A high school graduate, and 2000 hours of supervised clinical experience in addiction counseling.
 - 5. Registered Psychotherapists:**

A registered psychotherapist is a psychotherapist listed in the State’s database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirement to obtain a registration from the State.

The Department of Regulatory Agencies has licensing boards that oversees the practice of mental health counseling. Each of the Licensing Boards can be reached at this address and telephone number: Department of Regulatory Agencies, Mental Health Boards, 1560 Broadway, Suite 1350, Denver, CO 8020, Telephone: 303-894-7800.

- C. **Sexual Contact:** A sexual relationship between you and your therapist is never appropriate and is against Colorado state law. Any sexual activity should be reported to the Department of Regulatory Agencies by writing to them at the address listed above and to the Department of Corrections. You may do this by telling your case manager; calling the PREA tip line at 1-800-DOC-TIPS-0 (1877-362-8477-0, or informing the mental health supervisor at your facility.
- D. **Confidentiality:** The information you give to your therapist will be kept confidential by law. There are certain situations in the law in which a therapist must share confidential information.
 - 1. Your therapist must report situations where you may cause harm to yourself or others.
 - 2. Therapists are required to report knowledge of child abuse and neglect to law enforcement.
 - 3. At the Department of Corrections, therapists are required to report threats to the safety and security of the institution or public.
 - 4. In order to provide continuity of care services, your behavioral health record may be shared with other health care professionals who provide services to you while you are under the supervision of the Department of Corrections.
 - 5. If you file a complaint against a therapist or the Department, your health records may be shared with the regulatory agency in response to the complaint.
 - 6. If you sue the Department over your behavioral health treatment, your health record may be shared with the court in response to the lawsuit.
- E. **Specialized Treatment:** While at the Department of Corrections, you may participate in a specialized treatment programs or be placed in special units for behavioral health treatment. Correctional staff may hear limited information concerning your behavior; your treatment needs and your medicine. Those staff have signed an agreement to keep this information confidential.
- F. **Behavioral Health Services Using Tele-video:** While at the Department of Corrections, you may participate in therapy session with your counselor using tele-video services. Any behavioral health information you share during these sessions is confidential and the information will be maintained with the same confidentiality as in person sessions.
- G. **Parole:** When you progress to parole, the community parole officer may receive information about your behavior; treatment needs and medicines. This information will be used to help you schedule follow up care in the community.
- H. Any instance of sexual assault, sexual misconduct, or sexual abuse must be reported using the Prison Rape Elimination Act procedures contained in Administrative Regulation 100-40 – Prison Rape Elimination Act.
- I. Mental health care practitioners will obtain informed consent from you before reporting prior sexual victimization that did not occur in an institutional setting, unless you are under the age of 18.
- J. You may seek a second opinion, at your own expense, from a private mental health provider, utilizing AR 700-21.

Participation in behavioral health programs is voluntary. I understand I have the right to refuse treatment. If I choose to participate in treatment, I understand that I can request additional information on the intensity and duration of treatment.

I have read or have had someone read this information to me. I understand my rights as a client of the behavioral health program at the Department of Corrections.

Offender Name: _____ DOC #: _____
(Printed)

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____



REHABILITATIVE NEED MATERIAL RESTRICTION

Offender: _____ DOC #: _____

DOC Mental health care professionals have assessed your history and are recommending the following restrictions in support of your rehabilitative needs and goals:

Mental Health Care Professional Signature _____ ID# _____ Date _____

DIRECT ORDER

For rehabilitative purposes you are hereby directed not to have in your possession any material, including but not limited to magazines, periodicals, written documents, viewing material, publications, drawings, etc., as defined or described in the above recommendations since they have been deemed to be contrary to your individualized rehabilitative interests and goals.

Warden Signature _____ ID# _____ Date _____

DATE DELIVERED TO OFFENDER _____

Signature of staff delivering order: _____ ID# _____

cc: **Working file, Mental Health file, Mailroom, Reading Committee Chairperson, Central Reading Committee Chairperson**

CHAPTER	SUBJECT	AR #	EFFECTIVE
Offender Health Services	Mental Health Scope of Service	700-03	03/15/15

(FACILITY/WORK UNIT NAME) _____
 WILL ACCEPT AND IMPLEMENT THE PROVISIONS OF THE ABOVE ADMINISTRATIVE REGULATION:

AS WRITTEN NOT APPLICABLE WITH THE FOLLOWING PROCEDURES TO ACCOMPLISH THE INTENT
 OF THE AR

(SIGNED) _____ (DATE) _____
 Administrative Head