NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
643

MENTAL HEALTH SERVICES
(TEMPORARY)

Supersedes: AR 643 (12/17/03)
Effective date: 02/28/11

AUTHORITY: NRS 209.131; 433.164; 433.174

RESPONSIBILITY

Medical Division staff has the responsibility to have knowledge of and comply with this procedure.

643.01 ADMINISTRATION OF MENTAL HEALTH SERVICES/ORGANIZATION OF MENTAL HEALTH STAFF

1. Mental Health Services will be provided by qualified Mental Health professionals.

2. Records and Reports

   A. Mental Health staff will document care provided to inmates in the medical file per medical record documentation guidelines.

   B. Mental Health staff will compile statistical information as directed by the Director/designee and/or Medical Director/designee.

643.02 STANDARDS FOR MENTAL HEALTH CARE

1. The goal of Mental Health services in the Department is to provide for the detection, diagnosis, treatment, and referral of inmates with mental health problems, and to provide a supportive environment during all stages of each inmate's period of incarceration.

2. All inmates with mental illness, mental retardation, developmental disabilities, a history of mental health treatment or intervention, or with current symptoms, should be identified, evaluated, and have information entered into the medical record and NOTIS.

3. All inmates arriving at an institution which provides nursing services should be seen by a Registered Nurse within twenty-four (24) hours of their arrival for a preliminary medical and mental health assessment.

4. Arriving inmates currently on prescribed psychotropic medications will have their medications continued and be referred to an institutional mental health professional for further evaluation and review.

5. Arriving inmates who appear to be in need of any other mental health intervention will be referred to an institutional psychiatrist, psychologist, psychiatric nurse, or Mental Health Unit as appropriate.

6. Inmates referred for non-emergency mental health care will be evaluated within fourteen (14) days after the date of referral.

7. Results of the evaluation will be documented and placed in the inmate's medical file.

8. Except in an emergency, there should be a joint consultation between the Warden/designee and an institutional psychologist or psychiatrist prior to taking action with an inmate identified as mentally ill, mentally retarded, or developmentally disabled in any of the following areas:

A. Housing assignments;

B. Program assignments;

C. Disciplinary measures; and

D. Transfers to other institutions.

9. When an emergency action has been required, joint consultation to review the appropriateness of the action should take place no later than the next workday.

10. Mental health treatment should be given in the least restrictive setting needed to achieve therapeutic effects and maintain the safety of staff and inmates.

11. Mental health care, including psychotherapy, counseling, medication and diagnostic procedures/testing, is given with the inmate's consent.

12. The Department should observe the confidentiality requirements for mental health evaluations and treatment per state and federal laws.

643.03 REQUIRED MENTAL HEALTH EVALUATIONS

1. All incoming offenders should be evaluated by a mental health professional at intake units as part of the initial classification process.

2. All inmates with mental illness, mental retardation, developmental disabilities, or other mental health needs should be identified and evaluated for the classification of the new inmate.

3. All newly arrived inmates should be evaluated by Mental Health staff for, but not limited to, the following:

A. suicide potential;

B. symptoms of mental illness;

C. level of intellectual functioning;

D. level of aggression;

E. potential for escape;

F. deviant sexual behavior .

4. Recommendations from the mental health intake evaluation should be provided to the classification committee within fourteen (14) days of the inmate's arrival, and to the appropriate mental health staff if necessary.

5. Inmates may be referred to a mental health professional for further evaluation and treatment when indicated. Inmates referred for non-emergency evaluations must be seen by the appropriate provider within fourteen (14) days of the referral date.

6. Identified mentally ill or mentally retarded inmates placed in Disciplinary or Administrative Segregation will be evaluated by a mental health professional within five (5) working days of being placed in segregation, and every thirty (30) days thereafter as long as they remain segregated.

643.04 USE OF PSYCHOTROPIC MEDICATIONS

1. Psychotropic medications for inmates should be prescribed and monitored by a practitioner (physician, physician assistant, or advanced practitioner of nursing).

2. Psychotropic medication will be prescribed only in those situations generally accepted in the medical psychiatric community to be responsive to treatment with that particular medication, and only following a physical examination and diagnosis of the inmate by the prescribing medical provider.

3. The need for psychotropic medication should be documented in the inmate's medical record.

4. Psychotropic medication should be given with the inmate's informed consent, except as provided under procedures for involuntary medication.

5. If an inmate refuses to sign the consent, a release of liability form, should be signed by the inmate and witnessed by the prescribing practitioner or a nurse.

6. The inmate may withdraw consent at any time by stating this intention to medical staff and signing a release of liability form.

643.05 INVOLUNTARY USE OF PSYCHOTROPIC MEDICATIONS

1. When an inmate refuses psychotropic medication or revokes consent, the practitioner must then determine whether or not the medication should be prescribed on an involuntary basis.

2. If, after a discussion with the inmate the inmate still refuses the medication and the practitioner determines the medication is a necessary part of the inmate's treatment plan and would prevent deterioration, the practitioner may ask for independent review of the decision to medicate or continue medication by the Medical Review Panel.

3. No medication may be administered involuntarily, pending review, except in an emergency. An emergency requires immediate action to prevent an inmate from serious self-harm or harm to others as a result of a serious mental disorder. Any involuntary medication administered on an emergency basis shall be reviewed as soon as possible by the independent Medical Review Panel no later than ten working days after the emergency treatment. If the panel finds the inmate does not meet involuntary medication standards, the medication shall be discontinued and the inmate may only be medicated voluntarily.

4. The Medical Review Panel shall review involuntary medication every 180 days.

643.06 MEDICAL REVIEW PANEL

1. The Medical Review Panel shall consist of the Warden/designee and a psychiatrist and psychologist not currently involved in the care of the inmate.

2. Inmates shall be provided 24 hours advance notice of the review and notice of the right to participate.

   A. The panel shall determine whether to uphold or deny the inmate's right to refuse psychotropic medication and the inmate will be verbally informed of the panel's decision at the time of the hearing.

APPLICABILITY

1. This regulation requires a medical directive for mental health services at the institutions.

2. This regulation requires an audit.

R. Bruce Bannister, D.O., Medical Director

2-14-2011
Date

James G. Cox, Director

2/16/11
Date