IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF NEVADA

ALLEN LYN TAYLOR, et al., PLAINTIFFS VS. CHARLES L. WOLFF, JR., et al., DEFENDANTS	CASE NO. CU-R-79-162-ECR

SECOND PROGRESS REPORT

ON COMPLIANCE WITH

STIPULATED SETTLEMENT

AGREEMENT

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INTRODUCTION

This document is the second progress report on the defendants' state of compliance with the Stipulated Settlement Agreement approved by the Court on April 20, 1984[1]. The first progress report submitted on July 25, 1984, dealt with the progress made during the period of April 20, 1984, through July 20, 1984[2]. The report that follows is intended to apprise the Court of the defendants' state of compliance with all orders issued in the case to date, and specifically covers the period July 20, 1984, through April 26, 1985.

The Agreement is to continue for eighteen months from the date of approval by the Court (April 20, 1984), and would normally conclude on October 20, 1985. During this period the Court shall retain continuous jurisdiction for the purpose of effectuating and enforcing the provisions of the Settlement Agreement. There are provisions for extending for additional periods the jurisdiction of the Court. The Auditor has also been given the authority, sua sponte, to extend the period of this Agreement for an additional twelve months to allow for compliance.

For additional information regarding the subject matter of this settlement the reader is encouraged to review the First Progress Report[3] and refer to the specific wording of the Settlement Agreement (Appendix A).

The Auditor has conducted on-site inspections of all prisons in Nevada during the period covered by this report; interviewed staff and inmates; and has had numerous discussions with counsel representing both defendants and plaintiffs. Records were reviewed, case and medical files audited, and observation of programs and procedures was carried out.

As was the procedure in the earlier progress report, the Auditor will use the following benchmarks in determining compliance with this Stipulated Agreement:

1. American Correctional Association Standards on medical/

psychiatric care as contained in the document entitled "Standards for Adult Correctional Institutions, 2nd ed., January 1981[4].

2. Instructions form the Court as contained in its Order dated April 20, 1984, which includes:

(a) "In all cases, prison officials are obligated to choose the least intrusive, yet sufficient, means when selecting the form of treatment to be administered the inmate; and

(b) Prison officials shall provide a level of treatment which shall be sufficient for an immate to maximize his or her potential for living in the general population in the prison and ultimately for living in the community when released from prison; and

(c) For involuntary transfer of inmates to mental health facilities outside the prison system, the standards set forth in Vitek v. Jones, 445 U.S.485, 100 S.ctl254, 63 L.Ed. 2d 552 (1980)."[5]

Each area addressed by the Settlement Agreement is the subject of a separate section in this report. Each section begins with a brief synopsis of the Agreement (for those readers requiring the full text see APPENDIX A), followed by a general discussion of compliance efforts that have occured during the past nine months, and the current state of compliance. Finally, a general summary of the Auditor's view of the state of compliance at this time concludes the report.

AMENDMENTS TO STIPULATED AGREEMENT

The Court, at its hearing on April 20, 1984, required parties to file amendments to the Stipulated Settlement Agreement within thirty days which would be responsive to concerns in the following areas:

> "1. A provision for the training of administration and staff in the contents of the Taylor Settlement Agreement.
> 2. A provision for the periodic review of the necessity to continue the confinement of inmates in the mental health unit (Special Programs Unit) of the Nevada State Prison.
> 3. A more comprehensive application of the procedural safeguards which apply to the use of restraints in order to include all inmates,whether or not they are already receiving mental health treatment or care.
> 4. An explicit and comrehensive set of guidelines describing the manner in which suicide watches are to be conducted."[6]

Discussion

I Training of Staff of the Nevada Department of Prisons Regarding the Contents of the Stipulated Agreement.

There was a rather lengthy delay before parties could come to an agreement on the areas of concern expressed by the Court, but did, on August 1, 1984, stipulate and agree to amendments which are incorporated into this report as Appendix "B". These amendments call for the following:

> A. The defendants agreed that Provisions of the Stipulated Settlement Agreement and regulations enacted thereunder would be read aloud at the muster for all shifts, at all institutions of the Nevada Department of Prisons, three times; and the individual responsible for reading, in its entirety, the Agreement to staff would certify that he or she had done so in writing to the Director.[7]

The Auditor has reviwed certifications made to the Director that all shifts at all institutions had the Agreement and regulations read to them on three separate occasions. The first institution to complete this requirement was Nevada Women's Correctional

Center on January 25, 1985, and the last to certify was Northern Nevada Correctional Center on January 25, 1985.

B. The defendants agree that the Settlement Agreement and regulations enacted thereunder would become a part of the In-Service Training program of the Nevada Department of Prisons.[8]

It was found that the Departmental Mental Health Coordinator, Dr. Mace Knapp, Ph.D., in cooperation with the Departmental Training Manager, Robert Bayer, instituted a program beginning in October, 1984, which incorporates a module into the orientation and training of new staff. This module includes all aspects of the Settlement Agreement and a section on emotionally disturbed inmates. The lesson plans for this training were reviewed and adequately cover the necessary subject area. No auditing of training was carried out during this evaluation period.

C. The defendants agreed to enact a regulation regarding recognition of mental illness in inmates and appropriate referral for evaluation and placement.[9]

An Informational Bulletin covering this requirement was prepared, but has not been issued to staff as of this writing. It is important that an Administrative Regulation be developed on this matter and approved by the Nevada Prison Board at the earliest possible time.

D. The defendants agreed that correctional officers and counselors assigned to the Special Programs Unit would receive additional* training in the (a) contents of the Stipulated Agreement, (b) recognition of mental illness, and (c) appropriate response to mental health issues. The defendants further agreed to incorporate the amendments to the Stipulated Agreement into their appropriate administrative regulations.[10]

It was found that the defendants have incorporated many of the elements found in the amendments into their existing administrative regulations. Four critical regulations have not yet been

*Underlined by author for emphasis.

issued, although the necessary staff work has been completed. They are: Standards for Mental Health Care, Transfer Out of Special Programs Unit, Training in Mental Health Matters, and Phychological Assessment. Additionally, the southern institutions have not developed Institutional Procedures to support any of the Administrative Regulations thus far issued.

It is imperative that all required Administrative Regulations be developed and issued, and that institutions complete the necessary Institutional Procedures.

II Transfer Out of the Special Programs Unit at the Northern Nevada Correctional Center, Carson City, Nevada.

The defendants agreed to issue regulations which would provide criteria, procedures, and guidance to staff regarding the transfer of inmates out of* the special Programs Unit.[11]

It was found that the necessary staff work had been done in the preparation of an Informational Bulletin covering the transfer of inmates out of the Special Program Unit. The Bulletin has not been issued to staff and is not yet in the process of being converted to an Administrative Regulation. The writer has been informed that the lack of action on this regulation was not intentional and that the issue would be addressed immediately. In the meantime, staff have no directions regarding this Agreement, and the hearings required of an Interdisciplinary Treatment Team/ Classification Committee are not being held.

III Amendment of Appendix VI, Use of Restraints, of the Stipulated Settlement Agreement.

The defendants agreed to modify their Administrative Regulation #655 on the "Use of Restraints" as follows:

"3. Where an inmate is violent, suicidal, or poses an imminent threat to himself or the safety of others, i.e.,

*Underlined by author for emphasis.

an emergency situation exists, he or she may be restrained by Nevada Department of Prisons staff."[12]

The defendants further modified Administrative Regulation #655, Section V,B,3, on October 25, 1984, to read as follows:

"Except momentarily, in emergency situations, no* inmate in Nevada Department of Prisons shall be restrained to fixed objects (beds, cell doors, grill doors, etc.) unless the provisions of this regulation are complied with. Such restraint is only at the direction of the psychologist or physician. Inmates who are restrained pursuant to this regulation may be restrained to the top of the bed."[13]

As of November 29,1984, the revised Administrative Regulation was issued to staff. There can be no question that staff clearly understands the Departmental policy on the use of restraints. Institutional Procedures for the southern institutions have not been promulated to address these new policy directives. The northern institutions have developed Institutional Procedures, but they do not address the modifications made in the Amendments to the Stipulated Agreement, nor the further change approved by the Director in November,1984.

On the basis of interviews and review of disciplinary reports it would appear that in some cases staff have not adhered to the Departmental policy regarding the use of restraints. The practice of utilizing restraints without clearance of a medical or mental health staff member, the use of restraints for periods in excess of regulations, and the continued use of four-point restraint has markedly decreased in recent months.

The defendants should obtain approval from the Nevada Prison Board of their revised Administrative Regulation #655, which incorporates changes agreed to in the amendments to the Stipulated Settlement Agreement, and to a change made by Director Housewright in October, 1984. Institutions should immediately issue

*Underlined by author for emphasis.

or revise Institution Procedures covering this subject.

It is further recommended that the Department institute a regulation that would require a written report regarding the use of restraints on any inmate. This report should be forwarded to the Warden/Superintendent no later than 8:00AM of the day following such an incident.

IV Amendment of Appendix VII, Seclusion or Isolation For Mental Health Reasons, of Stipulated Settlement Agreement.

The defendants agreed to modify Paragraph 4 of Appendix VII of the Stipulated Settlement Agreement to include detailed procedures regarding the seclusion and isolation of patients for mental health reasons, and clearly stated protocol to be followed to prevent suicides.[14]

The Department of Prisons issued Administrative Regulation #645 which clearly addresses policy and procedures regarding the use of seclusion for mental health reasons. The regulation covers various approaches that may be used in the placement of a potential suicidal inmate and requires that mental health staff shall develop protocols for response to suicides and their prevention. As of the writing of this report, such protocols have not been issued to staff, although it is understood that they are in preparation. The southern institutions have not developed Institution Procedures to support the Department's Administrative Regulation.

On the basis of information available to the Auditor it would appear that the defendants are closely following their policy and procedures regarding seclusion or isolation for mental health reasons.

Findings Regarding Compliance

The defendants have made a great deal of progress on all of the amendments to the Stipulated Settlement Agreement, but are not yet in compliance for reasons set forth in the discussion section.

REPORTING REQUIREMENT AND RECORD KEEPING

The Stipulated Settlement Agreement requires the Department of Prisons to maintain certain reports that document the implementation of policy and procedures required by the Agreement. The records are to be furnished quarterly to counsel for the plaintiffs and to the independent Auditor.[15]

Discussion

The reporting process for the Department has been the responsibility of Dr.Mace Knapp, Ph.D., Departmental Mental Health Coordinator. He has been efficient and cooperative in providing the necessary reports to the required parties. During the time span covered by this report, the defendants have submitted documents to cover July, August, September, 1984; October, November, December, 1984; and January, February, March, 1985. The information received addressed all requirements set forth in the Agreement.

It would appear that the form currently used for reporting purposes needs to be revised in order that there are sufficient spaces for all names and can be transmitted in a more legible manner.

Findings Regarding Compliance

The defendants are in compliance with the reporting and record keeping section of the Agreement.

APPENDIX I

INVOLUNTARY TRANSFER OF INMATES TO SPECIAL PROGRAMS UNIT

This Agreement requires procedural safeguards to be followed in advance of any proposed involuntary transfer to the Special Program Unit at the Northern Nevada Correctional Center.[16]

Discussion

The defendants have incorporated all of the procedures set forth in Appendix I in their Administartive Regulation #653, entitled "Involuntary Transfer of Inmates to Special Program Units" (Appendix C). Northern institutions have devloped supplemental instructions to staff in the form of Institution Procedures, but such documents have not yet been developed by the southern institutions.

A case file review was made and it would appear that the Department's procedures are being carried out. Interviews with inmates indicated that most of those transfered had done so on a voluntary basis. Northern institutions are using a standard form which allows the inmate to verify in writing that the transfer to the Special Program Unit is voluntary in nature. If the inmate does not agree to a voluntary transfer, he also signs the form in the appropriate place and his due process rights are printed below his signature. It is strongly urged that all institutions use such a form and institute a procedure which insures that an inmate receives a copy. The form should also indicate that an inmate has his basic rights explained to him by a knowledgeable staff member.

Findings Regarding Compliance

The defendants are in compliance with Appendix I, but should insist that all institutions develop written procedures to carry out the Department's Administrative Regulation #653.

APPENDIX II

EMERGENCY TRANSFER TO SPECIAL PROGRAMS UNIT

This Appendix covers those instances where an emergency transfer to the special Programs Unit must be effectuated. A hearing within five working days of the transfer must be held which incorporates all the procedural safeguards required in advance of a transfer, as set forth in Appendix I.[17]

Discussion

The defendants have incorporated all of the requirements and procedures set forth in Appendix II in their Administrative Regulation #653 entitled "Involuntary Transfer of Inmates to Special Program Unit" (Appendix C). The northern institutions have issued supplemental procedures in support of the Department's Regulation but similar documents have not been devloped by the southern institutions.

The Mental Health coordinator should revise his Quarterly Report Form so that there is a section which will list the names of any inmates transferred to the Special Program Unit on an emergency basis and the number of days before a hearing is held.

A case file review indicates that the Department's regulations are being followed. It would assist in the monitoring process if all institutions would utilize the standard transfer form, be the transfer voluntary, or involuntary.

Findings Regarding Compliance

The defendants are in compliance with Appendix II, but should insist that all institutions develop written procedures to carry out the Department's Administrative Regulation #653.

APPENDIX III
INVOLUNTARY TRANSFER OF INMATES TO NON-PRISON MENTAL HEALTH FACILITIES

Where there is an involuntary transfer of an inmate to a non-prison mental health facility for treatment of a mental disease, disorder or defect, this Appendix adopts the standards set forth in Vitek v. Jones, 445 US. 485. Due process safeguards are specifically set forth. An independent decision maker is required who must only approve a transfer upon a finding of clear and convincing evidence that the inmate suffers from a mental disease, disorder or defect such that he/she presents an imminent threat to his/her own physical safety or the safety of others, or because of mental disease, disorder or defect, the patient is substantially deteriorating and said deterioration will continue.[18]

Discussion

The defendants have incorporated all of the provisions of Appendix III in their Administrative Regulation #654 entitled, "Involuntary Transfer of Inmates to Non-Prison Mental Health Facilities"(Appendix D). The procedure was not utilized during the reporting period as there were no involuntary transfers to non-prison mental health facilities.

The problem is not in an involuntary transfer, but the inability to transfer when needed. With the exception of several cases, the Nevada Mental Hygiene and Mental Retardation Division has apparently been unwilling to accept transfers of mentally ill inmates from the Department of Prisons. There may be some security issues which would require special provisions, but certainly the Lake Crossing Center for mentally disordered offenders can provide adequate control and custody. If transfers become more available, the provisions of this Appendix will then need to be closely monitored.

Findings Regarding Complaince

The defendants are in compliance with Appendix III.

APPENDIX IV
AMERICAN CORRECTIONAL ASSOCIATION STANDARDS FOR THE DELIVERY OF MENTAL HEALTH SERVICES

This Appendix calls for the defendants to provide mental health care to all inmates within the custody and care of the Nevada Department of Prisons which, at a minimum, comply with the American Correctional Association standards for the delivery of medical/psychiatric care as contained in the document entitled, "Standards for Adult Correctional Institutions", 2d ed, January 1981[19].

Discussion

The level of mental health care of inmates confined in the Department of Prisons is, at a minimum, to comply with the American Correctional Association standards for the delivery of medical/psychiatric care as agreed to in the Stipulated Settlement Agreement set forth in Shapley vs. O'Callaghan CU-R-77-0221-ECR. Regular reports as to compliance with this Agreement are made to the Court by the Shapley Auditor. For purposes of reviewing compliance with this Appendix, only those ACA standards having a direct relationship to the delivery of mental health services will be utilized.

A.C.A. - 2-4283
"Written policy and procedures specify the provision of mental health services for inmates in need of such service to include, but not be limited to, services provided by mental health professionals who meet educational and licensure/certification criteria specified by their respective professional disciplines, i.e. psychiatric nursing, psychiatry, psychology, and social work."

The defendants have developed an Informational Bulletin covering this standard, but it has not been issued to staff. This bulletin should be promptly issued and developed into an Administrative Regulation at the earliest possible time. All mental health staff employed by the Department meet educational and licensure/certification criteria specified by their professional disciplines.

A.C.A. - 2-4288
"Written policy provides that inmates are not used for the following duties:
Performing direct patient care services.
Handling or having access to health records."

The defendants have developed an Informational Bulletin covering this standard, but it has not been issued to staff. This bulletin should be promptly issued and developed into an Administrative Regulation at the earliest possible time. Inmates are performing direct patient care services in the Special Programs Unit. Under current staffing allowances it would be impossible to operate this unit without inmate assistance. Approximately six to eight inmates are on duty as ward attendants at all times.

A.C.A. - 2-4293
"Written policy and procedures, approved by the health authority, provide for comprehensive individual mental health evaluation on specially referred inmates by a multidisciplinary mental health team. The evaluation is completed within 14 days after the date of referral, and includes at least the following:
Review of mental health screening and appraisal data.
Collection and review of additional data from staff observations, individual diagnostic interviews, and tests assessing intellect and coping abilities.
Compilation of individual's mental health history.
Development of an overall treatment/management plan with appropriate referral."

The defendants have developed an Informational Bulletin covering this standard, but it has not been issued to staff. This bulletin should be promptly issued and developed into an Administrative Regulation at the earliest possible time. Currently there are no multidisciplinary mental health teams although the part-time psychiatrist who is assigned to the northern institutions works closely with the psychologists in developing mental health evaluations. The evaluations that were reviewed by the Auditor found that (1) they were generally completed in fourteen days, (2) little input was provided from staff observations other than the psychiatrist or psychologist, and(3) the evaluations suffered from a lack of any overall treatment/management plan. The writer must strongly impress on the reader, however, that the absence of treatment teams and the insufficiency of data incorporated in the

mental health screening and appraisal material comes from a serious lack of resources and in no way should reflect adversely on the dedicated efforts of the few mental health staff members. The current ratio of over one thousand inmates for each psychologist, the total absence of psychometrists, social workers, and only one part-time psychiatrist, makes compliance with this standard an impossibliity.

A.C.A. - 2-4294
"Written policy and procedure, approved by the appropriate mental health authority, provide for all activities carried out by mental health services personnel."

The defendants have developed an Informational Bulletin covering this standard, but it has not been issued to staff. This bulletin should be promptly issued and developed into an Administrative Regulation at the earliest possible time. Written policy and procedures have been developed by the Departmental Mental Health Coordinator for the psychologist position assigned to the southern institutions. Nothing similar exists for mental health services personnel in the northern institutions, and such a task should be given a high priority.

A.C.A. - 2-4296
"Inmates who are severely disturbed and/or mentally retarded are referred for placement in either appropriate non-correctional facilities or in specially designated units for handling this type of individual."

The defendants have developed an Informational Bulletin covering this standard, but it has not been issued to staff. This bulletin should be promptly issued and developed into an Administrative Regulation at the earliest possible time. As was stated earlier in this report the defendants have had great difficulty in being able to effect transfer to non-prison mental health facilities. According to the Nevada Revised Statutes "the Director may arrange for the transfer of an offender to other appropriate governmental agencies for psychiatric observation, evaluation or stabilization pursuant to an agreement with the agency for such transfers"[20]. Further statutory regulations provide that

"when a psychiatrist and one other person professionally qualified in the field of psychiatric mental health determines that an offender confined in an institution of the Department of Prisons is mentally ill, the Director of the Department of Prisons shall apply to the Administrator [Mental Hygiene and Mental Retardation Division] for the offender's detention and treatment at a Division facility selected by the Administrator. If the Administrator determines that adequate security or treatment is not available in a Division facility, the Administrator shall provide, within the resources available to the Division and as he deems necessary, consultation and other appropriate services for the offender at the place where he is confined"[21]. It would appear that Nevada law clearly calls for the transfer of mentally ill offenders to the Division of Mental Hygiene and Mental Retardation, and the provision by the Division for evaluation and treatment of such offenders. Such non-prison mental health services are currently not being made available to the Department of Prisons except for an occasional case, and then generally only females.

The Department of Prisons has attempted to fill this void in services to the mentally ill by creating within the Northern Nevada Correctional Center a living facility known as the Special Programs Unit. The building was not designed or constructed to provide the security or program space required for a mental health unit. It is a building with three wings providing sleeping accomodations for approximately 90 inmates. It is staffed with a part-time psychiatrist, part-time psychologist, part-time institutional counselor and two correctional officers on each of three shifts. The population is made up of mentally ill offenders who are severely disturbed, mentally ill offenders who are in remission or are stabilized with the assistance of psychotropic drugs, ambulatory medical patients, severe personality disorders, psychopaths, and a mixture of chronic behavior disorders. There is no nursing coverage on the unit, and the limited program services are provided entirely by inmate attendants. The part-time professional resources are limited to diagnosis, evaluation and the prescription of drugs. There is no clearly designated treatment coordinator and the unit has no administrator/manager of record. With

existing resources there is no possibility that the special Programs Unit can meet the most minimal of standards for the care and treatment of mentally ill offenders.

One can debate indefinitely the number of staff required to provide the necessary coverage and services of a unit such as the SPU. Suffice it to state that no qualified mental health expert would support the existing coverage or the staffing pattern currently being proposed in the Governor's budget. Before any finalization of staffing resources is determined, the defendants must accurately determine whether the SPU is to house 30-60 or 90 mentaly ill inmates. In making that decision they should be aware that there are far more than 90 inmates in the Nevada prison system who have been diagnosed as mentally ill. Also, from a management and treatment perspective, mentally ill patients should not be housed in the same living unit with protective custody cases, ambulatory medical cases, and behavior disorders who are assigned for purely detention purposes.

As a gauge to what is considered normal coverage for a mental health treatment facility for criminal offenders one should review the staffing pattern for Lakes Crossing as compared to the Special Programs Unit.

	Lakes Crossing (29 patients)	Special Programs Unit (60-90 patients)
1	Administrator-Clinical psychologist	None
2	Clinical Psychologists	Part-time Psychologist (.4)
2	Social Workers M.S.W.	None
1	Psychiatrist	Part-time Psychiatrist (.2)
5	Registered Nurse/L.V.N.	None
1	Occupational Therapist	None
1	Recreational Therapist	None
1	Educational Specialist	None
4-6	Psychiatric Attendants (3 shifts)	2 Correctional Officers (3 shifts) 6 Inmate Attendants (3 shifts)

In summary, the current and proposed staffing patterns do not meet minimum standards for the care and treatment of mentally ill offenders. For the defendants to be in compliance with this A.C.A. standard they must provide a staffing pattern that will allow for necessary security, adequate diagnostic workups, sufficient mental health personnel to carry out the treatment plans and the replacement of inmate ward attendants with paid staff.

A.C.A. - 2-4297
"Transfers which result in inmates being placed in other non-correctional institutions or in special units within the facility, which are specifically designated for the care and treatment of the severely mentally ill or retarded, follow due process procedures as specified in law prior to the move being effected. In emergency situations, a hearing is held as soon as possible after transfers."

The defendants are fully in compliance with this standard. They have included the principle of the standard and the necessary procedures to carry out that principle in their Administrative Regulation #653 entitled,"Involuntary Transfer of Inmates to Special Programs Unit"(Appendix C), and Administrative Regulation #654 entitled, "Involuntary Transfer of Inmates to Non-Prison Mental Health Facilities"(Appendix D).

A.C.A. - 2-4298
"Written policy requires that except in emergency situations there shall be joint consultation between the Warden/Superintendent and the reponsibile physician or their designees prior to taking action regarding the identified mentally ill or retarded patients in the following areas:
Housing assignments
Program assignments
Disciplinary measures
Transfer to other institutions
When an emergency action has been required, this consultation occurs as soon as possible, but no later than on the next work day so as to review the appropriateness of the action."

This policy is incorporated in an Informational Bulletin developed by staff, but which has not yet been released from the Director's office. The bulletin should be issued immediately and expedited as an Administrative Regulation. All institutions should promulgate Procedures to support the Department's Regulation.

On the basis of staff interviews and a limited case file review, it would appear that the southern institutions are not closely adhering to this standard. Part of this difficulty may arise from the fact that staff are unaware of those inmates who have been diagnosed as mentally ill or retarded. Psychologists at all institutions should prepare a record of those inmates who have been so diagnosed, and assure that the Warden/Superintendent has an up-to-date list.

A.C.A. - 2-4312
"Written policy and procedures govern the use of restraints for medical and psychiatric purposes."

The defendants have developed an Administrative Regulation #655 entitled, "Use of Restraints for Mental Health Reasons" (Appendix F), which fully covers the policy and procedures governing the use of restraints and meets A.C.A. Standard 2-4312.

On the basis of file review and quarterly reports it would a appear that some institutions have not been in total compliance with the Department's Regulation. The most recent reports would indicate that a greater degree of compliance is now being demonstrated.

A.C.A. - 2-4322
"Psychotropic drugs, such as antipsychotics, antidepressants and drugs requiring parenteral administration are prescribed only by a physician or authorized health provider by agreement with the physician, following a physical examination of the inmate by the health provider, and are administered by the responsible physician, qualified health personnel, or health trained personnel under the direction of the health authority."

The defendants have developed an Administrative Regulation #656 entitled,"Use of Psychotropic Drugs" (Appendix E), which totally incorporates this standard. Medical file review indicated no deviations from policy.

The preceeding review of A.C.A. standards on mental health services indicates,in addition to earlier suggestions, that the defendants should:

1. Develop appropriate mental health standards that comply

with the relevant A.C.A. standards which could then be included in the Health Care Operations Manual.

2. Appoint a full time administrator for the Special Programs Unit.

3. Appoint a task force of appropriate staff and outside consultants to develop a departmental program for the treatment of the mentally ill. The task force should address:

   a. mental health services for those not requiring a specialized living unit
   b. appropriate location of Special Programs Unit and necessary additional security requirements
   c. program services and resources for mentally ill inmates who require a specialized living unit
   d. necessary training programs for staff working on the Special Programs Unit
   e. staffing requirements for mental health programs (Reference recommendations made on Appendix VIII)

4. Develop and seek funding for adequate staffing of the Special Programs Unit that meets acceptable standards of care and treatment of the mentally ill.

Findings Regarding Compliance

The defendants are making progress towards meeting the standards of this Appendix. They are, however, not yet in compliance for reasons set forth in the discussion section.

APPENDIX V

USE OF PSYCHOTROPIC MEDICATION

This Appendix sets forth certain standards for the use of psychotropic medications. It establishes the general rule that psychotropic medication shall only be given after an inmate has given his informed consent. The involuntary administration of psychotropic medication is narrowly circumscribed, and, in effect requires the determination that the inmate's condition is substantially deteriorating and would continue to substantially deteriorate without the administration of medication. In such circumstances the Agreement requires that the decision to medicate must be reviewed and approved by a medical review committee. Additionally, any continued involuntary administration of psychotropic medication must be reviewed by the medical review committee every ninety (90) days.[22]

Discussion

The defendants have incorporated into their Administrative Regulation #656 entitled, "Use of Psychotropic Drugs" (Appendix E) all of the standards required by this Agreement. Great progress has been made,since the Auditor's last review, in obtaining consent forms from inmates who have been placed on a psychotropic drug regimen. Medical files were reviewed and psychiatrists/ psychologists were interviewed with the following results:

- Written consent forms or a medical review panel approval was found in the file of all inmates receiving psychotropic drugs with the exception of eight cases at the Southern Desert Correctional Center.
- The diagnostic rationale for prescribing psychotropic drugs was found in the file of all inmates receiving psychotropic drugs with the exception of four cases at the Southern Desert Correctional Center.
- Involuntary psychotropic medication is being administered according to standards agreed upon in this Appendix.

An independent medical review panel meets regularly and makes

a final determination regarding the continued administration of all involuntary psychotropic medication. At the last meeting of the panel, held on March 29, 1985, one emergency case was approved for involuntary medication and fourteen cases were reviewed on a quarterly basis. Of those cases reviewed, thirteen were approved for continued medication, and one case was denied.

With the exception of some cases at the Southern Desert Correctional Center, all institutions are closely adhering to the regulations and procedures regarding the prescription, consent, documentation and independent medical review of psychotropic medications. The letter of the rules is being followed - whether the medical and ethical issues involved in the involuntary use of potentially harmful drugs is being adequately addressed remains a matter of major concern.

Whether the decision to administer psychotropic drugs on an involuntary basis is made by a physician on an emergency basis, or approved by an independent medical panel, such action can only be justified on the basis that:

1. there are no reasonable alternative treatments available,
2. medication is a necessary part of the inmate's treatment plan,
3. as a result of mental disease, disorder or defect there is danger to life or a danger of serious injury to the inmate or others.

In few of the cases reviewed by the Auditor would it appear that psychotropic drugs could legitimately be administered against the will of the inmate because there was a danger to life or a danger of serious injury to the inmate or to others. Using the remaining two criteria for justification poses an even greater dilemma for the physician. First, there are currently no other alternatives than the use of medication for the treatment of mental illness within the institutions of the Department of Prisons. Secondly, medication cannot be a necessary <u>part</u> of the inmate's plan, since in fact it is the total plan! The difficult medical decision becomes one of justifying involuntary psychotropic

medication when one has no other alternatives to weigh such a decision against. The ethical dilemma rises out of the fact that a physician forces a psychotropic drug (a poison) into an inmate's system against his/her will without being able to measure such a decision against an array of other treatment modalities of a less intrusive and possible less harmful nature. The use of psychotropic drugs is always dangerous and requires supportive services and careful evaluation as to possible side effects. The Nevada Prison System does not currently have the resources to provide either the supportive services or the necessary professional observation and laboratory analysis.

The Auditor is not suggesting that the involuntary use of psychotropic drugs be discontinued. The controls on the involuntary use of psychotripic drugs, however, should be more rigidly enforced.

The current form used by the independent medical review panel should be revised to include the following information:

1. Nature of inmate's mental condition.
2. Medication to be administered or to be continued
   a. dosage
   b. length of treatment
   c. if already being received, for what period of time
3. Is medication a necessary part of the inmate's treatment plan?
4. Alternative treatments considered and reasons for not using.
5. Probable side effects which may occur.
6. Will witholding of medication result in substantial deterioration?

The non-prison psychiatrist who is a member of the independent medical review panel should not be a state employee. Although this recommendation in no way reflects on the competency of state employed psychiatrists, there is a perception in the minds of inmates that state employees all back each other. In order to provide the fullest possible climate of neutrality and

objectivity, the panel member should be a qualified psychiatrist from the community.

Supplemental instructions to staff should be developed into Institution Procedures for the southern institutions.

Findings Regarding Compliance

The defendants have made excellent progress towards compliance with this Appendix. With a further tightening of controls on record keeping and additional information incorporated into the review process of the independent medical review board, compliance should be reached.

APPENDIX VI
USE OF RESTRAINTS

This Appendix restricts the use of restraints. The Agreement expressly bans the restraint of inmates for punishement purposes, places medical/mental health control over its use, limits the length of time an inmate may be restrained and sets forth certain minimum criteria defining the manner in which an inmate may be restrained and the types of equipment that may be used.[23]

Discussion

The defendants have incorporated into their Administrative Regulation #655 entitled, "Use of Restraints for Mental Health Reasons" (Appendix F) all of the procedures and limitations set forth in this Appendix. During the early months of this reporting period there were some mininterpretations of the Department's Regulation and there were some violations of the use of restraints for security purposes. The policy and procedures required by the Department have been clarified in a revision of A.R.#655, and signed by Director Housewright on November 29, 1984.

It would now appear that staff are abiding by the new regulations and the overall use of restraints has decreased markedly. From a review of the medical records it is still not evident that inmates in restraint are being checked every twenty minutes to insure that proper circulation is maintained.

Before compliance can be finally determined it will be necessary to closely monitor the practices at the southern institutions. Additionally, the Department should develop written guidelines or criteria that would be used by the mental health staff person who must approve continued use of restraints beyond four hours. The approval of restraint, and the reasons for use, should always be documented in the inmate's file. Finally, the southern institutions need to develop institutional procedures to support Administrative Bulletin #655, and the northern institutions need to

APPENDIX VII

SECLUSION OR ISOLATION FOR MENTAL HEALTH REASONS

This Appendix deals with the seclusion or isolation of inmates for mental health reasons. Decision as to the use of isolation or seclusion is given to mental health services personnel. The manner in which an inmate may be isolated or secluded is defined and limited. The standards expressly prohibit the use of isolation or seclusion for punishment purposes.[24]

Discussion

The defendants have incorporated into their Administrative Regulation #645 entitled, "Use of Seclusion for Mental Health Reasons" (Appendix G) all of the regulations, procedures and limitations set forth in this Appendix. The northern institutions have issued operating procedures to support A.R. #645, but this has not been done by the southern institutions.

There is minimal use of isolation for mental health purposes, but where it is done additional controls and procedures need to be instituted:

1. Mental health staff should develop protocols for response to suicides and their prevention.
2. Inmates in isolation or seclusion should be checked every thirty minutes by mental health or nursing staff, and this should be documented in the medical folder.
3. Written guidelines or criteria should be developed which would be used by the psychologist/psychiatrist in determining placement in seclusion or isolation. The rationale for the decision should always be documented in the medical file.
4. Use of the "last night cells" at the Nevada State Prison should be prohibited for mental health seclusion or isolation.

Findings Regarding Compliance

The defendants are making good progress towards compliance with this Appendix. Additional efforts as set forth in the discussion section should fulfill all requirements.

APPENDIX VIII
STANDARDS FOR MENTAL HEALTH CARE

This Appendix deals with the purpose of mental health care. Inmates are to be provided programs and conditions which will allow them to function as well as possible either in a regular prison environment, or in the community upon release from confinement. Treatment shall be as minimally disruptive as possible, and comporting with a primary concern for the individual inmate's rights.[25]

Discussion

The defendants have incorporated the requirements set forth in this Appendix in their Administrative Regulation #643 entitled, "Administration of Mental Health Services" (Appendix H), and an Informational Bulletin entitled, "Standards for Mental Health Care" which has not been released to staff (Appendix I).

On the basis of staff interviews, case file reviews, and analysis of Quarterly Reports, the following comments appear to be appropriate:

1. The senior institutional psychologist is unable to manage the "other members of the institution's interdisciplinary treatment team"[26] as there are no other members.
2. The practice of charging $3.00 for a psychiatric visit when the visit is at the inmate's request appears to be contrary to prison medical ethics.
3. The Informational Bulletin on Standards for Mental Health Care requires that "mental health care shall be provided to all inmates within the custody and care of the Department of Prisons which at a minimum comply with the American Correctional Association Standards for the delivery of psychological and psychiatric care as contained in 'Standards for Adult Correctional Institutions', 2nd Edition, January, 1981"[27]. As was discussed earlier in this report, these standards are not being met.
4. In some cases there is no joint consultation between the

Warden and the institutional psychologist prior to taking action regarding the identified mentally ill or retarded inmate; or following an emergency action, to review the appropriateness of the action, in the following areas:

a. housing assignments
b. program assignments
c. disciplinary measures
d. transfer to other institutions

5. There are currently insufficient numbers of qualified mental health staff members available either to directly deal with inmates or to advise other correctional workers in their contacts with said inmates.

6. Inmates are being used to provide direct mental health care services both as ward attendants in the Special Programs Unit and as testing clerks to the institutional psychologist.

7. There are no multi-disciplinary teams to provide comprehensive mental health evaluations on inmates referred to the Special Programs Unit.

8. With the exception of the psychologist assigned to the southern institutions, there are no written policy and procedures approved by the Mental Health Coordinator for all activities carried out by mental health services personnel.

9. Inmates who are severely disturbed are not regularly referred for placement in the Lakes Crossing Center.

10. Involuntary psychotropic medications are sometimes used when less intrusive treatment procedures would appear to be appropriate if the resources for such services were available.

The defendants should issue an A.R. on Standards for Mental Health Care, and require that all institutions prepare and issue Institution Procedures on Administration of Mental Health Services and Standards for Mental Health Care. A plan should be immediately developed that addresses the resources and staffing levels that are required to be in compliance with this Appendix. This study should be a part of a larger plan recommended at the conclusion of Appendix IV. At a minimum such a plan should address:

1. Number of inmates who must be diagnosed and/or evaluated

for mental health reasons each month. (This should include reception, crisis intervention, parole consideration and regular medical or psychological referrals.)

2. Number of inmates diagnosed as mentally ill or retarded who require some type of non-residential mental health treatment program.

3. Number of inmates diagnosed as mentally ill or retarded who require a residential mental health treatment program such as the Special Programs Unit.

4. Number of inmates diagnosed as mentally ill or retarded who require a non-prison residential mental health treatment program such as exists at Lakes Crossing Center.

5. Ratios of prison mental health staff to inmates listed in Paragraphs 1,2,3,4, in the following categories:

a. psychiatrist
b. psychologist
c. psychometrist
d. psychiatric nurses
e. social workers
f. occupational therapist
g. recreational therapist
h. educational therapist
i. inmate ward attendents

In the case of mental health staff who would be assigned to a residential treatment unit the plan should either show the maximum case load size, or the number of staff in a given category required for any eight hour shift. (e.g. 1 psychiatrist for 20 patients, 1 social worker for 10 patients, 3 ward attendents on each shift for a living unit of 30 patients, etc.).

Findings Regarding Compliance

The defendants are not in compliance with this Appendix for the reasons set forth in the discussion section. The burden of proof for a good faith effort towards compliance rests with the defendants to demonstrate that a comprehensive plan for the care and treatment of the mentally ill confined in the Department of Prisons' institutions has been developed, that such a plan meets A.C.A. standards, and that the resources to carry out such a plan have been submitted by the Governor to the Legislature.

APPENDIX IX
GUARDIANSHIPS AND COMMITMENTS

This Appendix requires that the Department of Prisons will institute guardianship or commitment proceedings in accordance with Nevada Revised Statutes in appropriate cases, through the Office of the Attorney General or the local District Attorney.

Discussion

The defendants have incorporated the requirements of this Appendix in their draft of an Informational Bulletin entitled, "Standards for Mental Health Care". Guardianship and commitment proceedings are instituted in accordance with the Nevada Revised Statutes through the office of the Attorney General or the appropriate local District Attorney.

The defendants should immediately issue an Administrative Regulation covering this subject matter.

Findings Regardigng Compliance

The defendants are following the requirements of this Appendix, and will be in compliance when they adopt and issue the necessary regulations.

APPENDIX X
MEDICAL REVIEW PANEL

This Appendix requires the establishment of a medical review panel, establishes its membership and outlines the procedures under which it will operate.[29]

Discussion

The requirements of this Appendix are set forth verbatim in the defendants Administrative Regulation #656 entitled, "Use of Psychotropic Medication" (Appendix E).

On the basis of record review, it was found that the medical review panel has met regularly and considered all cases where psychotropic medication had been prescribed on an involuntary basis. Comments made earlier in this report in the section on Psychotropic Medication are appropriate here.

As was also recommended earlier, the report form used by the medical review panel should be revised (See page 22), and the non-prison psychiatrist should be from the medical community rather than an employee of the State of Nevada.

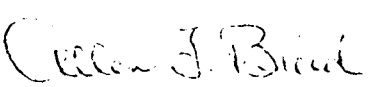
FINDINGS REGARDING COMPLIANCE

The defendants are in compliance with this Appendix of the Agreement.

SUMMARY

The Departmental Mental Health Coordinator, Dr. Mace Knapp, is to be commended for his dedicated service as Compliance Coordinator on this case. He faithfully meets deadlines and in an untiring fashion provides the writer with whatever information is obtainable. His commitment to the highest principles of his profession is obvious in all of his assignments, and he is hindered only by an unrealistic work load. All of the defendants involved with this litigation have worked diligently to meet the requirements of the Agreement, but their efforts suffer from a serious absence of resources. Unless a specific plan to provide adequate mental health services[30] is developed and funded, the defendants will not be able to comply with the most crucial elements of the Court's Order.

Respectfully submitted,



Allen F. Breed
Court Auditor

April 30, 1985

NOTES

1. Taylor v. Wolff, Order Approving Compromise of Class Action and Entry of Stipulated Settlement Agreement, April 20, 1984.

2. Taylor v. Wolff, First Progress Report on Compliance With Stipulated Agreement, July 25, 1984.

3. Ibid.

4. Standards for Adult Correctional Institutions 2nd ed; January 1981 This is not the latest edition of standards adopted by the American Correctional Association on this subject, but represents those standards agreed to by parties in their stipulated agreement.

5. Taylor v. Wolff, Order Approving Compromise of Class Action and Entry of Stipulated Settlement Agreement, April 20, 1984.

6. Ibid.

7. Taylor v. Wolff, Amendment to Stipulated Settlement Agreement, August 1, 1984.

8. Ibid.

9. Ibid.

10. Ibid.

11. Ibid.

12. Ibid.

13. Copy of Revised Wording of Administrative Regulation #655 approved by the Attorney General's Office and Director Vernon Housewright, October 3, 1984.

14. Taylor v. Wolff, Amendments to Stipulated Settlement Agreement, August 1, 1984.

15. Taylor v. Wolff, Stipulated Settlement Agreement, April 20, 1984.

16. Ibid., Appendix I

17. Ibid., Appendix II

18. Ibid., Appendix III

19. Ibid., Appendix IV

20. Section 209.321 - Transfer of offenders for psychiatric observation or treatment.

21. Section 433 A.450 - Detention and treatment of mentally ill prisoners.

22. Taylor v. Wolff, Stipulated Settlement Agreement, April 20, 1984.

23. Ibid.

24. Ibid.

25. Ibid.

26. Administrative Regulation #643, page 1.

27. Information Bulletin entitled "Standards for Mental Health Care", undated and unsigned.

28. Taylor v. Wolff, Stipulated Settlement Agreement, April 20, 1984.

29. Ibid.

30. Taylor v. Wolff, Order Approving compromise of Class Action and Entry of Stipulated Settlement Agreement, April 20, 1984. Adequate mental health services has been defined by the Court as " a level of treatment which shall be sufficient for an inmate to maximize his or her potential for living in the general population in the prison and ultimately for living in the community when released from prison".

APPENDIX "A"

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF NEVADA

ALLEN LYN TAYLOR, et al., Plaintiffs, v. CHARLES L. WOLFF, JR., et al., Defendants.	Case No. CV-R-79-162-ECR STIPULATED SETTLEMENT AGREEMENT

The plaintiffs, having filed for themselves, and all those similarly situated, their complaint alleging violations of the First, Fifth, Eighth and Fourteenth Amendments to the United States Constitution, as well as State Pendent claims of a constitutional and statutory nature, and the defendants having denied such allegations, the parties herein waive hearing and the entry of findings of fact and conclusions of law, and agree to the submission of this Stipulated Settlement Agreement to the Court for its review and approval without the admission by the defendants,

or any of them, of any state, federal, statutory or constitutional violations.

NOW, THEREFORE, IT IS HEREBY AGREED by and between the parties as follows:

1. This agreement is entered into as settlement of an existing dispute between the plaintiffs individually and for those similarly situated as defined below, and the defendants as to the appropriate policies, procedures and practices necessary to the provision of psychiatric treatment and care to inmates who are within the actual or constructive custody and control of the Nevada Department of Prisons in a manner which will satisfy state and federal, statutory and constitutional standards. This agreement additionally provides for specific, definable and good faith efforts to be made by the defendants to achieve certain goals for implementing and enforcing these standards, within specified period of time. This agreement satisfies and resolves the claims of the class of plaintiffs, as defined herein. The individual damage claims of the named plaintiffs are left for subsequent resolution by trial or otherwise.

2. The class of plaintiffs agree that they shall seek no further injunctive relief from the acts, practices or omissions alleged in the pleadings as defined in the pretrial order herein, save and except to enforce the provisions of this agreement. Correspondingly, the defendants waive any defense to the enforcement or implementation of this agreement, save and except whether

and to what extent they have met the terms and conditions provided for herein.

3. The plaintiffs, individually and for the class they represent as defined herein, acknowledge that this agreement is fully binding individually and on the class they represent. The defendants similarly acknowledge that this agreement is fully binding on each of them, each of their officers, agents, employees, successors and assigns.

4. The plaintiffs brought this suit as a class action seeking to represent members of the class to obtain injunctive and declaratory relief, as well as the recovery of compensatory and punitive damages. For purposes of this agreement, the class shall be those persons which the Court has previously identified and certified as members of the class pursuant to its order dated March 17, 1982, consistent with Rule 23, F.R.C.P.

5. For the purpose of avoiding the continuation of difficult, expensive and protracted litigation, the parties have agreed to resolve and settle their differences in the manner set forth herein.

6. The defendants, therefore, agree as a matter of policy to refrain from any act or practice which has the purpose or effect of managing or causing the operation of the Department of Prisons, for the State of Nevada, in a manner inconsistent with the terms of this agreement. Further, defendants will institute a program of action to insure that the Nevada Department of Prisons

will operate in a manner consistent with the terms of this agreement and the Constitution and laws of the State of Nevada and of the United States. However, this agreement in no way constitutes an adjudication or finding of any present or past unlawful practice by the defendants, it being fully understood that the defendants unequivocally deny that any such acts or practices exist or have ever occurred.

7. In the event any provision of this agreement causes a result unintended by the parties or an ambiguous interpretation, the abused party shall notify the other parties by mail of the unintended result or ambiguous interpretation. The parties shall have sixty (60) days following receipt of written notice to resolve the problem. If the parties are unable to reach agreement within sixty (60) days, the issue may be submitted to the Court for resolution.

8. In the event any provision of this agreement is held unlawful by a court of competent jurisdiction, all other provisions of this agreement shall remain in effect and only the rights and/or obligations established in the voided portions shall be extinguished.

9. This agreement shall continue for a period of eighteen (18) months from the date of approval by the Court. During the effective period of this agreement, the Court shall continue jurisdiction for the purpose of effectuating and enforcing the provisions herein. Jurisdiction shall terminate upon

filing an order of dismissal with prejudice by defendants, unless plaintiffs or defendants show good cause upon motion filed prior to termination, why the agreement should be modified or the Court's jurisdiction continued. The auditor, provided for below, shall have the authority, sua sponte, to extend the period of this agreement for an additional twelve (12) months to allow for compliance.

10. The parties agree that the duties of the independent auditor, as provided for in the stipulated settlement agreement on file with the Court in Shapley v. O'Callaghan, CV-R-77-0221-ECR, shall be broadened to include the provisions of this agreement. A copy of that portion of the Shapley agreement establishing the position of independent auditor and defining his/her duties and responsibilities, is found in the appendix to this agreement and incorporated herein. Given the technical nature of the subject matter of this settlement agreement, the independent auditor shall have the additional authority to employ at the expense of the defendants, the services of a mental health expert (including a psychiatrist) who shall be in State employment, or in the event a mental health expert is not available from the State of Nevada, said expert shall be employed from the Reno/Carson City area, if available, to assist in evaluating the compliance of the defendants with the terms of this settlement agreement. The auditor shall have the authority to employ the expert of his choice in accordance with the foregoing.

11. The only allegations of this agreement are explicitly stated herein. Good faith efforts to comply with the provisions of this agreement are the standards of compliance for this agreement. Defendants agree that all regulations and procedures provided for in the attached appendices will be promulgated and approved within sixty (60) days of the date of approval of this settlement agreement by the court. All other provisions of this agreement are effective upon the date of approval of the settlement agreement by the court.

12. This agreement resolves all of the class issues as delineated in the pretrial order in this case. Consonant with the relief contemplated by this agreement, attached hereto are appendices which are incorporated herein as a part of the settlement agreement.

13. The plaintiffs' reasonably recoverable costs and reasonable attorneys' fees and other expenses pursuant to 42 U.S.C. § 1988, in the amount of $15,000.00, for the class declaratory and injunctive relief portions of this dispute, shall be paid by the defendants to counsel for plaintiff upon submission of an itemized bill to defendants, and upon approval of this agreement by the Nevada Board of Prison Commissioners and by the Court. The plaintiffs' reasonably recoverable costs and reasonable attorneys' fees and other expenses pursuant to 42 U.S.C. § 1988, as they relate to the individual damage claims of plaintiffs shall be awarded in such amount as may be agreed to further by the

parties, or determined by the Court upon the outcome of of the trial, if any, of these individual claims. The parties agree that the payment of said $15,000 must also be approved by the Nevada Board of Examiners (payment within 20 days after court approval).

REPORTING REQUIREMENTS AND RECORD KEEPING

The Department of Prisons shall maintain reports documenting the implementation of the settlement agreement.

1. The following records shall be maintained by defendants and furnished to the independent auditor and counsel for plaintiffs subject to the confidentiality requirements of mental health patients:

a. The number of inmates refusing psychotropic medication.

b. The number of inmates secluded or restrained for mental health reasons.

c. The number of reviews held by the independent review committee.

d. The number of cases in which an inmate refused medications which was subsequently approved or denied by the independent review committee.

e. Copies of opinions rendered by the independent review committee.

f. Names of all inmates receiving psychotropic medication, and names of all inmate involuntarily

. . .

secluded and/or restrained for mental health reasons.

g. Roster of inmates transferred into the special programs unit of the Northern Nevada Correctional Center and the names of inmates transferred to Lake's Crossing or other non-prison psychiatric facility, with indication thereon as to which transfers were involuntary.

h. Copies of decisions rendered by the independent review committee on all proposed involuntary transfers, involuntary administration of medication and continued use of restraints.

2. The records shall be given quarterly to counsel for plaintiffs and to the auditor upon his request.

EFFECTIVE DATE OF THE SETTLEMENT AGREEMENT

The effective date of this settlement agreement is the date on which it is approved by this Court.

DATED this 23rd day of November, 1983.

CHARLES R. ZEH, ESQUIRE
Washoe Legal Services
Counsel for the Plaintiffs

VERNON G. HOUSEWRIGHT
Director, Nevada Department of Prisons

BRIAN McKAY
Attorney General

By: BROOKE A. NIELSEN
Deputy Attorney General
Criminal Division

RICHARD H. BRYAN, Governor
Chairman, Board of Examiners

WILLIAM SWACKHAMER, Secretary of State
Member, Board of Examiners

BRIAN McKAY, Attorney General
Member, Board of Examiners

APPENDIX I

INVOLUNTARY TRANSFER OF INMATES TO SPECIAL PROGRAMS UNIT

The following minimum procedures will be adopted by duly enacted administrative regulations regarding the involuntary transfer for mental health reasons of inmates to the special programs unit at the Northern Nevada Correctional Center, Carson City, Nevada:

1. Written notice to the inmate that a transfer to the special programs unit of the Northern Nevada Correctional Center is being considered for mental health reasons.

2. A hearing before a duly constituted independent classification committee no sooner than 48 hours after the serving of the written notice upon the inmate. The staff member or members who initiate the request for a transfer to the special programs unit shall not be members of said committee.

3. At the hearing, the evidence relied upon for the proposed transfer shall be disclosed to the inmate. The inmate shall be given the opportunity at the hearing to be heard in person and to present documentary evidence. The inmate shall also have the opportunity at the hearing to present the testimony of witnesses and to confront and cross-examine witnesses called by the Department of Prisons, except upon a finding, not arbitrarily made, of good cause for not permitting any such presentation, confrontation or cross-examination.

4. The inmate will have the right to counsel

substitute upon request.

5. The decision of the committee and the reasons therefore, shall be documented in writing and maintained in the records of the inmate. A copy shall be provided to the inmate upon request.

6. The proposed involuntary transfer will only be accomplished upon a showing by a preponderance of the evidence that the inmate suffers from a mental disease, disorder or defect such that he presents an imminent threat to his own physical safety or the safety of others, or because of his mental disease, disorder or defect the mental or physical condition of the inmate is substantially deteriorating and this deterioration will continue if the proposed transfer is not made.

7. In addition, an involuntary transfer may be made by the committee upon a finding based upon the preponderance of the evidence that the inmate appears to be suffering from a mental disease, disorder defect such that an evaluation of said condition is desirable. Said evaluation at the special programs unit shall not exceed two (2) weeks, unless the inmate is subsequently classified in accordance with this procedure and after being informed in writing of the proposal that he remain in the special programs unit.

8. Emergency transfer to the special programs unit at the Northern Nevada Correctional Center is covered by Appendix II.

APPENDIX II

EMERGENCY TRANSFER TO SPECIAL PROGRAMS UNIT

The procedure provided in Appendix I regarding the transfer of inmates to the special programs unit at the Northern Nevada Correctional Center, Carson City, Nevada, for mental health reasons must be followed in all cases except in emergency transfers. An emergency justifying a transfer without complying with the procedures set forth in Appendix I is defined as a situation which requires immediate action to prevent an inmate from seriously harming self or others. Following an emergency transfer to the special programs unit, the inmate shall be given a classification hearing as provided in Appendix I within 5 working days of the transfer.

APPENDIX III

INVOLUNTARY TRANSFER OF INMATES
TO NON-PRISON MENTAL HEALTH FACILITIES

The following minimum procedures must be observed before the involuntary transfer of an inmate to a non-prison mental health facility:

1. The Nevada Department of Prisons shall provide the minimum due process required by the United States Supreme Court in Vitek v. Jones, 445 U.S. 480, 100 S.Ct. 1254, 63 L.Ed.2d 552 (1980) regarding the involuntary transfer of an inmate to a non-prison mental health facility for treatment of a mental disease, disorder or defect.

2. Specifically, it is agreed that the Nevada Department of Prisons will provide by duly enacted administrative regulation for the following:

a. Written notice to the inmate that a transfer to a non-prison mental health facility is being considered;

b. A hearing no sooner than 48 hours after the written notice;

c. At the hearing, the evidence relied upon for the proposed transfer is disclosed to the inmate;

d. The inmate is given the opportunity at the hearing to be heard in person and to present documentary evidence;

e. The inmate is given the opportunity at the hearing to present the testimony of witnesses and to confront and cross-examine witnesses called by the Department of Prisons, except upon a finding, not arbitrarily made, of good cause for not permitting such presentation, confrontation or cross-examination;

f. The decision-maker is independent in that none of the persons making the decision to involuntarily transfer the inmate to a non-prison mental health facility, was involved in the initial request that such a transfer occur;

g. A written statement by the decision-maker specifying the evidence relied upon and stating with particularity the reasons for the involuntary transfer of the inmate to a non-prison mental health facility for treatment;

h. Qualified and independent counsel substitute will be made available to the inmate, preferably a mental health professional or psychologist who was not involved in the initial decision to request transfer to a non-prison mental health facility. Retained counsel will be permitted to appear;

i. The inmate shall be given specific notice of all of the foregoing rights.

3. Mental health facility is defined as all

non-prison mental hospitals or mental health care centers.

4. The independent decision-maker shall only approve an involuntary transfer to a non-prison mental health facility upon a finding by clear and convincing evidence that the inmate suffers from a mental disease, disorder or defect such that he presents an imminent threat to his own physical safety or the safety of others, or because of mental disease, disorder or defect, the patient is substantially deteriorating and said deterioration will continue.

APPENDIX IV

AMERICAN CORRECTIONAL ASSOCIATION
STANDARDS FOR THE DELIVERY
OF MENTAL HEALTH SERVICES

The defendants hereby agree to provide mental health care to all inmates within the custody and care of the Nevada Department of Prisons which at a minimum comply with the American Correctional Association standards for the delivery of medical/psychiatric care as agreed to in the stipulated settlement agreement on file with this court with Shapley v. O'Callaghan, CV-R-77-0221-ECR. The parties hereto agree that these ACA standards are contained in that document entitled "Standards for Adult Correctional Institutions," 2d ed., January 1981.

APPENDIX V

USE OF PSYCHOTROPIC MEDICATION

The Nevada Department of Prisons will adopt, by duly enacted administrative regulation, the following policy and procedure with regard to the use of psychotropic medication:

1. Psychotropic medication is defined as medication prescribed for the treatment of a particular mental illness, disease or defect. Use of psychotropic medications by any inmate will be closely monitored by a physician.

2. Orders for psychotropic medications will be valid for no more than thirty (30) days and must be rewritten by the physician at that time prior to renewal.

3. A psychotropic medication will be prescribed only in those clinical situations generally accepted in the medical/psychiatric community to be responsive to treatment with that particular medication, and the need for such medication should be clearly documented in the inmate's medical record. Unnecessary or excessive medication will not be administered.

4. Whenever the use of more than two (2) classes of psychotropic medication and/or medications with side effects are ordered, the reason for the use of multiple psychotropic medications shall be clearly and specifically documented in the medical record, and appropriate regular evaluation of side effects, if any, and of continued use shall be undertaken by the physician.

shall ecr

5. The attending physician ~~shall~~ be responsible for the treatment and care of the inmate patient and inmate education concerning psychotropic medications, which includes but is not limited to the following:

a. Nature of inmate's mental condition;

b. The reasons for taking such medication, including the likelihood of improving or not improving without such medication;

c. The reasonable alternative treatments available, if any;

d. Dosage and length of time for treatment;

e. The probable side effects, on a short-term and long-term basis, which are likely to occur with the particular inmate;

f. Consent may be withdrawn by the inmate at any time by stating such intention to any member of the treating staff.

The inmate, after being informed of the above, shall be asked to sign a written consent form. If the inmate gives his consent, but refuses to sign, this fact shall be noted in the inmate's medical file.

Psychotropic medication shall only be given after the inmate has given his informed consent, except as provided below.

6. Involuntary use of psychotropic medication shall only be accomplished as follows:

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

b. If, after a discussion with the inmate, the inmate still refuses the medication, and the physician determines: (1) the medication is a necessary part of the inmate's treatment plan, (2) for an inmate on medication, withholding medication would result in substantial deterioration; or (3) for an inmate not on medication, the inmate is substantially deteriorating, the physician may ask for independent review of the decision to medicate or continue medication.

c. No medication may be administered, pending review, except in an emergency. Also, when a physician determines that the inmate lacks the capacity to give informed consent in that the refusal is a product of the inmate's mental illness, the physician shall concurrently seek an independent review by the medical review panel. Involuntary medication will only be administered upon a determination by the panel that:

(1) The inmate lacks the capacity to give informed consent in that the refusal is a product of the inmate's mental illness;

(2) Medication is a necessary part of the

inmate's treatment plan; and

(3) i. For a patient on medication, withholding medication would result in substantial deterioration; or ii. For a patient not on medication the patient is substantially deteriorating, then medication may be administered as part of the patient's treatment plan.

This involuntary medication procedure does not apply in emergencies as provided below.

d. All cases of involuntary psychiatric treatment will be carefully and specifically documented in the inmate's medical record. The inmate will be issued a denial of rights form which specifies the medication to be involuntarily administered.

e. Involuntary psychiatric treatment shall be reviewed by the medical review panel every 90 days. The review shall consist of the following inquiry:

1. Whether the inmate is still refusing the medication or remains unable to give consent;

2. Whether medication is still a necessary part of the inmate's treatment plan.

The panel shall meet to review proposed involuntary medication as needed.

7. Psychotropic medication may also be administered without the inmate's consent on an emergency basis;

a. An emergency situation is one which requires immediate action to prevent an inmate from seriously harming self or others;

b. Prior to the use of involuntary psychotropic medication on an emergency basis, a physician must determine that as a result of mental disease, disorder or defect there is a danger to life or a danger to serious injury to the inmate or to others; and

c. The mental disease, disorder or defect can be helped or relieved by the specific medical evaluation and treatment, which is no more than is necessary to remove the threat specified in section (a) above.

d. The medication will not be continued beyond the emergency.

8. All involuntary medication administered on an emergency basis shall be reviewed as soon as possible by the independent medical review panel and no later than 10 days after the emergency treatment. The panel will determine whether the emergency medication was appropriate under the circumstances. If the medication is determined to have been inappropriate it shall be terminated. The panel shall also determine whether the medication can continue to be administered, in accordance with these procedures, unless it finds informed consent has been given.

9. In all instances where the term "physician" is

used, this term means: "Staff psychiatrist unless he is unavailable."

APPENDIX VI

USE OF RESTRAINTS

The defendants shall adopt by duly enacted administrative regulation, the following policy and procedure:

1. Inmates, who are receiving mental health care, may become violent, suicidal or display signs of imminent violence. Under such circumstances it may become necessary to prevent such an inmate from hurting self, other inmates, staff and/or to prevent the destruction of property by the use of proper restraints.

2. Excluding the top of the bed, such inmates will not be restrained to fixed objects such as cell doors or grill work except momentarily in an emergency situation.

3. Where an inmate who is receiving mental health care is violent, suicidal or poses an imminent threat to himself or the safety of others, i.e. an emergency situation exists, he or she may be restrained by NDOP staff. However, the use of such restraint shall be reviewed immediately by a physician/psychologist and no later than 4 hours after the initiation of the restraint. If the physician/psychologist determines that the conduct is the product of mental disease, disorder or defect, and the emergency subsides, any further restraint shall be at the direction of the physician/psychologist, and said physician/psychologist orders are valid for 12 hours.

4. Whenever an inmate is placed in restraints, the

inmate shall be checked every 20 minutes to insure that proper circulation is maintained. This check may be accomplished by a mental health staff member or a correctional officer who has been properly instructed. All checks must be logged, with a description of the inmate's condition. This log shall be included in the inmate's medical file.

5. Inmates restrained as provided herein, will be permitted to take care of necessary personal hygiene during the day and night at regular intervals. Personal hygiene includes a daily shower by restrained inmates. The restraint used shall be the least intrusive possible under the circumstances.

6. Medical restraints may not be used as a form of punishment.

7. Each institution shall develop an institutional supplement outlining the procedures for the use of medical restraints applicable to that institution.

8. Each institution shall have available appropriate posey or similar soft restraints for use in accordance with this procedure, for medical reasons.

APPENDIX VII

SECLUSION OR ISOLATION FOR MENTAL HEALTH REASONS

Defendants agree to adopt by duly enacted administrative regulations the following policies and procedures with regard to the seclusion or isolation of inmates for mental health reasons:

1. Placement of an inmate in seclusion (ie: lock-down) for mental health reasons shall be approved by mental health staff. In an emergency as defined in Appendix VI, any member of the NDOP staff may order an inmate placed in seclusion or isolation from other inmates. However, such seclusion or isolation shall be reviewed by a physician/psychologist immediately and no later than eight (8) hours after the initial seclusion or isolation. If the physician/psychologist determines that the conduct is the product of mental disease, disorder or defect, and the emergency subsides, any further isolation or seclusion shall be at the direction of the physician/psychologist, and said physician/psychologist orders are valid for 24 hours.

2. Mental health seclusion or isolation may not be used as a form of punishment. Seclusion or isolation shall be terminated when the conditions justifying its use no longer exist.

3. Each institution shall develop an institutional supplement outlining the particular procedures for mental health

seclusion or isclation applicable to that institution, if mental health seclusion or isclation is utilized.

4. A suicide watch shall be placed on suicidal inmates.

All other inmates who are ISOLATED ECR (restrained) or secluded in accordance with this procedure shall be checked every 30 minutes. All checks must be logged with a description of the inmate's condition. The log shall be included in the inmate's medical file.

APPENDIX VIII

STANDARDS FOR MENTAL HEALTH CARE

The defendants shall provide by duly enacted administrative regulation for the following policies and procedures regarding mental health care of inmates:

1. The purpose of mental health care afforded to inmates is to allow the inmate to function as well as possible in either a regular prison environment or in the community, upon release from confinement. Treatment should be as minimally disruptive as possible and should comport with a primary concern for the individual inmate rights. This means that:

a. The inmate should be treated in his/her regular institution without transfer, if that is possible.

b. The consequences and options of mental health care shall be explained to the inmate.

c. In general, mental health care including medication and physically intrusive diagnostic procedures, are given only when the inmate consents.

d. Mental health care may not be recommended or given which is more debilitating than the mental illness, disorder or defect which is being treated.

e. In those cases where non-consensual treatment is required, it will be at the lowest possible level of medication dosage, use of restraints and/or length of treatment in order to accomplish the permissible level of

non-consensual care.

2. The inmate shall be informed of the nature of and all side effects and purpose of any intended treatment with medication.

3. The attending physician shall carefully document the evaluation, diagnosis and intended treatment of each inmate in the inmate's medical record.

4. The evaluation, diagnosis and treatment plan for each inmate shall be reviewed at least quarterly by the treating physician.

5. The NDOP will observe the confidentiality requirements of mental health patients.

6. In all instances where the term "physician" is used, this term means: "Staff psychiatrist unless he is unavailable."

APPENDIX IX

GUARDIANSHIPS AND COMMITMENT

The Nevada Department of Prisons agrees to institute guardianship or commitment proceedings in accordance with Nevada Revised Statutes in appropriate cases, through the Office of the Attorney General or the local district attorney. The director or the warden shall seek appointment as guardian in appropriate cases.

APPENDIX X

MEDICAL REVIEW PANEL

The medical review panel shall consist of the director or his designee, a non-prison board certified psychiatrist and a third person to be agreed upon by the director and the non-prison psychiatrist.

In conducting an independent review the panel shall:

1. Review the inmate's medical chart, and any other pertinent documents or materials; and

2. Give the inmate the opportunity to address the panel.

The panel psychiatrist may examine the inmate at his discretion.

The determination of the panel shall be in writing and placed in the inmate's medical file. A copy shall be provided to the inmate.

APPENDIX B

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF NEVADA

ALLEN LYN TAYLOR, et al., Plaintiffs, v. CHARLES L. WOLFF, JR., et al., Defendants.	Case No. CV-R-79-162-ECR AMENDMENTS TO STIPULATED SETTLEMENT AGREEMENT

The parties herein pursuant to the Order Approving Compromise of Class Action and Entry of Stipulated Settlement Agreement filed on April 10, 1984, stipulate and agree to the following amendments to the Stipulated Settlement Agreement:

I. Training of Staff of the Nevada Department of Prisons Regarding the Contents of the Stipulated Settlement Agreement.

Unless the written context would indicate otherwise, the term staff as used herein shall include correctional

officers, administration, management and all other employees of the institution, excluding clerical, janitorial and maintenance personnel. The training shall include the following:

1. The provisions of the Stipulated Settlement Agreement and regulations enacted thereunder will be read aloud at the muster for all shifts, at all institutions of the NDOP, three (3) times, and the staff person responsible for reading in its entirety the Agreement to staff shall certify that he or she has done so in writing to the Director.

2. The Settlement Agreement and regulations enacted thereunder shall become a part of the In-Service Training (IST) program of the NDOP. Such training shall include all aspects of the Settlement Agreement and shall be made a part of the existing IST program regarding "Emotionally Disturbed Inmates".

3. The NDOP shall enact a regulation regarding recognition of mental illness in inmates and detailing the process for referral of such inmates to the appropriate staff member for evaluation, diagnosis and/or placement in the Special Programs Unit (SPU) or non-prison mental health care facility.

4. The correctional officers and counselor assigned to the Special Programs Unit shall receive additional training in the contents of the Stipulated Settlement Agreement and regulations enacted thereunder, as well as:

a. The recognition of mental illness including

an explanation of the various forms of mental illness which might be encountered within the prison setting.

b. The appropriate response to mental health related emergency situations, including situations, signs and symptoms of mental health emergencies.

5. The NDOP shall develop appropriate regulations to implement and enforce the terms of this modification of the Stipulated Settlement Agreement.

II. Transfer Out of the Special Programs Unit at the Northern Nevada Correctional Center, Carson City, Nevada.

The Nevada Department of Prisons shall provide by duly enacted regulation for the transfer of inmates out of the Special Programs Unit at the Northern Nevada Correctional Center, Carson City, Nevada, as follows:

a. An inmate housed in the Special Programs Unit of the Northern Nevada Correctional Center for the purpose of mental health care, shall be transferred out of said Special Programs Unit when the Interdisciplinary Treatment Team/Classification Committee conducting the periodic review of the inmate's classification determines that:

1. The inmate no longer presents an imminent threat to his own physical safety or the safety of others as a result of mental disease, disorder or defect; and

2. Transfer out of the Special Programs Unit will not cause substantial deterioration of the inmate's

condition or the inmate's condition has stabilized and transfer out of the Special Programs Unit will not result in substantial deterioration of the mental or physical condition of the inmate; or

3. The evaluation of the inmate's mental disease, disorder or defect has been completed and transfer out of the Special Programs Unit will not result in substantial deterioration of the inmate's mental or physical condition.

b. Thirty (30) days after transfer into the Special Programs Unit the said Classification Committee shall review the need to confine the inmate in the Special Programs Unit against the standards provided for hereinabove in Section II(a). Thereafter, there shall be a regular and periodic review not to exceed every ninety (90) days to determine whether the necessity for continued involuntary confinement in the Special Programs Unit exists according to the standards provided for hereinabove in Section II (a).

c. At the classification hearing, the evidence relied upon for the proposed continued involuntary confinement in the unit shall be disclosed to the inmate. The inmate shall be given the opportunity at the hearing to be heard in person and to present documentary evidence. The inmate shall also have the opportunity at the hearing to present the testimony of witnesses and to confront and cross-examine witnesses called by the Department of Prisons, except upon a finding, not

arbitrarily made, of good cause for not permitting any such presentation, confrontation or cross-examination. The recommendation of the psychologist/physician based upon the standards set forth in Section II (a) shall be made to the said Classification Committee and shall be accepted by the committee, unless by a preponderance of the evidence it is established that the recommendation of the psychologist/physician is incorrect. Under such circumstances a second opinion of another psychologist/physician shall be included in the evidence relied upon by the committee. The decision of the committee and the reasons therefore, shall be documented in writing and maintained in the records of the inmate. A copy shall be provided to the inmate upon request.

d. The Interdisciplinary Treatment Team/Classification Committee will be chaired by the Mental Health Program Coordinator or designee, and shall also include the SPU counselor and the NNCC Warden or designee.

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III. Amendment of Appendix VI, Use of Restraints, of the Stipulated Settlement Agreement.

Appendix VI, Use of Restraints, of the Stipulated Settlement Agreement is hereby amended as follows:

> "3. Where an inmate is violent, suicidal or poses an imminent threat to himself or the safety of others, i.e. an emergency situation exists, he or she may be restrained by NDOP staff."

IV. Amendment of Appendix VII, Seclusion or

Isolation for Mental Health Reasons, of Stipulated Settlement Agreement.

Paragraph 4 of Appendix VII, Seclusion or Isolation for Mental Health Reasons, of the Stipulated Settlement Agreement is hereby amended as follows:

> "4.a. Staff shall be trained as provided in Section I herein to recognize the signs of suicidal inmates and to take appropriate steps to prevent suicide from occurring. The mental health staff shall develop protocols for responses to suicides, and their prevention.
>
> b. Inmates found to be displaying or exhibiting suicidal tendencies shall be placed upon suicide watch. The decision to place an inmate on suicide watch and the form of the suicide watch shall be the decision of the physician or psychologist.
>
> c. Inmates may be placed in mental health isolation in the infirmary or Special Programs Unit (per current policy regulations, which are subject to this Stipulated Settlement Agreement).
>
> d. For inmates placed upon suicide watch, they shall be kept under continual surveillance as described hereinafter. When appropriate, the inmate may be placed in a cell for this purpose, with another non-suicidal inmate. Alternatively, the suicidal inmate may be kept under surveillance by placement within the constant sight and hearing distance of a staff member. Any such staff member may be a mental health professional or a correctional officer with special training in the mental health problems of suicidal inmates.
>
> e. The inmate may be placed in his own cell but the most potentially lethal objects (medication, caustic liquids, razor blades, glass, etc.) shall be removed.

f. The inmate may remain in his cell but everything with which he could harm himself (sheets, electrical cords, clothing, etc.) may be removed.

g. An inmate may be placed in mental health isolation and restrained in accordance with policy regulations; which are subject to this Stipulated Settlement Agreement.

h. An inmate who is suicidal may be transferred on an emergency basis to the Special Programs Unit or to a non-prison mental health facility in accordance with the terms of the Stipulated Settlement Agreement."

The undersigned hereby stipulate and agree that the foregoing amendments and supplements to the Stipulated Settlement Agreement herein may be approved by the court as part of the Stipulated Settlement of this class action.

The foregoing amendments to the Stipulated Settlement Agreement are subject to the approval of the Nevada Board of Prison Commissioners.

DATED this 1st day of August, 1984.

CHARLES R. ZEH, ESQUIRE
Washoe Legal Services
Counsel for Plaintiffs

VERNON G. HOUSEWRIGHT
Director, Nevada Department of Prisons

BRIAN McKAY
Attorney General

By: Brooke A. Nielsen
Deputy Attorney General
Criminal Division
Counsel for Defendants

APPENDIX "C"

STATE OF NEVADA DEPARTMENT OF PRISONS	A.R. No. 653	Page 1 of 2
	Attorney General Review Date: 8/7/84	Effective Date: 8/8/84
ADMINISTRATIVE REGULATIONS	Supersedes: None	
CHAPTER: MEDICAL AND HEALTH CARE SERVICES	Subject: Involuntary Transfer of Inmates to Special Programs Unit	

I. PURPOSE

To establish procedures governing the involuntary transfer of inmates to the Special Programs Unit.

II. AUTHORITY

Taylor vs. Wolff Stipulated Settlement Agreement.

III. POLICY

No inmate shall be transferred to the Special Programs Unit against his will unless due process rights are properly granted.

IV. DEFINITIONS

A. "Special Programs Unit" -- The mental health program and housing area at the Northern Nevada Correctional Center.

V. PROCEDURE

A. Responsibility:

The Mental Health Program Coordinator is delegated, by the Director, the responsibility of administering these procedures.

B. Institutional Procedures:

1. Written notice must be given to the inmate that a transfer to the Special Programs Unit of the Northern Nevada Correctional Center is being considered for mental health reasons.

2. A hearing before a duly constituted independent classification committee will be conducted no sooner than 48 hours after the serving of the written notice upon the inmate. The staff member who initiates the request for a transfer to the Special Programs Unit shall not be a member of said committee.

3. At the hearing, the evidence relied upon for the proposed transfer shall be disclosed to the inmate. The inmate shall be given the opportunity at the hearing to be heard in person and to present documentary evidence. The inmate shall also have the opportunity at the hearing to present the testimony of

witnesses and to confront and cross-examine witnessed called by the Department of Prisons, except upon a non-arbitrary finding of good cause for not permitting any such presentation, confrontation, or cross-examination.

4. The inmate will have the right to counsel substitute upon request. This counsel substitute may be either an inmate law clerk or a prison counselor of the inmate's choice.

5. The decision of the committee and the reasons therefore shall be documented in writing and maintained in the records of the inmate. A copy shall be provided to the inmate upon request.

6. The proposed involuntary transfer will only be accomplished upon a showing by a preponderance of the evidence that the inmate suffers from a mental disease, disorder or defect such that he presents an imminent threat to his own physical safety or the safety of others, or because of his mental disease, disorder or defect the mental or physical condition of the inmate is substantially deteriorating and this deterioration will continue if the proposed transfer is not made.

7. In addition, an involuntary transfer may be made by the committee upon a finding based upon the preponderance of the evidence that the inmate appears to be suffering from a mental disease, disorder or defect such that an evaluation of said condition is desirable. Said evaluation at the Special Programs Unit shall not exceed two (2) weeks, unless the inmate is subsequently classified in accordance with this procedure and after being informed in writing of the proposal that he remain in the Special Programs Unit.

8. Emergency transfer to the Special Programs Unit at the Northern Nevada Correctional Center may be made in a situation which requires immediate action to prevent an inmate from seriously harming himself or others. Following an emergency transfer, the inmate shall be given a classification hearing, as provided above, within five working days of the transfer.

VI. REFERENCES

A. Appendices I and II of the Taylor vs. Wolff Stipulated Settlement Agreement.

B. First Progress Report on Compliance with (Taylor vs Wolff) Stipulated Settlement Agreement, July 25, 1984.

Vernon G. Housewright 6/7/84

VERNON G. HOUSEWRIGHT, DIRECTOR
NEVADA DEPARTMENT OF PRISONS

ISSUE DATE

THIS PROCEDURE SUPERCEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.

APPENDIX D

STATE OF NEVADA DEPARTMENT OF PRISONS	A.R. No. 654	Page 1 of 2
	Attorney General Review Date: 8/7/84	Effective Date: 8/8/84
ADMINISTRATIVE REGULATIONS	Supersedes: None	
CHAPTER: MEDICAL AND HEALTH SERVICES	Subject: Involuntary Transfer of Inmates to Non-Prison Mental Health Facilities	

I. PURPOSE

To establish regulatory procedures governing the involuntary transfer of inmates to non-prison mental health facilities.

II. AUTHORITY

Taylor vs. Wolff Stipulated Settlement Agreement.

III. POLICY

No inmate shall be transferred to a non-prison mental health facility against his will unless due process rights are properly granted.

IV. DEFINITIONS

A. Non-Prison Mental Health Facility -- Lakes' Crossing Center for the Mentally Disordered Offender, Nevada Mental Health Institute, or other non-prison mental hospitals or mental health care centers.

V. PROCEDURE

A. Responsibility:

The Mental Health Program Coordinator is delegated by the Director the responsibility of administering these procedures.

B. Institutional Procedures:

1. Written notice to the inmate that a transfer to a non-prison mental health facility is being considered;

2. A hearing no sooner than 48 hours after the written notice;

3. At the hearing, the evidence relied upon at for the proposed transfer is disclosed to the inmate;

4. The inmate is given the opportunity at the hearing to be heard in person and to present documentary evidence;

5. The inmate is given the opportunity at the hearing to present the testimony of witnesses and to confront and cross-examine

witnesses called by the Department of Prisons, except upon a non-arbitrary finding of good cause for not permitting such presentation, confrontation or cross-examination;

6. The decision-maker is independent in that none of the persons making the decision to involuntarily transfer the inmate to a non-prison mental health facility, was involved in the initial request that such a transfer occur;

7. A written statement by the decision maker specifying the evidence relied upon and stating with particularity the reasons for the involuntary transfer of the inmate to a non-prison mental health facility for treatment;

8. Qualified and independent counsel substitute will be made available to the inmate, preferably a mental health professional who was not involved in the initial decision to request transfer to a non-prison mental health facility. This counsel substitute will be, at the inmate's choice, an inmate law clerk or any psychologist or other full time mental health professional or counselor working at the institution where the inmate has been living. A retained counsel or mental health professional will be permitted to appear at the inmate's expense.

9. The inmate shall be given specific notice of all of the foregoing rights.

10. The independent decision maker shall only approve an involuntary transfer to a non-prison mental health facility upon a finding by clear and convincing evidence that the inmate suffers from a mental disease, disorder or defect such that he presents an imminent threat to his own physical safety or the safety of others or because of mental disease, disorder or defect, the patient is substantially deteriorating and said deterioration will continue.

VI. REFERENCES

A. Appendix III of the Taylor vs. Wolff Stipulated Settlement Agreement.

B. First Progress Report on Compliance with Taylor vs. Wolff Stipulated Settlement Agreement, dated July 25, 1984.

Vernon G. Housewright

VERNON G. HOUSEWRIGHT, DIRECTOR
NEVADA DEPARTMENT OF PRISONS

8/7/84
ISSUE DATE

THIS PROCEDURE SUPERCEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.

APPENDIX E

STATE OF NEVADA DEPARTMENT OF PRISONS	A.R. No. 656	Page 1 of 4
	Attorney General Review Date: 8/7/84	Effective Date: 8/8/84
ADMINISTRATIVE REGULATIONS	Supersedes: None	
CHAPTER: MEDICAL AND HEALTH CARE SERVICES	Subject: Use of Psychotropic Medications	

I. PURPOSE

To establish regulatory procedures governing the use of psychotropic medications prescribed for inmates.

II. AUTHORITY

Taylor vs. Wolff Stipulated Settlement Agreement.

III. POLICY

Psychotropic medication will never be prescribed for punishment purposes. Inmates prescribed such medication will be educated as to the expected positive and negative effects of each drug. Involuntary medication shall only be done after due process rights are properly granted.

IV. DEFINITIONS

A. "Psychotropic Medication" -- Medication prescribed for the treatment of a specific mental illness, disease, or defect.

B. "Physician" -- Contract psychiatrist unless he is unavailable.

V. PROCEDURE

A. Responsibility:

The Mental Health Program Coordinator is delegated by the Director the responsibility of administering these procedures.

B. Medication Procedures:

1. A psychotropic medication will be prescribed only in those clinical situations generally accepted in the medical/psychiatric community to be responsive to treatment with that particular medication, and the need for such medication should be clearly documented in the inmate's medical record. Unnecessary or excessive medication will not be administered. The following psychological complaints are often due solely to normal conditions of incarceration and will not usually be treated with psychotropic medication unless mental illness has been diagnosed by the institutional psychologist:

a. insomnia;

b. tension or stress headaches;

c. depression;

d. boredom or lack of affect or lack of energy;

e. self-reported loss of appetite or weight;

f. aggressiveness and/or passivity;

g. paranoia.

2. Use of psychotropic medications by any inmate will be closely monitored by a physician. Orders for psychotropic medications will be valid for no more than thirty (30) days and must be rewritten by the physician at that time prior to renewal.

3. Whenever the use of more than two (2) classes of psychotropic medication and/or medications with side effects are ordered, the reason for the use of multiple psychotropic medications shall be clearly and specifically documented in the medical record, and appropriate regular evaluation of side effects, if any, and of continued use shall be undertaken by the physician.

4. The attending physician shall be responsible for the treatment and care of the inmate patient and inmate education concerning psychotropic medications, which includes but is not limited to the following:

   a. Nature of inmate's mental condition;

   b. The reasons for taking such medication, including the likelihood of improving or not improving without such medication;

   c. The reasonable alternative treatments available, if any;

   d. Dosage and length of time for treatment;

   e. The probable side effects, on a short-term and long term basis, which are likely to occur with the particular inmate;

   f. Consent may be withdrawn by the inmate at any time by stating such intention to any member of the mental health or medical staff.

   The inmate, after being informed of the above, shall be asked to sign a written consent form. If the inmate gives his/her consent, but refuses to sign, this fact shall be noted in the inmate's medical file.

   Psychotropic medication shall only be given after the inmate has given his/her informed consent, except as provided below.

5. Involuntary use of psychotropic medication shall only be accomplished as follows:

   a. When an inmate refuses a psychotropic medication or revokes his/her consent, the physician then must determine whether or not the medication should be prescribed on an involuntary basis.

   b. If, after a discussion with the inmate, the inmate still refuses the medication, and the physician determines: (1) the medication is a necessary part of the inmate's treatment plan; (2) for an inmate on medication, withholding medication would result in substantial deterioration; or (3) for an inmate not on medication, the inmate is substantially deteriorating, the physician may ask for independent review of the decision to medicate or continue medication.

   c. No medication may be administered, pending review, except in an emergency. Also, when a physician determines that the inmate lacks the capacity to give informed consent in that the refusal is a product of the inmate's mental illness, the physician shall concurrently seek an independent review by the medical review panel. Involuntary medication will only be administered upon a determination by the panel that:

      (1) The inmate lacks the capacity to give informed consent in that the refusal is a product of the inmate's mental illness;

      (2) Medication is a necessary part of the inmate's treatment plan; and

      (3) For a patient on medication, withholding medication would result in substantial deterioration; or, for a patient not on medication the patient is substantially deteriorating, then medication may be administered as part of the patient's treatment plan.

      This involuntary medication procedure does not apply in emergencies as provided below.

   d. All cases of involuntary psychiatric treatment will be carefully and specifically documented in the inmate's medical record. The inmate will be issued a denial of rights form which specifies the medication to be involuntarily administered.

   e. Involuntary psychiatric treatment shall be reviewed by the medical review panel every 90 days. The review shall consist of the following inquiry:

      (1) Whether the inmate is still refusing the medication or remains unable to give consent;

(2) Whether medication is still a necessary part of the inmate's treatment plan.

f. The medical review panel shall consist of the director or his designee (usually the mental health program coordinator), a non-prison psychiatrist and a third person to be agreed upon by the director and the non-prison psychiatrist.

(1) In conducting an independent review the panel shall review the inmate's medical chart, and any other pertinent documents or materials;

(2) The panel shall also give the inmate the opportunity to address the panel;

(3) The panel psychiatrist may examine the inmate at his discretion;

(4) The determination of the panel shall be in writing and a copy will be provided to the inmate as well as placed in his file.

6. Psychotropic medication may also be administered without the inmate's consent on an emergency basis:

a. An emergency situation is one which requires immediate action to prevent an inmate from seriously harming himself or others;

b. Prior to the use of involuntary psychotropic medication on an emergency basis, a physician must determine that as a result of mental disease, disorder, or defect there is a danger to life or a danger of serious injury to the inmate or others, and

c. The mental disease, disorder or defect can be helped or relieved by the specific medical evaluation and treatment, which is no more than necessary to remove the threat specified in section (a) above.

d. The medication will not be continued beyond the emergency.

7. All involuntary medication administered on an emergency basis shall be reviewed as soon as possible by the independent medical review panel and no later than ten days after the emergency treatment. The panel will determine whether the emergency medication is determined to have been inappropriate it shall be terminated. The panel shall also determine whether the medication can continue to be administered, in accordance with these procedures, unless it finds informed consent has been given.

VI. REFERENCES

Appendix V and X of the Taylor vs. Wolff Settlement Decree.

Vernon G. Housewright 5/9/84

VERNON G. HOUSEWRIGHT, DIRECTOR ISSUE DATE

THIS PROCEDURE SUPERCEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.

APPENDIX F

STATE OF NEVADA DEPARTMENT OF PRISONS	A.R. No. 655	Page 1 of 2
	Attorney General Review Date:	Effective Date:
ADMINISTRATIVE REGULATIONS	Supersedes: None	
CHAPTER: MEDICAL AND HEALTH SERVICES	Subject: Use of Restraints for Mental Health Reasons	

I. PURPOSE

To establish regulatory procedures governing the use of restraints for suicidal or other mental health reasons.

II. AUTHORITY

Taylor vs. Wolff Stipulated Settlement Agreement.

III. POLICY

Restraint devices for behavioral control will never be used for punishment purposes. The use of restraints will be consistent with national mental health care standards and shall be terminated when the conditions justifying its use no longer exist.

IV. DEFINITIONS

A. Mental Health Reasons -- Action taken not for security reasons but for suicidal, violent, or potentially violent behavior by inmates receiving mental health care.

B. Restraints -- Leather or cloth devices used to control the inmate's ability to move.

V. PROCEDURE

A. Responsibility:

The Mental Health Program Coordinator is delegated by the Director the responsibility of administering these procedures.

B. Institutional Procedures:

1. Where an inmate is violent, suicidal, or poses an imminent threat to himself or the safety of others, i.e., an emergency situation exists, he/she may be restrained by NDOP staff. However, the use of such restraint shall be reviewed immediately by a psychologist or physician and no later than four hours after the initiation of the restraint. During non-working hours, one of the following must be contacted at his home: institutional psychologist, contract psychiatrist or general physician.

2. Inmates, who are receiving mental health care, may become violent, suicidal, or display signs of imminent violence. Under such circumstances, it may become necessary to prevent such an inmate from hurting self, other inmates, staff and/or prevent the destruction of property by the use of proper restraints.

3. Except momentarily, in emergency situations, NO inmate in the Nevada Department of Prisons shall be restrained to fixed objects (beds, cell doors, grill doors, etc) unless the provisions of this regulation are complied with. Such restraint is only at the direction of the psychologist or physician. Inmates who are restrained pursuant to this regulation may be restrained to the top of the bed.

4. Whenever an inmate is placed in restraints, the inmate shall be checked every twenty minutes to ensure that proper corculation is maintained. This check may be accomplished by a mental health or nursing staff member or a correctional officer who has been properly instructed. All checks must be logged, with a description of the inmate's condition. This log shall be included in the inmate's medical file.

5. Inmates restrained as provided herein, will be permitted to take care of necessary personal hygiene during the day and night at regular intervals. Personal hygiene includes a daily shower by restrained inmates. The restraint used shall be the least intrusive possible under the circumstances.

6. All inmates to be restrained for suicidal behavior or other mental health problem behavior shall be moved to the appropriate special area at each institution for such restraining.

7. If the psychologist or physician determines that the conduct is the product of mental disease, disorder or defect, and the emergency subsides, any further restraint shall be at the direction of the psychologist or physician, and said orders are valid for twelve hours. Restraints shall not be applied for longer than seventy-two (72) hours (unless specific suicidal behavior is again evidenced at the end of said 72 hour period).

8. Soft restraints will be utilized for mental health reasons instead of chains.

VI. REFERENCES

A. Appendix VI of the Taylor vs. Wolff Stipulated Settlement Agreement.

B. First Progress Report on Compliance with Stipulated Settlement Agreement, July 25, 1984.

Vernon G. Housewright

VERNON G. HOUSEWRIGHT, DIRECTOR
NEVADA DEPARTMENT OF PRISONS

11/29/84
ISSUE DATE

THIS PROCEDURE SUPERCEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.

APPENDIX G

STATE OF NEVADA DEPARTMENT OF PRISONS	A.R. No. 645	Page 1 of 3
	Attorney General Review Date: 8/7/84	Effective Date: 8/8/84
ADMINISTRATIVE REGULATIONS	Supersedes: None	
CHAPTER: MEDICAL AND HEALTH CARE SERVICES	Subject: Use of Seclusion for Mental Health Reasons	

I. PURPOSE

To establish regulatory procedures governing the use of seclusion or isolation for mental health reasons.

II. AUTHORITY

Taylor vs. Wolff Stipulated Settlement Agreement.

III. POLICY

Techniques used for behavioral control or psychotherapeutic purposes will never be used as punishment for inmates who have mental health problems. The use of involuntary seclusion shall be consistent with national mental health care standards and shall be terminated when the conditions justifying its use no longer exist.

IV. DEFINITIONS

A. "Mental Health Reasons" -- Action taken not for security reasons but for suicidal or bizarre behavior or action required by mental health professionals.

B. "Mental Health Professional" -- Institutional psychologist, contract psychiatrist, or other contracted professional personnel. This may include a DOP contracted physician, who is not a psychiatrist, when the psychiatrist is unavailable.

C. "Isolation or Seclusion" -- Single housing within a DOP institution other than the inmate's normally assigned housing area. Such seclusion housing includes the infirmary, a close lockup unit, or a special cell within the psychological unit.

V. PROCEDURE

A. Responsibility:

The Mental Health Program Coordinator is delegated by the Director the responsibility of administering these procedures.

B. Institutional Procedures:

1. Placement of an inmate in seclusion (i.e., lockdown or infirmary isolation) for mental health reasons shall be approved by the mental health staff. In am emergency, a shift commander may order an inmate placed in seclusion or isolation from other inmates. However, such seclusion or isolation shall be reviewed by a psychologist or psychiatrist immediately and no later than eight (8) hours after the initial seclusion or isolation. If the psychologist/psychiatrist determines that the conduct is the product of mental disease, disorder or defect, and the emergency subsides, any further isolation or seclusion shall be at the direction of the psychologist/psychiatrist, and said orders are valid for twenty-four (24) hours.

2. Mental health seclusion or isolation may not be used as a form of punishment. Seclusion or isolation shall be terminated when the conditions justifying its use no longer exist. The policy governing the use of restraints for mental health purposes shall be followed at all times.

3. Inmates who are isolated or secluded for mental health reasons shall be checked every thirty minutes by mental health or nursing staff. During the first shift, when no mental health or nursing staff is available, checks may be performed by trained correctional officers.

4. The mental health staff shall develop protocols for response to suicides and their prevention.

5. Inmates found to be displaying or exhibiting suicidal tendencies shall be placed upon suicide watch. The decision to place an inmate on suicide watch and the form of the suicide watch shall be the decision of the psychologist or the physician.

6. Inmates may be placed in mental health isolation in the infirmary or Special Programs Unit.

7. For inmates placed upon suicide watch, they shall be kept under continual surveillance as described hereinafter. When appropriate, the inmate may be placed in a cell for this purpose, with another non-suicidal inmate. Alternatively, the suicidal inmate may be kept under surveillance by placement within the constant sight and hearing distance of a staff member. Any such staff member may be a mental health professional or a correctional officer with special training in mental health problems of suicidal inmates.

8. The inmate may be placed in his own cell but the most potentially lethal objects (medication, caustic liquids, razor blades, glass, etc) shall be removed.

9. The inmate may remain in his cell but everything with which he could harm himself (sheets, electrical cords, clothing, etc) may be removed.

10. An inmate may be placed in mental health isolation and restrained in accordance with policy regulations.

11. An inmate who is suicidal may be transferred on an emergency basis to the Special Programs Unit or to a non-prison mental health facility in accordance with the terms of the Stipulated Settlement Agreement.

VI. REFERENCES

A. Appendix VII of the Taylor vs. Wolff Stipulated Settlement Agreement.

B. First Progress Report on Compliance with Stipulated Settlement Agreement, dated July 25, 1984.

C. Amendments to Taylor vs. Wolff Stipulated Settlement Agreement.

Vernon G. Housewright

VERNON G. HOUSEWRIGHT, DIRECTOR
NEVADA DEPARTMENT OF PRISONS

8/7/84
ISSUE DATE

THIS PROCEDURE SUPERCEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.

APPENDIX H

STATE OF NEVADA DEPARTMENT OF PRISONS ADMINISTRATIVE REGULATIONS	A.R. No. 643	Page 1 of 4
	Attorney General Review Date: 8/7/84	Effective Date: 8/8/84
	Supersedes: None	
CHAPTER: MEDICAL AND HEALTH CARE SERVICES	Subject: Administration of Mental Health Services	

I. PURPOSE

To describe the organization and responsibilities of the mental health program and staff.

II. AUTHORITY

Taylor vs. Wolff Stipulated Settlement Agreement.

III. POLICY

The mental health program is composed of cooperating independent professional staff. Their goal is to provide mental health services to all inmates in the Department of Prisons in an effective, efficient and humane manner.

IV. DEFINITIONS

None.

V. PROCEDURE

A. Responsibility:

1. The Director has overall authority for planning, organizing and staffing the Nevada Department of Prisons mental health program.

2. The Warden has primary administrative responsibility for the mental health services within a given institution.

3. The Mental Health Program Coordinator is responsible for maintaining departmental adherence to court decrees and settlement agremeents pertaining to mental health and also for adherence to professional standards and ethics. He is additionally required to monitor each institution's mental health program.

4. The senior institutional psychologist has primary responsibility for: management of the other members of the institution's interdisciplinary treatment team; evaluating and diagnosing the mental status of all inmates within a given institution; development of psychotherapeutic treatment programs; crisis intervention; performing parole evaluations for sexual or violent offenders; determining when and with whom to employ restraints or

isolation for mental health purposes; initiating transfers to Lakes Crossing for the Mentally Disordered Offender or the NNCC Special Programs Unit; performing psychological testing; initiating and coordinating psychiatric referrals; supervision of inmate psychological attendants; serving as a voting member of all administrative segregation classification committees; and sharing responsibility for institutional security.

5. The Special Programs Unit Psychologist will manage the interdisciplinary treatment team for this unit (including the contract psychiatrist, the unit counselor, other mental health professional staff, and unit correctional officers). He is responsible to the Mental Health Program Coordinator for adhering to all Administrative Regulations and Stipulated Settlement Agreement requirements, of the Taylor vs. Wolff.

6. The Contract Psychiatrist has primary responsibility for diagnostic evaluations for the purpose of prescribing appropriate medical treatment and/or medication for those inmate patients with mental disorders who are referred by the psychologist.

B. Program Changes

Except in emergency, all program changes regarding inmates identified as mentally disordered or retarded will be made only after consultation between the Warden or designee and the psychologist.

C. Inmate Fees

Inmates will be charged $3.00 per psychiatric visit when the visit is at the inmate's request. Inmates will not be charged when the psychologist is making the referral. The charge will be indicated on the Psychiatric Clinical Summary form. A copy of this form will be given by the psychologist to the institution's charge nurse, in order for her to maintain fee records.

D. Psychiatric Clinic List

The psychologist will weekly provide the psychiatrist with the Psychiatric Clinic Summary form which includes a list of inmates to be seen that week. A copy of this list will also go to the institutional charges nurse or designated psychiatric nurse on the day before the scheduled psychiatric clinic in order for her to have medical records available for the clinic. The psychologist will meet weekly with the psychiatrist in order to discuss each inmate on the present week's list and the progress of each inmate on the previous week's list.

E. Records and Reports

1. Taylor vs. Wolff Requirements

The Mental Health Program Coordinator will maintain quarterly reports and also will insure that the required records are

SUBJECTL Administration of Mental Health Services

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prepared and maintained by each psychologist.

The institutional psychologist will prepare the quarterly report for each prison and will maintain the required records on each inmate restrained, isolated, medicated or transferred for mental health reasons.

2. Institutional File

A summary of all psychologist evaluations performed will be promptly entered into the inmate's institutional file.

3. Medical File

Psychological evaluations performed as a result of self-mutilation or apparent suicidal behavior will be entered into the inmate's medical file by the psychologist. Each time an inmate is seen by the psychiatrist, a progress note and any medication changes will be entered into the patient's medical record by the psychiatrist. All medical records will be promptly returned to the medical records area at the end of each psychiatric clinic.

4. Psychiatric Clinic Summary

A brief report by the psychiatrist shall be given to the psychologist at NSP or NNCC and to the Warden's secretary at NWCC at the end of every clinic. The Psychiatric Clinic Summary report will list the inmates seen, any significant medication changes made, and any behavioral problems anticipated.

5. Monthly Warden's Report

A monthly psychiatric summary report shall be prepared by the institutional psychologist. This report will include the number of inmates seen during the previous thirty days by the psychiatrist and the number of hours worked at the given institution. This summary report is due by the 25th of each month and will be given to the Mental Health Program Coordinator.

6. Time Records

The psychiatrist will prepare a bi-weekly time sheet and will submit it to the institutional psychologist for initialing.

VI. REFERENCES

A. "Standards for Psychological Services in Adult Jails and Prisons" by the American Association of Correctional Psychology (of the American Correctional Association).

B. "Code of Ethics and Professional Behavior" of the American Psychological Association.

C. First Progress Report on Compliance with (Taylor vs Wolff) Stipulated Settlement Agreement, July 25, 1984.

b. Program assignments;
c. Disciplinary measures; and
d. Transfers to other institutions.

When an emergency action has been required, this consultation must occur as soon as possible, but no later than the next work day so as to review the appropriateness of the action.

2. An adequate number of qualified mental health staff members must be available both to directly deal with inmates and to advise other correctional workers in their contacts with said inmates.

3. The provision of mental health services for inmates must include services provided by qualified mental health professionals who meet educational and licensure/certification or national membership criteria specified by their respective professional discipline.

4. Inmates will not be used to provide direct mental health care services nor will they handle or have access to patient health records. Inmate psychiatric attendants, when used, will provide only supportive services.

5. Comprehensive individual mental health evaluations on inmates specially referred to the "Special Programs Unit" will be provided by a multidisciplinary mental health team. The evaluation should be completed within fourteen (14) days after the date of referral, and include at least the following:

   a. Review of mental health screening and appropriate data;

   b. Collection and review of additional data from staff observations, individual diagnostic interviews, and tests assessing intellect and coping abilities;

   c. Compilation of individual's mental health history;

   d. Development of an overall treatment/management plan with appropriate referral.

6. Written policy and procedure, approved by the Mental Health Program Coordinator, will be provided for all activities carried out by mental health services personnel.

7. Inmates who are severely disturbed and/or mentally retarded will be referred for placement in either the Nevada Department of Prisons' Special Programs Unit or the Lakes Crossing Center for the Mentally Disordered Offender.

8. The inmate who is not severely disturbed and/or retarded should be treated in his/her regular institution without transfer, if that is possible.

9. The consequences and options of mental health care shall be explained to the inmate.

APPENDIX I

STATE OF NEVADA
NEVADA DEPARTMENT OF PRISONS
OFFICE OF THE DIRECTOR

DOP INFORMATION BULLETIN #

TO: ALL DEPARTMENT OF PRISONS' STAFF DATE:

FROM: VERNON G. HOUSEWRIGHT, DIRECTOR

SUBJECT: STANDARDS FOR MENTAL HEALTH CARE

I. PURPOSE

To establish general guidelines and standards for mental health programs and treatment of inmates.

II. AUTHORITY

- Taylor vs. Wolff Stipulated Settlement Agreement.

III. POLICY

The purpose of mental health treatment provided to inmates is to allow the inmate to function as well as possible in either a regular prison environment, or in the community upon release from incarceration. Treatment should be as minimally disruptive as possible in accord with a primary concern for the individual inmate's rights.

IV. DEFINITIONS

None.

V. PROCEDURE

A. Responsibility:

The Mental Health Program Coordinator is delegated by the Director the responsibility of administering these standards.

B. Mental Health Care Standards:

Mental health care shall be provided to all inmates within the custody and care of the Department of Prisons which at a minimum comply with the American Correctional Association standards for the delivery of psychological and psychiatric care as contained in "Standards for Adult Correctional Institutions", 2nd Edition, January 1981.

1. Except in emergency situations, there shall be a joint consultation between the warden and the institutional psychologist prior to taking any action regarding the identified mentally ill or retarded inmate in the following areas:

a. Housing assignments;

10. In general, mental health care including psychotherapy, counseling, medication, and physically intrusive diagnostic procedures, are given only when the inmate consents.

11. Mental health care may not be recommended or given which "is excessive in view of" the mental illness, disorder or defect which is being treated.

12. In those cases where non-consensual treatment is required, it will be at the lowest possible level of medication dosage, use of re-restaints and/or length of treatment in order to accomplish the permissible level of non-consensual care.

13. The inmate shall be informed of the nature of and all side effects and purpose of any intended treatment with medication.

14. The attending psychologist or physician shall document the evaluation, diagnosis and intended treatment of each inmate as outlined in AR 643.

15. The evaluation, diagnosis and treatment plan for each inmate shall be reviewed at least quarterly by the institutional psychologist.

16. TheNDOP will observe the confidentiality requirements of mental health care patients.

C. Guardianship and Commitment:

Guardianship and commitment proceedings will be instituted in accordance with the Nevada Revised Statutes in appropriate cases, through the office of the Attorney General or the local district attorney. The Director or Warden shall seek appointment as guardian in appropriate cases.

VI. REFERENCES

A. Appendices IV, VIII, and IX of the Taylor vs. Wolff Stipulated Settlement Agreement.

B. "Standards for Adult Correctional Institutions", 2nd Edition, January 1981, of the American Correctional Association.

C. "Standards for Psychological Services in Adult Jails and Prisons" by the American Association of Correctional Psychology (of the American Correctional Association).

VERNON G. HOUSEWRIGHT, DIRECTOR
NEVADA DEPARTMENT OF PRISONS

ISSUE DATE

THIS PROCEDURE SUPERCEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.