Standards Committee Meeting Minutes
147th Congress of Correction
America's Center Convention Complex - Room 130 & 131
St. Louis, Missouri
August 18, 2017

Members Present
Kelley, Wendy, Chair, Arkansas
Wetzel, John, Vice Chair, Pennsylvania
Aufderheide, Dean, Florida
Clarke, Harold, Virginia
Collier, Bryan, Texas
Collins, Stephanie, Massachusetts
Graziano, Michael, New York
Green, Robert, Maryland
Lane, LaToya, District of Columbia
Mohr, Gary, Ohio
Mora, Steve, District of Columbia
Parker, Tony, Tennessee
Raemisch, Rick, Colorado
Riggin, Viola, Kansas
Robinson, Denise, Ohio
Schofield, Derrick, Tennessee
Staples-Horne, Michelle, Georgia
Toney, Ellyn, Louisiana
Wade, Michael, Virginia
Molina, Antonio, Mexico

Members Absent
Hebert, Jerry, Louisiana
Robinette, Michelle, Oklahoma

Staff
James A. Gondles, Jr, Executive Director
Dr. Elizabeth Gondles,Director, Office of Correctional Health
Doreen Efeti, Manager, Office of Correctional Health
Bridget Bayliss-Curren, Director of Standards and Accreditation
Megan Noble, Accreditation Specialist
Eric Schultz, Accreditation Specialist
Aquilah Munir, Accreditation Specialist
Chris Ruggles, Accreditation Specialist – Army Fellow
Aprille Mitchell, Standards Associate

Opening Remarks

Wendy Kelley, chairperson of the committee, welcomed the committee members and guests. Ms. Kelley talked about the significance of ACA standards, accreditation, and the importance of the committee. Ms. Kelley discussed the meeting agenda.

ACA President, Lannette Linthicum welcomed the committee member and guests. Ms. Linthicum spoke on the importance of the Standards process.

ACA Executive Director James A. Gondles welcomed new committee members and new Commission members. Mr. Gondles recognized the first international Standards Committee Member, Antonio Molina. Mr. Gondles addressed the role of the committee and announced the agenda for the conference. Mr. Gondles encouraged everyone to attend the healthcare reception at 6:00 p.m. at the Crystal Ballroom in the Marriott Grand.

Commission Chair, Denise Robinson recognized current and new commission members. Ms. Robinson mentioned that 214 facilities were up for accreditation, 46 of which were initial audits. Ms. Robinson recognized Davidson County Sheriff's Office, Henrico County Sheriff's Office and Oriana House for receiving the Lucy Webb Hayes Award and the California DOC for their acceptance of the Golden Eagle Award.

Bridget Bayliss-Curren, Director of Standards and Accreditation Department gave opening and welcoming remarks. Mrs. Bayliss-Curren thanked ACA Staff and the Office of Correctional Health for their work in preparing for this meeting.

A motion was made by Gary Mohr and was seconded to approve the January 2017 Standards Committee Meeting Minutes from the ACA Winter Conference in San Antonio, Texas. The motion was approved unanimously.

Ms. Kelley noted that there has been work done by the national tactical officers association, and they have produced a book of proposed standards. Due to the length of the agenda, Ms. Kelley proposed to appoint a committee to review the work proposed. The Committee will have 3 people from ACA Staff as well as 3 Association Members. The Committee will be appointed after the Standards Committee Meeting ends.

Ms. Kelley made a motion to proceed with the guest speakers from the Restrictive Housing field tests.

Guest Speakers

James Leblanc, *Secretary, Louisiana Department of Public Safety and Corrections* addressed The committee first, discussing the field test at Louisiana's Elayn Hunt Correctional Center. They are committed to the changes and cultural shift but also recognize the challenges ahead of them. They have had some success with reducing the use of restrictive housing in many areas. The leadership at Hunt Correctional Center embraced the mission of field testing and successfully eliminated the use of restrictive housing at the facility. Staff developed a plan that ensured all offenders are out of the cell with meaningful activities and programs for greater than 2 hours per day. When reviewing the standards, the staff realized their new programs essentially eliminated restrictive housing as defined by ACA. Secretary Leblanc proposed that standard # 002 be revised to clarify that it only applies to those offenders moved from general population to restrictive housing as any other movement from general population would be covered in special management standards. While The hunt experience has been mostly positive and has produced great results he does not see this as realistic model for every prison in Louisiana. Some stats he provided: Total disciplinary write ups over a 3 month period dropped from an average of 114 to 52, fights went down from 17 to 10, sex offenses went from 39 to 23, thrown substances on (offender on offender) went from 14 to 2. He has some concerns for application of the Hunt program system wide, as some facilities are short on staff resources. Last year, they lost 1350 correctional officers out of 3800. To eliminate restrictive housing and impose these standards require additional resources which they currently do not have. He has challenged staff to put together a cost estimate on the implementation of these standards, to include staffing resources and he believes they will find that some of these approaches will be cost prohibitive as they are written today. They are making plans to request appropriate funding to cover that expense in 18-19 fiscal year. They are also watching Hunt to see if it realistic to expect sustaining long term results. They are beginning to hear back from staff that the additional work load calls for additional staff support. There are three (3) Restrictive Housing expected practices which cause them concern for implementation at all state prisons: RH-031- seriously mentally Ill, we need the authority to place inmates in Restrictive Housing when there are disciplinary problems when they are mentally stable according to the appropriate practitioner. Propose a clarification that offenders under the care of qualified health care professionals would be an expectation in those cases. The edits should also include consideration of the threat and danger caused by an offender and the impact of restrictive housing on their mental illness as determined by mental health staff. 033- Pregnant females in extended restrictive housing. They do not agree that being pregnant alone should not designate or preclude any specific type of housing. They do agree that a pregnant inmate should not be placed in Restrictive housing without proper safe guards, clearance by appropriate medical staff and mandated follow ups to ensure safety of the offender and unborn child. They feel strongly that they can manage this small population without taking this tool completely out of the tool box. The other issue is inmates under 18 years of age- they believe that under certain conditions they should be able to house inmates under 18 in Restrictive housing with the same type of precautions up front. The final issue is RH-13 he would recommend that the committee clarify the rotation so that it reads security staff. They do not have enough mental health, medical, education and classification staff positions to rotate.

Bryan Collier, ***Executive Director, Texas Department of Criminal Justice*** then addressed the committee. He thanked ACA and the Committee for allowing them to being a pilot site. They used to have 9600 offender in 1996. Today, they have less than 3800 offenders in that housing category. He had two quick comments, first which relates to definitions. As they see it, offenders in medical isolation or potentially transient status could be considered in Restrictive Housing as it currently defined. If an offender is in medical isolation status, obviously they are unable to be out of their area for the time required, so we would ask that some consideration be given as it relates to the definition.4-RH-0010- mental health assessment and the requirement that it be done in confidential area. They understand the necessity for it to be done in confidential area, but pulling that off is a staff intensive issue within their agency and something they are trying to understand how they can comply with it.

Jeremy Andrews, ***Superintendent, East Arkansas Regional Unit, Arkansas Department of Corrections*** then addressed the committee. He thanked ACA and the Committee for allowing them to being a pilot site. While going through the field test, there were only two expected practices they felt they did not meet. ACI-RH-017, specifically regarding shaving at least three (3) times per week. Currently their policy does not provide for shaving 3x per week because of the staff intensiveness of it and because they do not allow razors. They would like to see the expected practice revised to say a minimum of 1x per week. ACI-RH-019 is the second Expected practice which they would like to discuss, which deals with the alternative meal service. They would like to include "the impeding of the feeding process" to be included in the list of reasons for the implementation of alternative meal service. Currently, their policy allows this due to the staff intensiveness of having to stop the feeding process, clean up what the inmate has done (dashing of staff, flooding, refusing to return utensils etc) and then begin the process again.

Kelli Wasko, ***Deputy Executive Director, Colorado Department of Corrections***
And **Luann Windom,** ***Accreditation Administrator, Colorado Department of Corrections*** addressed the committee together. They thanked ACA and the Committee for inviting them to be a pilot site. They have some feedback and recommendations, specifically delineating and defining ACI-RH-010 & 9. ACI-RH-10 revealed a significant impact on mental health resources. They collected some data which showed after hour calls 413 times in one month across the state of 20,000 offenders for mental health staff to come in, subsequently within 90 days they had eleven (11) resignations of clinical social workers. This is the reason for their recommendation to revise the expected practice regarding Mental Health reviews when we already have expected practices which allow inter and intra systems transfer assessments for mental health to be done by licensed registered nurses (see 4-4370) and she feels that this would be applicable in this instance as well. The only other recommendation regards the synonymous use of Restrictive Housing and Extended Restrictive Housing in the outcome measures, which caused confusion for staff when collecting the data.

David Bobby, ***Regional Director, Ohio Department of Rehabilitation and Correction*** and **John Coleman,** ***Warden, Toledo Correctional Intuition, Ohio*** addressed the committee together. Director Bobby 0009- the new standards changes the old language from segregation to Restrictive Housing and eliminates protective control. IF that standard is adopted as written, there will be no standard related to the release from protective control. RH-0028, regarding the orientation process for new inmates to Restrictive Housing. If adopted as written, there will be no expected practice for orientation for all inmates. 0029- Recommend that the expected practice be bulleted so make it easier to understand. 0030- Releasing offenders directly from Restrictive Housing and notification of Law Enforcement. Recommend changing it to extended restrictive housing. 0031- SMI in restrictive housing. Ohio believes there should be another option or alternative available if all the other alternatives are not appropriate. If this offender cannot be managed under any other housing or confinement conditions, they should be able to be housed in extended restrictive housing under controlled circumstances. ACI- RH-0010- Recommend that proposed standard be revised to say that the 30 day checkup should be for those that are not known to have a mental illness and 90 days for those that are known. The reasoning is that those are known to have a mental illness are already participating in other treatments where it would be noticed if they are decompensating. For those that are not known and therefore not getting checked for 90 days, that is a very long time to go without any checkup. Warden Coleman spoke regarding the proposed outcome measures- Toledo Correctional Institution was the Institution which did the pilot test, and they have been very focused on reducing the number of inmates housed in restrictive housing, which began the cultural shift and gave the staff time to become used to the idea of reducing the use of restrictive housing. The cultural shift was the largest issue they had, followed by meeting the mental health needs. They had about 16-17% of their population as seriously mentally ill, and they were in and out of restrictive housing a lot so that they hovered around 20-24 % of their restrictive housing population. Now it is down to 4% -5 % SMI, but they would not have been able to accomplish that without additional resources. A lot of it was easy to implement at an institutional level because so much of it is already in place in Ohio or very similar to what they already do, with the exception of out of cell time. One of the frustrating elements was the shifting population. Restrictive Housing has become a very actively managed area on a daily basis. It has reduced the amount of inmates and tension in the area, and we have gone from a passive management of our restrictive housing areas to an active management of the areas. The outcome measures are very general, and it's obvious that they were done so that each standard was hit. Some of them are overburdened on staff and would require IT to do some fancy things for them so that they could track what the Outcome Measure requires. For example, # 10- tracking every inmates visitation in Restrictive Housing their entire stay. It's a rotating population, so that is very difficult. Another example is tacking how many hours of recreation out of cell were offered. Most of the outcome measures are very positive, but he feels some should be looked at a little more closely.

Mr. Thomas Schmitt, ***Deputy Commandant, U.S. Disciplinary Barracks*** then addressed the committee regarding expected practice RH-031, the agency will not place a person with SMI in extended Restrictive Housing. They have reduced their extended Restrictive Housing population by 70%, but if he is having some issues with this in his resource rich environment, how are those with less resources addressing extended Restrictive Housing? They are proposing a revision to the expected practice and some guidance to facilities because they feel that there are occasions

where they believe extended restrictive housing would need to be utilized. Approximately 28% of his population is on major psychotropic medications, and 99% of those inmates are in the general population and doing well. Even then, there are some circumstances where they might get in trouble and despite the fact that they have SMI, disciplinary action may need to be taken. They believe extended restrictive housing would be becomes useful from that standpoint. They have behavioral health engaged in the Restrictive Housing on a daily basis. They have some proposals in terms of recommendations and simply would like to have some guidance for the administration to have some options for those inmates that pose an imminent threat.

Dr. Ellen Galloway*, Chief Mental Health Division, U.S. Disciplinary Barracks* then addressed the committee and thanked them for the honor of being a pilot test site. It allowed her to get a peek into what would be necessary to get her staff ready for what was coming. She is coming here today as a clinician on the ground to give feedback on what works and what doesn't and would like to address the committee regarding the definition of serious mental illness. When she looks at the definition and the Army's proposal the key word is specificity. They feel their definition provides a great deal more guidance for someone like her who needs to determine if someone has a SMI as defined by ACA. So what they did was add in the families of diagnosis where you are most likely to have the level of severity necessary for a SMI, and they also added in the criteria, the way it would need to be thought about, if you had someone who had a disorder that isn't generally considered that serious but the level of impairment is sufficient that they need to be labeled as a SMI anyway. The intent in both cases match, but it comes back to her as a clinical and what she needs to know to do her job well. The final part is personality disorders. Because historically the DSM has made them a separate category from SMI, when she looked at the current definition she could not tell if personality disorders needed to be included. She feels that it needs to be specifically and clearly and unambiguously identified that the personality disorders are included in this mix, or not. Regarding RH-031, she has had patients that by virtue of the mental illness became quite dangerous and for her to have no negotiation on whether not she can keep them segregated until she can get them stabilized both for their safety and those of others- her plea is that there is some measure of understanding that some of these people are really quite dangerous and for their sake as well as others to keep them until we can get them stabilized. And the proposal that they put forward is for a level of specificity not to bind, but to provide a level of guidance for people on what needs to be thought about.

Tony Wilkes*, Chief of Corrections, Davidson County Sheriff's Office, Nashville, Tennessee* then addressed the committee. Their field test was in March, and what they found was that they were 100% compliance, but there were lots of discussion regarding ALDF- RH-002 and the immediate placement of a person in Restrictive Housing and the review within 24 hours by a higher authority. They went looking for a definition of "higher authority" but could not find one. Most people think it is the chain of command- but what they did was within their policy they gave the authority to their classification director to make the ultimate decision. They looked at is as a procedural process rather than chain of command process. Since they have embarked on the Restrictive Housing standards, the population has been reduced by some 40%. Typically, there were 200 people in RH, when he left home yesterday there were 91. They also found the step down process somewhat difficult to work through because they are finding that they are doing such a good job managing Restrictive Housing that inmates want to get into Restrictive Housing

because they know they can live in a cell by themselves and still get out of cell time and go through the step down programs. It's become an issue for the jails because when it comes time for them to be put back into general population they are being told "I'm at fear for my safety", but the safety is the new environment in Restrictive Housing. With those things in mind, he thanked the Committee and ACA for having the courage and forward thinking to tackle this issue, because as we all know if we don't do it someone else will do it for us.

Robert Green, ***Director of the Montgomery County Department of Correction and Rehabilitation, Boyds, Maryland*** then introduced his accreditation manager, Chris Auen and briefly spoke to the instructions he had given his staff regarding the implementation of the Restrictive Housing expected practices and the field test. They are well resourced and could have gotten 100% compliance with the expected practices immediately. He instructed his staff to look at them from where they fit in within the context of the current expected practices. He didn't only want to be 100% in compliance but also wanted to be a resource for the rest of the jails in the country to discuss how the expected practices can be met, and how they can talk about what is burdensome. They also looked at it as a partnership with the auditors, and whether or not the expected practices were auditable by the auditors.

Christopher Auen, ***Accreditation Manager Montgomery County Department of Correction and Rehabilitation, Boyds, Maryland*** then addressed the committee. He thanked the committee for the opportunity to speak to them about their experience with the restrictive housing standards pilot test. The only direction they were given was to evaluate how the proposed standards fit into the existing ALDF standards first, and then determine if they could be operationalized within the normal flow of their operation. From the very first meeting, it was clear that some changes would be needed but nothing so drastic as a complete overhaul of what they were doing. They found they were meeting most of them already, with the special management standards or other standards. This meant it was very manageable to incorporate and comply with the majority of the restrictive housing expected practices. Out of the 28 proposed, 8 of them are new meaning they do not have a special management referenced expected practice that goes with them. Of the eight (8) new expected practices, Montgomery County is already in compliance with some of them, and they feel that they can put the others into operation and achieve compliance but they will have to get creative to do it, and there may be a cost associated as well. Some will require modifications to existing forms. ALDF-RH-001 required the greatest cost to them, for them providing medical staff input on the impact of restrictive housing within 24 hours can be met because they have the advantage of 24 hour nursing services. The section on providing the input of mental health staff on the impact of restrictive housing within 24 hours would have to be addressed. It is estimated that they would have to add 2-3 more therapists to their mental health staff to ensure that 24 hour coverage for mental health services. There are about 21other ALDF expected practices which address mental health aspect of the inmate. Out of those 21, 8 of those are mandatory. Since there is an expected practice that staff are trained to recognize the signs of mental illness and are take immediate action and the processes in place of what actions must be taken if mental decompensation is detected, the 24 hour requirement in ALDF-RH-001 seems excessive for RH. Mental health screening, detection, identification and other fail safes are in place and it is evaluated throughout the confinement at different levels. Regarding ALDF-RH-006, our auditor recommended splitting it into 2 different expected practices. The first part

speaks to living conditions, referring to the circumstances of a person's life such as shelter, food, clothing, safety, access to clean water. They feel that these living conditions are addressed in other Restrictive Housing expected practices. The second part of the expected practice speaks to the physical space requirements of a cell. Since living conditions are covered in ALDF Restrictive Housing standards 011,012,013 it is their proposal that the first part of the standard be deleted and keep the second part solely as RH-006. For ALDF- RH-009, they requested the guidance and clarification of what the expectation is to show compliance with the term "experience". Their auditor questioned if this is a time period in corrections or a probationary period. For 022, they have an outdoor recreation area available in Restrictive Housing, but the inmates in Restrictive Housing are not allowed in the outdoor covered recreation area because of their housing status. They have evaluated what it would take to allow those in Restrictive Housing access to this covered yard, but they would have to modify doors in the area and add leg iron and handcuff slots for security reasons. Also there are scheduling conflicts with Restrictive Housing inmates and juvenile inmates who are allowed to use the same area. In this case, there would be a cost to modify the physical plant and they would also have to get creative with the schedule for exercise. If this area gets close to maximum capacity, it actually could cause the recreation schedule to go over a 24 hour cycle. For 023 for jails, it may difficult for jails to constantly and consistently meet this expected practice because jails are not long term facilities. As such, they may not have many inmates that would meet the extended Restrictive Housing criteria. They believe that last year they had a total of 2 inmates that would fit these criteria. If we increase our out of cell time, which would automatically take them out of Restrictive Housing requirements. If they come out of their Restrictive Housing, their privileges do gradually increase, they are eligible in 30 days for education and programming.

He remembers they asked for a conference call with The ACA to answer many of their questions on the Restrictive Housing standards and Bridget Bayliss Curren, Jeff Washington and Doreen Efeti were on the call and when it got to this particular standard there were explaining what they do but they did not think that they were meeting it for some reason. The ACA were telling them by their explanation, they were in fact meeting it but it to us it seemed too simple, so they felt the need to discuss it further. It was almost like they were trying to sell to ACA that they were not meeting it when in fact they were. Bridget and Jeff, thank you for your patience on this one.

These are just proposals right now, but thank you to the Standards Committee for considering their recommendations on amending the language in RH-024 (pregnant females and 025 (juveniles) to consider serious rule infractions for Extended Restrictive housing for these populations.

Chris Sweney, ***Accreditation Manager, Douglas County Department of Corrections; Omaha, Nebraska*** then addressed the committee. He thanked ACA and the Committee for allowing Douglas County to be part of the pilot test process and to address their experience. Everyone who has already spoken has pretty much already covered what he was going to talk about. The majority of the standards they found already to be in compliance just through the special management standards. Regarding ALDF-RH 23 and the step down programs they have a policy currently that if you leave the facility in Restrictive Housing, you automatically go to Restrictive Housing until accessed and released. A lot of the inmates they are getting into Restrictive

Housing are ones that are coming back on minor offenses and they are being placed into Restrictive Housing and then they are not able to properly step them down before they go to court of the judge releases them immediately. For those that they know will be staying for some time, they can easily set up a program and work them through the step down process. But for those that are immediate street release they are running into issues. Some of the steps that they have taken is at the time that they are being placed in Restrictive Housing, they are doing an intake needs assessment similar to what their medical and mental health are doing, they are also doing that with program staff to see if there are things they need to get out of Restrictive Housing prior to their release to the street. Additionally, regarding the expected practice dealing with SMI in extended Restrictive Housing , they are finding that in some instances those inmates are ending up in Restrictive Housing for more than 30 days and they are doing their best to get them more out of cell time but in some cases it is not always feasible.

Mr. Gondles, on behalf of ACA, thanked all of the facilities and speakers for the Restrictive Housing Field Tests. Mr. Gondles announced the new ACA app for the Congress of Correction, which ACA will also have for the Winter Conference in January 2018 and announced the healthcare reception that evening at 6 PM in the Crystal Ballroom of the Marriott. Mr. Gondles spoke on Mr. Jeff Washington's absence. Mr. Gondles announced that the Winter Conference Standards Committee Meeting will begin promptly at 1p.m. on Thursday, January 4, 2018 in Orlando, Florida so the Standards Committee Members will need to fly into Orlando on Thursday morning. Mr. Gondles then introduced the several new Committee members, and those appointed by President Linthicum and Commission Chair Woman Denise Robinson.

Chairperson Wendy Kelly then moved to continue with the proposed revisions.

Section 1

Old Business

American Correctional Association - Committee on Standards and Accreditation

Report from ACA Restorative Justice/Victims Committee

Manual: Adult Correctional Institutions (ACI)
Edition: 4th
Standard: New Definition
Agency/Facility: ACA Restorative Justice/Victims Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal:

Victim Offender Dialogue (VOD): a post-conviction, victim–initiated process that includes preparation, dialogue and follow-up guided by a trained facilitator. The victim/survivor may receive answers to questions only the offender can answer, and a better understanding of the offender's choices and actions. Participation in the VOD program is completely volitional for the victim/survivor and for the offender. Either party is always at liberty to withdraw from the VOD preparation or dialogue process at any time, and VOD is not intended to directly affect the offender's prison, parole, or community supervision (probation) status.

Comments: A new standard using this term was approved at the 146th Congress of Correction in Boston, Massachusetts. (File Number: Restorative Justice/Victims Committee-2)

FOR ACA STAFF USE ONLY- Restorative Justice/Victims Committee - 1

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved **– As Amended** Denied Tabled Referred to:_____

Amended Proposal:

Victim Offender Dialogue (VOD): a post-conviction, victim–initiated process that includes preparation, dialogue and follow-up guided by a trained facilitator. Participation in the VOD program is completely voluntary for the victim/survivor and for the offender. Either party is always at liberty to withdraw from the VOD preparation or dialogue process at any time, and VOD is not intended to directly affect the offender's prison, parole, or community supervision (probation) status.

Section 2

Reports from ACA Committees

ACA Health Care Committee

Presenter:

Kellie Wasko

ACA Mental/Behavioral Health Ad-Hoc Committee

Presenter:

Deborah Schult, PhD, Chair

ACA Substance Disorders Ad-Hoc Committee

Presenter:

Randy Shively, PhD, Vice Chair

American Correctional Association - Committee on Standards and Accreditation

Report from ACA Health Care Committee

Presenter:

Kellie Wasko

KEY

Contents: Proposed Definitions

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: **Medical Observation** – specific care within an institution separate from other housing areas where offenders are monitored by health staff but do not require skilled nursing care. Examples include: observation following dental extraction, cast application, or medication administration – but NOT acute care like infirmary.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-001

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Healthcare Committee 2017-002

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Chronic care—health care provided to patients over a long period of time; health care services provided to patients with long-term health conditions or illnesses. Care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient's condition.

Proposal: Chronic care—health care services provided to patients with long-term health conditions or illnesses. Care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient's condition.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

"Good change to existing definition."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-002

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Healthcare Committee 2017-003

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Chronic illness—a disease process or condition that persists over an extended period of time. Chronic illnesses include diabetes, hypertension, asthma, HIV, seizures, and mental health diagnosis.

Proposal: Chronic illness—a disease process or condition that persists over an extended period of time. Chronic illnesses include, but are not limited to: diabetes, hypertension, asthma, HIV, seizures, and mental health diagnoses.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-003

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Communicable disease—a disease that can be transmitted from person to person.

Proposal: Communicable disease—a disease that can be transmitted from person to person, or animal to person.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-004

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Consult—a patient evaluation as requested by a primary care practitioner and approved by a utilization review process or by the health care authority.

Proposal: Consult—a patient evaluation as requested by a health care practitioner/provider seeking additional information, and approved by a utilization review process or by the health care authority. Consult may be internal or external to the system.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

"Does this limit consult request from a primary care practitioner. Is that only person that could request a consult?"

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-005

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Continuity of care—health care provided on a continual basis beginning with the offender's initial contact with health care personnel and all subsequent health care encounters including referrals to community providers/facilities for offsite care during incarceration and when discharged from the institution.

Proposal: Continuity of care—health care provided on an ongoing basis without interruption beginning with the offender's initial contact with health care personnel through discharge planning.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-006

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Dental exam—an examination by a licensed dentist that includes a dental history, exploration and charting of teeth, examination of the oral cavity, and x-rays.

Proposal: Dental exam—an examination by a licensed dentist that includes a dental history, exploration and charting of teeth, examination of the oral cavity, and x-rays if clinically indicated.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-007

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Emergency care—care of an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call. Emergency care shall be provided to the resident population by the medical director, physician, or other staff, local ambulance services, and/or outside hospital emergency rooms. This care shall be expedited by following specific written procedures for medical emergencies described in the standards.

Proposal: Emergency care—care of an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call. Emergency care shall be provided to the resident population by the health care staff or other health trained staff. This care shall be expedited by following specific written procedures for medical emergencies described in the standards.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-008

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Formulary—a list of prescription and nonprescription medications that have been approved by the health authority and are stocked or routinely procured for use in an institution.

Proposal: Formulary—a list of prescription and nonprescription medications that have been approved by the medical director and/or health authority.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

"Recommend add "for use in an institution or agency". Formulary should be for agency or facility and not just general formulary."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-009

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Healthcare Committee 2017-010

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Health care—the sum of all action taken, preventative and therapeutic, to provide for the physical and mental well-being of a population. It includes medical and dental services, mental health services, nursing, personal hygiene, dietary services, and environmental conditions.

Proposal: Health care—a system of preventative and therapeutic services that provide for the physical and mental well-being of a population. It includes, but is not limited to: medical services, dental services, behavioral health services, nursing services, pharmaceutical services, personal hygiene, dietary services, and environmental conditions.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-010

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Healthcare Committee 2017-011

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Health care personnel—individuals whose primary duty is to provide health services to juveniles or inmates in keeping with their respective levels of health care training or experience.

Proposal: Health care personnel—individuals whose primary duty is to provide health services to juveniles or adult inmates in keeping with their respective levels of health care training, licensure, or experience

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Behavioral Health Committee 2017-011

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Health care practitioner—clinicians trained to diagnose and treat patients, such as physicians, dentists, psychologists, podiatrists, optometrists, nurse practitioners, and physician assistants.

Proposal: Health care practitioner/provider—clinicians trained to diagnose and treat patients, such as physicians, dentists, psychologists, licensed professional counselors, licensed social workers, podiatrists, optometrists, nurse practitioners, and physician assistants.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

"Good revision."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-012

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Health care professional—staff who perform clinical duties, such as health care practitioners, nurses, social workers, and emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.

Proposal: Health care professional—staff who perform clinical duties, such as health care practitioners, nurses, licensed professional counselors, social workers, and emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

"Good revision."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-013

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Healthcare Committee 2017-014

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Health care services—a system of preventative and therapeutic services that provide for the physical and mental well-being of a population. Includes medical and dental services, mental health services, nursing, pharmaceutical services, personal hygiene, dietary services, and environmental conditions.

Proposal: Health care services—a system of preventative and therapeutic services that provide for the physical and mental well-being of a population. Includes, but not limited to: medical services, dental services, behavioral health services, nursing services, pharmaceutical services, personal hygiene, dietary services, and environmental conditions.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

"Good definition revision."

- David Haasenritter

FOR ACA STAFF USE ONLY- Behavioral Health Committee 2017-014

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Health/medical screen—a structured inquiry and observation to prevent newly arrived offenders who pose a health or safety threat to themselves or others from being admitted to the general population and to identify offenders who require immediate medical attention. The screen can be initiated at the time of admission by health care personnel or by a health-trained correctional officer.

Proposal: Health/medical screen—a structured inquiry and observation to prevent offenders who pose a health or safety threat to themselves or others from being admitted to the general population and to identify offenders who require immediate medical attention. The screen can be initiated at the time of admission, at scheduled intervals, or other times as appropriate, by health care personnel or by a health-trained correctional officer.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-015

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Infirmary—a specific area within an institution, separate from other housing areas, where offenders are admitted for health observation and care under the supervision and direction of health care personnel.

Proposal: Infirmary—a specific area within an institution, separate from other housing areas, where offenders are admitted for skilled nursing care under the supervision and direction of a health care practitioner/provider.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-016

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Medical records—separate records of medical examinations and diagnoses maintained by the responsible physician. The date and time of all medical examinations and copies of standing or direct medical orders from the physician to the facility staff should be transferred to the resident's or staff 's record.

Proposal: Medical records—separate records of medical and other health disciplines, examinations and diagnoses maintained by the responsible entity. The date and time of all medical examinations and copies of standing or direct medical orders from the physician to the facility staff should be transferred to the resident's or staff 's record.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-017

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Alternative meal service—special foods provided to comply with the medical, religious, or security requirements. Alternative meals always must be designed to ensure that basic health needs are met and are provided in strict compliance with the policies signed by the chief executive officer, the chief medical officer, and for the religious diets, by the appropriate religious leader.

Proposal: Alternative meal service—foods provided to comply with the medical, religious, or security requirements. Alternative meals must be designed to ensure basic health needs are met and are provided in strict compliance with the policies signed by the chief executive officer, the chief medical officer, and for the religious diets, by the appropriate religious leader.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-018

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Syringe—A syringe consists of a barrel, plunger, and/or a needle. Any of the parts of a syringe are to be counted, controlled, and inventoried. Medical and dental instruments and supplies (which include syringes, needles, and blades) that are stocked for daily use are inventoried, controlled, and counted at a minimum daily. A perpetual inventory of bulk stock needles, syringes, blades, and other sharps is maintained in a locked storage area. Needles, syringes, blades, and other sharps are considered contraband in the correctional setting. When items are identified as having the potential for causing harm to offenders or staff, such items must be inventoried, controlled, and counted.

Proposal: Syringe—A syringe consists of a barrel, plunger, and/or a needle. Any of the parts of a syringe are to be counted, controlled, and inventoried. Medical and dental instruments and supplies (which include syringes, needles, and blades) that are stocked for daily use are inventoried, controlled, and counted at a minimum daily.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

"Recommend drop second sentence in revision. It is part of the standard and not a definition of syringe."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-019

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Therapeutic community—a designed social environment with programs for substance use- disordered patients within a residential or day unit in which the social and group process is used with therapeutic intent.

Proposal: Therapeutic community—a designed psychosocial environment with programs for substance use- disordered and/or mental health patients within a residential or day unit in which the social and group process is used with therapeutic intent.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-020

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Healthcare Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Treatment plan—series of written statements that specify the particular course of therapy and the roles of medical and nonmedical personnel in carrying it out. A treatment plan is individualized, based on assessment of the individual patient's needs, and includes a statement of the short- and long-term goals and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides inmates with access to a range of supportive and rehabilitative services, such as individual or group counseling and/or self-help groups that the physician deems appropriate.

Proposal: Treatment plan—a written assessment of individualized needs, required services and interventions, including short-term and long-term goals, measurable outcomes, and the roles of healthcare and non-healthcare personnel for the purpose of providing necessary treatment and services in accordance with a patient's identified needs and problems areas.

Name: Kellie Wasko
Title: Healthcare Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Committee 2017-021

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

American Correctional Association - Committee on Standards and Accreditation

Report from ACA Mental/Behavioral Health Ad-Hoc Committee

Presenter:

Deborah Schult, PhD, Chair

Contents: Proposed Definitions

Mental/Behavioral Health Ad-Hoc Committee 2017-001

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Residential Treatment Unit – a designated housing unit that provides a safe, protective and therapeutic environment for ongoing behavioral health care to inmates who have long-term or chronic needs for treatment.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"Would this unit require 24 hour Mental Health provider?"

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-001

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-002

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Behavioral Health Outpatient Services – the most common level of services provided is outpatient services which allow inmates to remain housed in a general population setting and access behavioral health services when needed. Outpatient services allow inmates to participate in individual and/or group services based on need. The goal is always to provide treatment at the least intensive level of services which maintains the inmate's safety and behavioral health stability.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-002

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-003

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Inpatient Behavioral health Care Unit –A designated, secure, treatment facility or housing unit that provides the most treatment intensive services. Qualified health care staff are available24 hours a day, 7 days a week for the purpose of providing necessary treatment and services for patients with acute deterioration in mental functioning; or pose a significant danger to self or others; or exhibit marked psychosocial, behavioral and mental dysfunction that precludes them from adequate adaptive functioning in less restrictive settings.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"Proposed definition is a good starting point but needs more clarity." Most intensive treatment setting "can be different for different prisons. In addition, the definition only includes behavioral health services though inpatient terminology is also used for "medical services". The definition states that the unit is not intended for the long term placement for most inmates so it is equivalent to short term acute care hospital units. That is not the case for most of our unstable mentally ill offenders whose illnesses are mostly refractory to the treatment. They stay in "our inpatient" unit for months.

To me, an inpatient unit is: where qualified health care professionals are available 24/7 at the unit, to provide monitoring of the clinical conditions , to provide ordered health care and to respond immediately to any emergent clinical situation Healthcare providers (physicians or physician extenders) are available 24/7 either at the unit or by telephone / telehealth admission is based on serious clinical needs and is ordered ONLY by a licensed clinician inmate has an individualized treatment plan which also addresses the exacerbation or deterioration in the

clinical condition and is modified frequently to address the changes in symptoms and signs"

- Raman Singh, M.D.
- Medical/Mental Health Director
- Louisiana Dept. of Public Safety & Corrections

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-003

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-004

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Intellectual disability—a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which originates before the age of 18 and covers a range of everyday social and practical skills, as assessed by clinical evaluation and standardized testing.

Comments: The terms developmental disabilities and intellectual disability have replaced the use of the term mental retardation.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-004

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Mental Health Appraisal - the process of identifying offenders with psychological needs through the review of information obtained in the mental health screening along with any other information regarding the individual's mental health needs. This review may include a mental status exam, mental health evaluation, clinical interview, psychological testing, psychological observation, records review, and gathering of collateral information. The review of this information should be completed by a QMHP.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"The proposed addition would create standards that have similar language as in the bullets of 4-4371. Recommend revision to 4-4371 in lieu of creating additional."

- *Renee Holts*
- *Louisiana Department of Corrections*

"Good definition"

- *David Haasenritter*

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-005

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-006

Manual: All
Edition: All
Standard: New Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Mental Health Assessment - a mental health screening by a QMHP with in-depth gathering of information about an individual such as a mental status exam and psychosocial background along with a clinical interview. This assessment may result in a referral for a more comprehensive Mental Health Evaluation (MHE).

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"The proposed addition would create standards that have similar language as in the bullets of 4-4371. Recommend revision to 4-4371 in lieu of creating additional."

- *Renee Holts*
- *Louisiana Department of Corrections*

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-006

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-007

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Mental Health Evaluation (MHE) - a comprehensive assessment of an offender's presenting problem or referral question which formulates a diagnostic impression and identifies treatment/intervention needs which are formulated in the development of an individualized treatment plan. The evaluation includes documentation of historical information such as mental health treatment and psychosocial background, a diagnostic interview which should include a current mental status exam and an assessment of self-harm risk. Psychometric testing may be conducted to assess personality, intellectual, and coping abilities.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"The proposed addition would create standards that have similar language as in the bullets of 4-4371. Recommend revision to 4-4371 in lieu of creating additional."

- *Renee Holts*
- *Louisiana Department of Corrections*

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-007

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-008

Manual: All
Edition: All
Standard: New Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Mental Status Examination (MSE) - an assessment of an individual's level of cognitive abilities, appearance, emotional state and behavioral interactions. It involves questions, observations, objective findings, impressions and clinical judgment of the mental health professional and commonly includes observations of appearance, level of consciousness, speech and language, emotions, thoughts, perceptual alterations, orientation, dangerousness to self & others, memory, abstract thinking, intellectual ability, judgment, and insight.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"The proposed addition would create standards that have similar language as in the bullets of 4-4371. Recommend revision to 4-4371 in lieu of creating additional."

- *Renee Holts*
- *Louisiana Department of Corrections*

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-008

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-009

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Psychological Autopsy -A reconstructive psychological profile of the decedent based on the evaluation of risk factors and motivational analysis for the purpose of determining the mode of death. It should be completed by a psychologist, or in their absence, another qualified mental health professional. It is sometimes referred to as a psychological reconstruction or post mortem.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-009

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-010

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Mental disorder - A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning and usually associated with significant distress in social, occupational, or other activities of daily living.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-010

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-011

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Neurodevelopmental Disorders - developmental disorders affecting intelligence and impairment in daily living skills, with onset in the developmental period, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-011

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-012

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Restraints—devices used to restrict physical activity; for example, handcuffs, leg irons, straight- jackets, belly chain.

Proposal: **Security** **Restraints**—devices used by custody staff to restrict physical activity; for example, handcuffs, leg irons, belly chain.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-012

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-013

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Tele-health – the practice of psychiatry, psychology and medicine conducted via a video conference connection. A live, secure video connection is established between the provider's office and the patient's location. A typical office visit is conducted except that the provider and the patient are not in the same physical location. May require additional staff (eg. nurses or mental health staff) to be present to complete the evaluation/documentation.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-013

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-014

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Deletion

Existing: **Mental retardation**—developmental disability marked by lower-than-normal intelligence and impaired daily living skills.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-014

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-015

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Deletion

Existing: Severe mental disturbance—condition in which an individual is a danger to self or others or is incapable of attending to basic physiological needs.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-015

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-016

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Casework—the function of the caseworker, social worker, or other professional in providing social services, such as counseling, to individuals in custody.

Proposal: Casework—the function of the caseworker, social worker, or other professional in providing services, such as counseling, to individuals in custody.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"Like the change in the definition revision."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-016

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-017

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Case Management – The process of assisting offenders in maintaining access to medical, social, educational, and other services, including but not limited to, the development of a specific care plan, referrals, monitoring, and follow-up.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-017

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Clinicians—persons qualified to assess, evaluate and treat patients according to the dictates of their professional practice act. These may include physicians, nurses, physician assistants, nurse practitioners, dentists, psychologists, psychiatrists, and social workers.

Proposal: Clinicians—persons qualified to assess, evaluate and treat patients according to the dictates of their professional practice act. These may include physicians, nurses, physician assistants, nurse practitioners, dentists, psychologists, psychiatrists, licensed professional counselors, and social workers.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"Good addition to definition of clinician."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-018

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-019

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Counseling—planned use of interpersonal relationships to promote social adjustment. Counseling programs provide opportunities to express feelings verbally with the goal of resolving the individual's problems. At least three types of counseling may be provided: individual (a one-to-one relationship), small-group counseling, and large-group counseling in a living unit.

Proposal: Counseling—An activity designed to assist an individual or group to develop understanding of personal strengths and weaknesses, to restructure concepts and feelings, to define goals and to plan actions as these are related to personal, social, educational and career development and adjustment.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-019

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Developmental disabilities—a disorder in which there is a delay in the expected age specific development stages. These disabilities originate prior to age twenty-one, can be expected to continue indefinitely, and may constitute a substantial impairment in behavior and coping skills.

Proposal: Developmental disabilities—a group of disorders characterized by deficits in mental functioning and adaptive behaviors that affect daily living.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-020

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Medical restraints—chemical restraints, such as sedatives, or physical restraints, such as straitjackets, applied only for medical or psychiatric purposes. Metal handcuffs and leg shackles are not considered medical restraints.

Proposal: Medical restraints—any method of restricting an individual's freedom of movement, physical activity, or normal access to his or her body. This includes emergency medications, such as sedatives, or physical restraints, applied only for psychiatric or behavioral purposes. Metal handcuffs and leg shackles are not considered medical restraints.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"Good definition revision."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-021

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-022

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Mental health screening—review by a qualified, mental health professional of any history of psychological problems and examination of any current psychological problems to determine, with reasonable assurances, that the individuals pose no significant risk to themselves or others.

Proposal: Mental health screening—review by a qualified, mental health professional or mental health trained health care professional of any history of psychological problems and examination of any current psychological problems to determine, with reasonable assurances, that the individuals pose no significant risk to themselves or others.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-022

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Mental health care practitioner—staff who perform clinical duties for mentally ill patients, for example, physicians, psychologists, nurses, and social workers in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.

Proposal: Mental health care practitioner/provider/professional—Mental health staff who are qualified to diagnose and treat patients with a mental illness, (for example, physicians, psychologists, licensed professional counselors, and social workers) in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-023

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved **– As Amended** Denied Tabled Referred to:_____

Amended Proposal:

Mental health care practitioner/provider/professional—Mental health staff who are qualified to diagnose and treat patients with a mental illness, (for example, physicians, physician extenders, psychologists, licensed professional counselors, and social workers) in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Psychotropic medication—medication that exerts an effect on thought, mood, and/or behavior. Psychotropic medications are used to treat mental illness and a variety of disorders.

Proposal: Psychotropic medication—Medications that are used to treat diagnosed mental disorders.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

"Good definition revision."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-024

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Ad-Hoc Committee 2017-025

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Mental/Behavioral Health Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Special needs—mental and/or physical condition that requires accommodations or arrangements differing from those a general population offender or juvenile normally would receive. Offenders or juveniles with special needs may include, but are not limited to, the emotionally disturbed, developmentally disabled, mentally ill, physically handicapped, chronically ill, the disabled or infirm, and the drug or alcohol addicted.

Proposal: Special needs—mental and/or physical condition that requires accommodations or arrangements differing from those a general population offender or juvenile normally would receive.

Name: Deborah Schult, PhD
Title: Chair, Mental/Behavioral Health Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Ad-Hoc Committee 2017-025

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

American Correctional Association - Committee on Standards and Accreditation

Report from ACA Substance Disorders Ad-Hoc Committee

Presenter:

Randy Shively, PhD, Vice Chair

Contents: Proposed Definitions

Substance Disorders Ad-Hoc Committee 2017-001

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Substance Disorders Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Withdrawal Management (Detoxification): A medically supervised process of withdrawing a person from a specific psychoactive substance(s) in a safe and effective manner.

Name: Randy Shively, PhD
Title: Vice Chair, Substance Disorders Ad-Hoc Committee

COMMENTS:

This is to replace the term detoxification

FOR ACA STAFF USE ONLY- Substance Disorders Ad-Hoc Committee 2017-001

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Substance Disorders Ad-Hoc Committee 2017-002

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Substance Disorders Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Body Fluid Testing Program - A program, often used in conjunction with substance use education or treatment programs, where urine samples and other bodily fluids/tissues are collected on a random or other basis from offenders suspected of having a history of drug or alcohol use to determine current or recent use.

Name: Randy Shively, PhD
Title: Vice Chair, Substance Disorders Ad-Hoc Committee

COMMENTS:

"The proposed addition is covered in 4-4437 already. Recommend revision to change wording for Substance Use Education."

- *Renee Holts*
- *Louisiana Department of Corrections*

This is to replace the tern Urine Surveillance Program

FOR ACA STAFF USE ONLY- Substance Disorders Ad-Hoc Committee 2017-002

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Substance Disorders Ad-Hoc Committee 2017-003

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Substance Disorders Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Substance Use Disorder - A disorder resulting from the recurrent use of alcohol and/or drugs, which causes clinically and functionally significant impairment such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Name: Randy Shively, PhD
Title: Vice Chair, Substance Disorders Ad-Hoc Committee

COMMENTS:

"Will this be update each time DSM is updated or should it state "current Diagnostic and Statistical Manual of Mental Disorders""

- David Haasenritter

FOR ACA STAFF USE ONLY- Substance Disorders Ad-Hoc Committee 2017-003

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Substance Disorders Ad-Hoc Committee 2017-004

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Substance Disorders Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Deletion

Existing: Chemical dependency—a compulsive use of alcohol or other drugs to the point that stopping is difficult and causes physical and mental reactions.

Name: Randy Shively, PhD
Title: Vice Chair, Substance Disorders Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Substance Disorders Ad-Hoc Committee 2017-004

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Substance Disorders Ad-Hoc Committee 2017-005

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Substance Disorders Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Deletion

Existing: **Detoxification**—the treatment of a person who is demonstrating symptoms of intoxication or withdrawal and/or the process of gradually withdrawing alcohol or drugs from a person who is chemically dependent.

Name: Randy Shively, PhD
Title: Vice Chair, Substance Disorders Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Substance Disorders Ad-Hoc Committee 2017-005

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Substance Disorders Ad-Hoc Committee 2017-006

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Substance Disorders Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Deletion

Existing: Urine surveillance program—program whereby urine samples are collected on an irregular basis from offenders suspected of having a history of drug use to determine current or recent use.

Name: Randy Shively, PhD
Title: Vice Chair, Substance Disorders Ad-Hoc Committee

COMMENTS:

This is being replaced with Body Fluid Testing Program

FOR ACA STAFF USE ONLY- Substance Disorders Ad-Hoc Committee 2017-006

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Substance Disorders Ad-Hoc Committee 2017-007

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Substance Disorders Ad-Hoc Committee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing: Medication dispensing—the process of placing one or more doses of a medication into a container that is labeled to indicate the name of the patient, the contents of the container, and other necessary information by health care staff member as authorized by the jurisdiction.

Proposal: Medication dispensing—the process of placing one or more doses of a medication into a container that is labeled to indicate the name of the patient, the contents of the container, and other necessary information by pharmacies and health care staff member as authorized by the jurisdiction.

Name: Randy Shively, PhD
Title: Vice Chair, Substance Disorders Ad-Hoc Committee

COMMENTS:

FOR ACA STAFF USE ONLY- Substance Disorders Ad-Hoc Committee 2017-007

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved- **As Amended** Denied Tabled Referred to:_____

Amended Proposal:

Medication dispensing—the process of placing one or more doses of a medication into a container that is labeled to indicate the name of the patient, the contents of the container, and other necessary information by pharmacies as authorized by the jurisdiction.

Section 3

Report from ACA Office of Correctional Health

KEY

Contents: Proposed Definitions

ACA File Number	Standard	Type
Office of Correctional Health 2017-025	Definition	Addition
Office of Correctional Health 2017-026	Definition	Addition
Office of Correctional Health 2017-027	Definition	Addition
Office of Correctional Health 2017-028	Definition	Addition
Office of Correctional Health 2017-029	Definition	Addition
Office of Correctional Health 2017-030	Definition	Addition
Office of Correctional Health 2017-031	Definition	Addition
Office of Correctional Health 2017-032	Definition	Addition
Office of Correctional Health 2017-033	Definition	Addition
Office of Correctional Health 2017-034	Definition	Addition
Office of Correctional Health 2017-035	Definition	Addition
Office of Correctional Health 2017-036	Definition	Addition
Office of Correctional Health 2017-037	Definition	Addition
Office of Correctional Health 2017-038	Definition	Addition
Office of Correctional Health 2017-039	Definition	Addition
Office of Correctional Health 2017-040	Definition	Addition

Office of Correctional Health 2017-001

Manual: All
Edition: All
Standard: Definition
Agency/Facility: Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Access to Care– Offender seen in a timely manner by health care professional and provided professional care using clinical judgement

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-001

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-002

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Acute Psychiatric Episode– A brief, short term episode of mental illness lasting for approximately one month or less. This may be due to experiencing a stressful event.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-002

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-003

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Behavioral Health Trained Staff– correctional officers or other correctional personnel who may be trained and appropriately supervised to carry out specific duties with regard to the administration of mental/behavioral health care.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-003

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-004

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Bio-Hazardous Waste– Any waste containing infectious material or potentially infectious material such as blood. It is waste that could cause injury during handling if not handled properly.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-004

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-005

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Continuous Quality Improvement– A structured systematic process that is used to review and monitor the quality, efficiency and effectiveness of a healthcare delivery system. The process includes the identification of areas in need of improvement and the development and implementation of corrective actions, including an evaluation of the efficacy of implemented actions.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-005

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-006

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Crisis Intervention– Emergency behavioral health care aimed at assisting inmates in a crisis situation to restore equilibrium and minimize potential for psychological trauma.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-006

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Critical Incident Debriefing– A small group supportive crisis intervention process that focuses on the immediate incident. Its purpose is to help staff return to their daily routine with less likelihood of experiencing symptoms of a trauma disorder.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-007

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to: Office of Correctional Health to review title of term and related Expected Practices

Office of Correctional Health 2017-008

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Decontamination– The neutralization or removal of dangerous substances or germs from an area, object or person.

COMMENTS:

FOR ACA STAFF USE ONLY-

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-009

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Dental Screening– An assessment of dental pain, swelling or functional impairment that includes checking for cavities and gum disease. It may include dental x-rays or other diagnostic procedures.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-009

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-010

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Dental Specialist– A licensed dentist who specializes in specific area of oral health.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-010

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-011

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Diagnostic Interview– An interview conducted to gather information from an individual to help determine if the individual has a mental illness and if so, the type of mental illness the individual may have.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-011

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-012

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Elective Therapy– Therapy that is not required or essential to the well-being of the individual.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-012

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-013

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Health Appraisal– A health assessment that includes a review of previous health records, collection of data including any laboratory results or diagnostic tests, vital signs and other information necessary to provide care.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-013

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-014

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Health Care Supervision– Health care services provided to an individual who needs health care treatment.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-014

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-015

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Mental Health Evaluation– A written report completed by a qualified mental health professional that includes a review of mental health history, summary of information obtained in a diagnostic interview which should include mental status and any test results. It also includes the development of a treatment/management plan when necessary.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-015

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-016

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Mental Health Services– The sum of all actions taken for the mental well being of the inmate population including a range of diagnosis, treatment and follow up services. These may include the use of a variety of psychosocial, psychoeducational and pharmacological therapies either individually or in group settings to alleviate symptoms, attain appropriate functioning, prevent relapses and help the patient develop and pursue their personal recovery plan.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-016

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-017

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Mental Health Trained Staff– correctional officers or other correctional personnel who may be trained and appropriately supervised to carry out specific duties with regard to the administration of mental/behavioral health care.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-017

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-018

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Needs Assessment– A standardized tool administered to determine the level of substance use risks and treatment needs.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-018

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-019

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Severe Mental Health Problems– Condition in which an individual is a danger to self or others or is incapable of attending to basic physiological needs.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-019

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-020

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Suicidal Ideation– Thoughts of harm or killing oneself, without intent.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-020

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-021

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Suicidal incidents/Suicidal Behavior– When an inmate engages in self-injurious behavior or threatens suicide with a specific plan to end his/her life.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-021

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-022

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Suicide Watch- One-on-one constant and direct observation of someone who has threatened to harm or kill himself/herself.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-022

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-023

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Facility Manager– See Facility Administrator.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-023

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-024

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Health Care Administration– See Health Authority.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-024

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-025

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Health Care Staff– See Healthcare Personnel.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-025

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-026

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Individualized Treatment Plan– See Treatment Plan.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-026

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-027

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Licensed Health Care Staff– See Healthcare Professional or Professional Staff or Healthcare Practitioner/Provider.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-027

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-028

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Management Plan– See Treatment Plan.

Health

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-028

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-029

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Medical Examination– See Physical Examination.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-029

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-030

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Medical Supervision– See Healthcare Supervision.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-030

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-031

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Program Administrator– See Program Director

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-031

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-032

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Qualified Health Care Personnel– See Healthcare Professional or Professional Staff or Healthcare practitioner/provider.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-032

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-033

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Qualified Health Care Provider– See Healthcare Professional or Professional Staff or Healthcare practitioner/provider.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-033

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-034

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Qualified Health Care Staff– See Healthcare Professional or Professional Staff or Healthcare practitioner/provider.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-034

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-035

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Quality Assurance Program– See Quality Assurance.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-035

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-036

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Responsible Clinician– See Clinician.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-036

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-037

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Responsible Health Care Practitioner– See Healthcare Practitioner/Provider.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-037

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-038

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Trained Custody Staff- See health/medically trained or behavioral health/mental health trained personnel.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-038

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-039

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Comprehensive Evaluation– See Mental Health Evaluation.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-039

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Office of Correctional Health 2017-040

Manual: All
Edition: All
Standard: Definition
Agency/Facility: ACA Office of Correctional Health
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Proposal: Counseling Evaluation–See Comprehensive Evaluation.

COMMENTS:

FOR ACA STAFF USE ONLY- Office of Correctional Health 2017-040

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Section 4

ACA Restrictive Housing Expected Practices

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

ACA Restrictive Housing Performance Based Standards
Summary for Standards Committee- 147th Congress of Correction, August 18, 2017
St. Louis, Missouri

The following section contains the proposal for ACA's Restrictive Housing Performance Based Standards. Since the approval of these standards for field testing at the 146th Congress of Correction in August 2016 in Boston, Massachusetts, the Restrictive Housing Performance Based Standards have been used to conduct four ALDF field test audits and six ACI field test audits. The following changes have been proposed as part of the Restrictive Housing Performance Based Standards:

Definition of Serious Mental Illness: amended language
4-RH-0001: amended language
4-RH-0002: amended language
4-RH-0010: amended language
4-RH-0029: amended language
4-RH-0030: amended language
4-RH-0031: amended language – 2 proposals submitted
4-RH-0013: amended language
4-RH-0017: amended language
4-RH-0005: Deletion
4-RH-0014: Deletion

4-ALDF-RH-001: amended language
4-ALDF-RH-002: amended language
4-ALDF-RH-006: split into two separate standards
4-ALDF-RH-009: comment/clarification
4-ALDF-RH-019: amended language (comment)
4-ALDF-RH-0024: amended language
4-ALDF-RH-0025: amended language
4-ALDF-RH-0010: deletion
4-ALDF-RH-009: amended language
4-ALDF-RH-013: amended language
4-ALDF-RH-023: amended language
4-ALDF-RH-022: Deletion

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: All Manuals
Edition: All Editions
Standard: Definition
Proposal Type: Revision

Existing: Serious Mental Illness— Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).
Psychological - *as relating to the mental and emotional state of an individual*
Cognitive - *as relating to cognitive or intellectual abilities*
Behavioral – *as relating to actions or reactions in response to external or internal stimuli that is observable and measurable*

Proposal: Serious Mental Illness - Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder. Additionally, the following disorders are often classified as SMIs especially if the condition is sufficiently severe, persistent, and disabling: Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Trauma and Stressor-Related Disorders, Intellectual Disabilities and Autism Spectrum Disorders, Major Neurocognitive Disorders, and Personality Disorders. Other mental illnesses may be classified as a SMI should the level of severity result in significant functional impairment. Substance abuse disorders are excluded from Serious Mental Illness.

COMMENTS: The greater level of specificity provides additional guidance to clinicians, which will facilitate consistency in what is identified as a SMI across providers and facilities.

Submitted by: U.S. Disciplinary Barracks (USDB)

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institutions (ACI)
Edition: Fifth
Standard: 4-RH-0001
Proposal Type: Revision

Existing: Written policy, procedure and practice provide that the placement of an inmate in Restrictive Housing shall be limited to those circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility. The policy governing the placement of an inmate in Restrictive Housing shall include:

- The relationship between the threat the inmates poses and the behaviors articulated in the policy.
- The impact that Restrictive Housing may have on medical and mental health conditions exhibited by the inmate and the possible alternatives that may be available to compensate for such conditions.
- A description of alternatives that may be available to safely deal with the threat posed by the inmate other than restricted housing.

Comment: Offenders who pose a threat to staff, other inmates, or themselves may be removed from the general population for the safety and security of the institution. An official review must occur within 24 hours.

Proposal: Written policy, procedure and practice provide that the placement of an inmate in Restrictive Housing shall be limited to those circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility. The policy governing the placement of an inmate in Restrictive Housing shall include:

- The relationship between the threat the inmates poses and the behaviors articulated in the policy.
- The impact that Restrictive Housing may have on medical and mental health conditions exhibited by the inmate and the possible alternatives that may be available to compensate for such conditions.
- A description of alternatives that may be available to safely deal with the threat posed by the inmate other than restricted housing.
- An official review must occur within 24 hours.

Comment: Offenders who pose a threat to staff, other inmates, or themselves may be removed from the general population for the safety and security of the institution.

COMMENTS: Refer to field test results for Montgomery County DOCR .

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institutions (ACI)
Edition: Fifth
Standard: 4-RH-0002 (Ref: 4-4250)
Proposal Type: Revision

Existing: Written policy, procedure, and practice provide that the warden/superintendent, authorized designee or shift supervisor can order immediate removal from general population when it is necessary to protect the inmate or others. The action will be approved, denied, or modified within 24 hours by an appropriate and higher authority who is not involved in the initial placement.

> *Comment*: Inmates who pose a threat to staff, other inmates, or themselves may be removed from general population for the safety and security of the institution. Those reviewing an inmates' removal from general population are not to be involved in the initial removal of the inmate to maintain impartiality.

Proposal: Written policy, procedure, and practice provide that the warden/superintendent, authorized designee or shift supervisor can order immediate removal from general population, and placement in restrictive housing, when it is necessary to protect the inmate or others. The action will be approved, denied, or modified within 24 hours by an appropriate authority who is not involved in the initial placement.

> *Comment*: Inmates who pose a threat to staff, other inmates, or themselves may be removed from general population and placed in restrictive housing for the safety and security of the institution. Those reviewing an inmates' removal from general population are not to be involved in the initial removal of the inmate to maintain impartiality.

COMMENTS: Refer to field test results for Ft. Leavenworth (USDB), and Price Daniel Unit, TDCJ.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institutions (ACI)
Edition: Fifth
Standard: 4-RH-0010 (Ref: 4-4256)
Proposal Type: Revision

Existing: Written policy, procedure, and practice provide that a mental health practitioner/provider completes a mental health appraisal within 7 days of placement, and prepares a written report on all inmates placed in restrictive housing. If confinement continues beyond 30 days, a behavioral health assessment by a mental health practitioner/provider is completed at least every 30 days for offenders with a diagnosed behavioral health disorder and more frequently if clinically indicated. For offenders without a behavioral health disorder, an assessment is completed every 90 days and more frequently if clinically indicated. The evaluation will be conducted in a confidential area

The mental health appraisal form should include at a minimum, but is not limited to:

Inquiry into:

- *whether the offender has a present suicide ideation*
- *whether the offender has a history of suicidal behavior*
- *whether the offender is presently prescribed psychotropic medication*
- *whether the offender has a current mental health complaint*
- *whether the offender is being treated for mental health problems*
- *whether the offender has a history of inpatient and outpatient psychiatric treatment*
- *whether the offender has a history of treatment for substance abuse*

Observation of:

- *general appearance and behavior*
- *evidence of abuse and/or trauma*
- *current symptoms of psychosis, depression, anxiety, and/or aggression*

Disposition of offender:

- *no mental health referral*
- *referral to mental health care service*
- *referral to appropriate mental health care service for emergency treatment*

Comment: Inmates whose movements are restricted in Restrictive Housing units may develop symptoms of acute anxiety or other mental problems; regular psychological assessment is necessary to ensure the behavioral health of any inmate confined in such a unit beyond 30 days.

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Proposal: Written policy, procedure, and practice provide that a mental health practitioner/provider completes a mental health appraisal within 7 days of placement. This may include a mental health screening that has been completed by health care personnel at the time the offender is placed in restrictive housing. If confinement continues beyond 30 days, a behavioral health assessment by a mental health practitioner/provider is completed at least every 30 days for offenders with a diagnosed behavioral health disorder and more frequently if clinically indicated. For offenders without a behavioral health disorder, an assessment is completed every 90 days and more frequently if clinically indicated. The behavioral health assessment will be conducted in a manner that ensures confidentiality.

> *Comment*: Inmates whose movements are restricted in Restrictive Housing units may develop symptoms of acute anxiety or other mental problems; regular psychological assessment is necessary to ensure the behavioral health of any inmate confined in such a unit beyond 30 days.

COMMENTS: The existing EP lists items that are defined as belonging in a screening according to EP 4-4370, and not an appraisal. Remove them from this EP, which is the appraisal & assessment EP and place them in 0029, which is the screening EP.

Submitted by: Office of Correctional Health and Colorado Department of Corrections

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institutions (ACI)
Edition: Fifth
Standard: 4-RH-0029 (Ref: 4-4400)
Proposal Type: Revision

Existing: (MANDATORY) When an offender is transferred to Restrictive Housing, health care personnel will be informed immediately and will provide a screening and review as indicated by the protocols established by the health authority.

If the results of the inmate screening indicates the inmate is at imminent risk for serious self harm, suicide, exhibits debilitating symptoms of a SMI, or requires emergency medical care, a health care professional shall be contacted for appropriate assessment and treatment.

Unless medical attention is needed more frequently, each offender in Restrictive Housing receives a daily visit from health care personnel to ensure that offenders have access to the health care system. The presence of health care personnel in Restrictive Housing is announced and recorded. The health authority determines the frequency of physician visits to Restrictive Housing units.

Unless mental health attention is needed more frequently, each offender in Restrictive Housing shall receive a weekly visit from mental health staff to ensure that offenders have access to the behavioral health system. The presence of a mental health staff in Restrictive Housing is announced and recorded. The mental health authority determines the frequency of mental health professionals to Restrictive Housing units.

> *Comment*: The assessment and treatment may require diversion from Restrictive Housing by a health care professional Health care personnel' and mental health staff' visits are intended to be screening rounds and are not meant to be clinical encounters. Those offenders who request sick call are evaluated by health care personnel who determine the appropriate setting for further attention and examination. Health care providers may request that an offender be removed from a cell or housing area for medical attention or examination. All sick call encounters are documented in the offender's health record.

Proposal: (MANDATORY) When an offender is transferred to Restrictive Housing, health care personnel will be informed immediately and will provide a screening and review as indicated by the protocols established by the health authority.

The mental health portion of the screening should include at a minimum, but is not limited to: Inquiry into: (this matches ACI standard 4-4370)

- *whether the offender has a present suicide ideation*
- *whether the offender has a history of suicidal behavior*
- *whether the offender is presently prescribed psychotropic medication*
- *whether the offender has a current mental health complaint*
- *whether the offender is being treated for mental health problems*

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

- *whether the offender has a history of inpatient and outpatient psychiatric treatment*
- *whether the offender has a history of treatment for substance abuse*

Observation of:

- *general appearance and behavior*
- *evidence of abuse and/or trauma*
- *current symptoms of psychosis, depression, anxiety, and/or aggression*

Disposition of offender:

- *no mental health referral*
- *referral to mental health care service*
- *referral to appropriate mental health care service for emergency treatment*

If the results of the inmate screening indicates the inmate is at imminent risk for serious self-harm, suicide, exhibits debilitating symptoms of a SMI, or requires emergency medical care, a health care professional shall be contacted for appropriate assessment and treatment.

Unless medical attention is needed more frequently, each offender in Restrictive Housing receives a daily visit from health care personnel to ensure that offenders have access to the health care system. The presence of health care personnel in Restrictive Housing is announced and recorded. The health authority determines the frequency of physician visits to Restrictive Housing units.

Unless mental health attention is needed more frequently, each offender in Restrictive Housing shall receive a weekly visit from mental health staff to ensure that offenders have access to the behavioral health system. The presence of a mental health staff in Restrictive Housing is announced and recorded. The mental health authority determines the frequency of mental health professionals to Restrictive Housing units

> *Comment*: Inmates whose movements are restricted in Restrictive Housing units may develop symptoms of acute anxiety or other mental problems; regular psychological assessment is necessary to ensure the behavioral health of any inmate confined in such a unit beyond 30 days. The assessment and treatment may require diversion from Restrictive Housing by a health care professional Health care personnel' and mental health staff' visits are intended to be screening rounds and are not meant to be clinical encounters. Those offenders who request sick call are evaluated by health care personnel who determine the appropriate setting for further attention and examination. Health care providers may request that an offender be removed from a cell or housing area for medical attention or examination. All sick call encounters are documented in the offender's health record.

Submitted by: Office of Correctional Health and Colorado Department of Corrections

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institutions (ACI)
Edition: Fifth
Standard: 4-RH-0030 (Ref: New)
Proposal Type: Revision

Existing: Written policy, procedure and practice require that the agency will attempt to ensure offenders are not released directly into the community from Restrictive Housing. In the event that the release of an offender directly from Restrictive Housing into the community is imminent, the facility will document the justification and receive agency level or designee approval (does not apply to immediate court order release).

In addition to required release procedures (see 4-4446) the following must be taken at a minimum

- Development of a release plan that is tailored to specific needs of the offender (does not apply to immediate court order release)
- Notification of release to state and local law enforcement
- Notify releasing offender of applicable community resources
- Victim Notification (if applicable/there is a victim)

Comment: None.

Proposal: Written policy, procedure and practice require that the agency will attempt to ensure offenders are not released directly into the community from Extended Restrictive Housing. In the event that the release of an offender directly from Restrictive Housing into the community is imminent, the facility will document the justification and receive agency level or designee approval (does not apply to immediate court order release).

In addition to required release procedures (see 4-4446) the following must be taken at a minimum

- Development of a release plan that is tailored to specific needs of the offender (does not apply to immediate court order release)
- Notification of release to state and local law enforcement
- Notify releasing offender of applicable community resources
- Victim Notification (if applicable/there is a victim)

Comment: None.

COMMENTS: Refer to field test results for Sterling Correctional Facility, CODOC, and Ohio Department of Rehabilitation and Correction.

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institutions (ACI)
Edition: Fifth
Standard: 4-RH-0031 (Ref: New)
Proposal Type: Revision

Existing: The agency will not place a person with serious mental illness in Extended Restrictive Housing.

Comment: None.

Proposal: An individual diagnosed with a serious mental illness will not be housed in Extended Restrictive Housing. If an inmate, who nevertheless requires mental health treatment, presents a serious danger to others or the safety of the institution, the inmate may be placed in Extended Restrictive Housing with Behavioral Treatment. The determination for placing the inmate in Extended Restrictive Housing with Behavioral Treatment will be conducted by the multidisciplinary service team, which includes a qualified mental health professional and security administration staff. There must be an active individualized treatment plan that includes steps to get the offender back into general population and weekly monitoring by mental health staff.

Comment: None.

Submitted by: ACA Office of Correctional Health

Proposal: The agency will not place a person with serious mental illness in Extended Restrictive Housing unless the warden certifies that transferring the inmate to an alternative housing is clearly appropriate. In making this determination, the warden should consider two factors:

- Whether the inmate presents such an immediate and serious danger that there is no reasonable alternative; and
- The impact of restrictive housing on the inmate's mental illness.

The warden will consult with mental health staff, who should conduct a psychological evaluation. The evaluation should determine:

- That such placement is not contraindicated;
- That the inmate is not a suicide risk;
- That the inmate does not have active psychotic symptoms; and
- In disciplinary circumstances, that lack of responsibility for the misconduct due to mental illness or mitigating factors related to the mental illness do not contraindicate disciplinary segregation.

The inmate should be reassessed every thirty days, or sooner if the inmates' condition warrants, and a new report provided to the warden.

Comment: None.

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

COMMENTS: The standard, as written, does not address how a facility should respond if an inmate with a SMI is too dangerous to be permitted unrestrained, out-of-call access to other inmates, staff and the facility. The standard, as written, also does not permit the facility to differentiate between inmates who are psychotic/bipolar, depressed and fragile vs. inmates with a SMI who are psychotic/bipolar, depressed who have been stabilized and are functioning well. Finally, you need a mechanism to alter whether the inmate is in extended restrictive housing or in alternate housing as the inmate's condition changes.

Submitted by: U.S. Disciplinary Barracks (USDB)

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to: President Linthicum will name a ad-hoc committee to review this expected practice as well as consider the applicability of the Restrictive Housing Expected Practices to those housed in a cell under the authority of a healthcare practitioner. The Committee will include members of both security and behavioral health.

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institutions (ACI)
Edition: Fourth
Standard: 4-RH-0013 (Ref: 4-4259)
Proposal Type: Revision

Existing: Written policy and procedure govern the selection criteria, specialized training, supervision, and rotation of staff who work directly with inmates in Restrictive Housing on a regular and daily basis.

> **Comment:** Specialized training should include but not be limited to Crisis Intervention Training, Stress Management and Correctional Behavioral Health Certification.
>
> **Protocols:** Policy and Procedure.
>
> **Process Indicators:** Staff Roster and training records of staff assigned to the unit.

Proposal: Written policy and procedure govern the selection criteria, specialized training, supervision, and rotation of security staff who work directly with inmates in Restrictive Housing on a regular and daily basis.

> **Comment:** Specialized training should include but not be limited to Crisis Intervention Training, Stress Management and Correctional Behavioral Health Certification.
>
> **Protocols:** Policy and Procedure.
>
> **Process Indicators:** Staff Roster and training records of staff assigned to the unit.

COMMENTS: Refer to field test results for Sterling Correctional Facility, CODOC, and Ohio Department of Rehabilitation and Correction.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institutions (ACI)
Edition: Fourth
Standard: 4-RH-0017 (Ref: 4-4262)
Proposal Type: Revision

Existing: Written policy, procedure, and practice provide that inmates in Restrictive Housing have the opportunity to shave and shower at least three times per week. In instances where inmates are not allowed to shave or shower, these instances must be documented and reviewed by the senior correctional supervisor in charge.

> **Comment:** Inmates in Restrictive Housing should have the opportunity to maintain an acceptable level of personal hygiene unless these procedures cause an undue security hazard. If conditions permit, the inmates should be able to shower daily. Issued personal hygiene equipment should be controlled and accounted for.
>
> **Protocols:** Written policy and procedure.
>
> **Process Indicators:** Documentation of deviation from standard requirements, inventory reports, issue logs, daily shift logs, building schedules.

Proposal: Written policy, procedure, and practice provide that inmates in Restrictive Housing have the opportunity to shave at least once per week. In instances where inmates are not allowed to shave or shower, these instances must be documented and reviewed by the senior correctional supervisor in charge.

> **Comment:** Inmates in Restrictive Housing should have the opportunity to maintain an acceptable level of personal hygiene unless these procedures cause an undue security hazard. If conditions permit, the inmates should be able to shower daily. Issued personal hygiene equipment should be controlled and accounted for.
>
> **Protocols:** Written policy and procedure.
>
> **Process Indicators:** Documentation of deviation from standard requirements, inventory reports, issue logs, daily shift logs, building schedules.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institutions (ACI)
Edition: Fourth
Standard: 4-RH-0005 (Ref: 4-4155)
Proposal Type: Deletion

Proposal: Restrictive Housing units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for Restrictive Housing units are as follows:

- Group yard modules: 330-square feet of unencumbered space can accommodate two inmates. For each Additional 150-square feet of unencumbered space, an Additional inmate may use the exercise area simultaneously. (Formula: for each 150-square feet of unencumbered space exceeding the base requirement of 180-square feet for the first inmate, equals the maximum number of inmates who may use the recreation area space simultaneously). No more than five inmates are to use a group module at one time.
- Individual yard modules: 180-square feet of unencumbered space. In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be available to the inmates who desire to take advantage of their authorized exercise time.

Comment: None.

Protocols: None.

Process Indicators: Observation. Measurement. Facility logs and activity records. Total square footage of areas mentioned, population of unit, square feet per inmate. Observations and photographs

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Correctional Institution (ACI)
Edition: Fourth
Standard: 4-RH-0014(Ref: 4-4260)
Proposal Type: Deletion

Existing ACI: Written policy, procedure, and practice provide that staff operating Restrictive Housing units maintain a permanent log and logs are reviewed monthly by the warden and health authority or designee.

> **Comment:** The log should contain the following information for each inmate admitted to Restrictive Housing: name, number, housing location, date admitted, type of infraction or reason for admission, tentative release date, and special medical or behavioral health problems or needs. The log also should be used to record all visits by officials who inspect the units or counsel the inmates, all unusual inmate behavior, and all releases.
>
> **Protocols:** Written policy and procedure.
>
> **Process Indicators:** Logs reviewed by Warden or Health authority.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: 4-ALDF-RH-001 (Ref: New)
Proposal Type: Revision

Existing: Written policy, procedure, and practice exist that provide for placement in Restrictive Housing only for behaviors which pose a direct threat to the safety of persons, or a clear threat to the safe and secure operations of the facility. The policy and procedure will dictate the process and considerations that will be used in determining placement in Restrictive Housing to include:

- The level of threat of the individual in relationship to the behaviors outlined in the policy.
- The input of medical and mental health practitioners/providers regarding the impact of Restrictive Housing on individuals.
- Sanctions other than Restrictive Housing that is adequate to address the behavior and maintain a safe environment.

Comment: Offenders who pose a threat to staff, other inmates, or themselves may be removed from the general population for the safety and security of the institution. An official review must occur within **24** hours.

Proposal: Written policy, procedure, and practice exist that provide for placement in Restrictive Housing only for behaviors which pose a direct threat to the safety of persons, or a clear threat to the safe and secure operations of the facility. The policy and procedure will dictate the process and considerations that will be used in determining placement in Restrictive Housing to include:

- The level of threat of the individual in relationship to the behaviors outlined in the policy.
- The input of medical and mental health practitioners/providers regarding the impact of Restrictive Housing on individuals.
- Sanctions other than Restrictive Housing that is adequate to address the behavior and maintain a safe environment.
- An official review must occur within **24** hours.

Comment: Offenders who pose a threat to staff, other inmates, or themselves may be removed from the general population for the safety and security of the institution.

COMMENTS: Refer to field test results for Montgomery County DOCR.

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: 4-ALDF-RH-002 (Ref: 4-ALDF-2A-44)
Proposal Type: Revision

Existing: The facility administrator or designee can order immediate placement in Restrictive Housing when it is necessary to protect the inmate or others. The action will be approved, denied, or modified within 24 hours by an appropriate and higher authority who is not involved in the initial placement.

Comment: None.

Proposal: The facility administrator or designee can order immediate placement in Restrictive Housing when it is necessary to protect the inmate or others. The action will be approved, denied, or modified within 24 hours by an appropriate authority who is not involved in the initial placement.

Comment: None.

COMMENTS: Refer to field test results for Davidson County Sheriff's Department.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: 4-ALDF-RH-006 (Ref: 4-ALDF-2A-51)
Proposal Type: Revision

Existing: Restrictive Housing units provide living conditions that approximate those of the general inmate population. All exceptions are clearly documented. Restrictive Housing cells/rooms permit the inmates assigned to them to converse with and be observed by staff members. All cells/rooms in Restrictive Housing provide a minimum of 70 square feet, and shall provide 35 square feet of unencumbered space for the first occupant and 25 square feet of unencumbered space for each additional occupant.

Comment: None.

Proposal: Split into two standards.

4-ALDF-RH-006: Restrictive Housing units provide living conditions that approximate those of the general inmate population. All exceptions are clearly documented.

Comment: None.

4-ALDF-RH-006-1: Restrictive Housing cells/rooms permit the inmates assigned to them to converse with and be observed by staff members. All cells/rooms in Restrictive Housing provide a minimum of 70 square feet, and shall provide 35 square feet of unencumbered space for the first occupant and 25 square feet of unencumbered space for each additional occupant.

Comment: None.

COMMENTS: Refer to field test results for Montgomery County DOCR.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: 4-ALDF-RH-009 (Ref: 4-ALDF-2A-54)
Proposal Type: Comment/Clarification

Existing: Staff assigned, on a regular basis, to work directly with inmates in Restrictive Housing units are selected based on criteria that includes:

- experience
- suitability for this population
- specialized training

Staff is closely supervised and their performance is documented at least annually. There are provisions for rotation to other duties.

> *Comment*: Specialized training should include but not limited to Crisis Intervention Training, Stress Management, CBHC, etc.

COMMENTS: Standard needs to be more specific reference "experience". Is this a time period in corrections, and be specific versus vague standard leaving to interpretation. Believe intent was to be like or exceed 4-ALDF-2A-54 "probationary period." - *Montgomery County*

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Interpretation: The facility itself should define what they require the experience level to be.

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: 4-ALDF-RH-019 (Ref: 4-ALDF-2A-64)
Proposal Type: Revision

Existing: Inmates in Restrictive Housing units are offered a minimum of one hour of exercise five days a week outside their cells, unless security or safety considerations dictate otherwise.

Comment: None.

Proposal: Inmates in Restrictive Housing units are offered a minimum of one hour of exercise five days a week outside their cells, unless security or safety considerations dictate otherwise.

Comment: Inmates in Restrictive Housing should be provided with the opportunity to exercise in an area designated for this purpose, with opportunities to exercise outdoors, weather permitting, unless security or safety considerations dictate otherwise. A written record should be kept of each inmate's participation in the exercise program. Reasons for imposition of constraints should be documented.

COMMENTS: Refer to field test results for Marion County Jail.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities (ALDF)
Edition: Fourth
Standard: 4-ALDF-RH-0024 (Ref: NEW)
Proposal Type: Revision

Existing Female inmates determined to be pregnant shall not be housed in Extended Restrictive Housing.

Comment: None.

Proposal: Female inmates determined to be pregnant shall not be house in Extended Restrictive Housing except in cases of a serious rule infraction. Approval from a healthcare professional must be obtained and documented.

Comment: None.

COMMENTS: Refer to field test results for Douglas County DOC and Montgomery County DOCR.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities (ALDF)
Edition: Fourth
Standard: 4-ALDF-RH-0025 (Ref: NEW)
Proposal Type: Revision

4-ALDF-RH-025 Restrictive Housing (Ref. New)

Existing: Confinement of offenders under the age of 18 years of age in Extended Restrictive Housing is prohibited

Comment: None.

Proposal: Confinement of offenders under the age of 18 years of age in Extended Restrictive Housing except in exigent circumstances and must be approved by the facility administrator or their designee. The action will be reviewed by the facility administrator and a qualified mental health professional no less than every 7 days.

Comment: None.

Comments: Refer to field test results for Marion County Jail and Montgomery County DOCR. Amending the language as above will give the facility the ability to address the offenders under the age of 18 years of age whose behaviors continually pose a direct threat to the safety of persons, or a clear threat to the safe and secure operations of the facility.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities (ALDF)
Edition: Fourth
Standard: 4-ALDF-RH-0010 (Ref: 4- ALDF-2A-55)
Proposal Type: Deletion

Existing ALDF: Staff operating Restrictive Housing units maintains a permanent log that contains at a minimum the following information for each inmate admitted to Restrictive Housing:

- name
- number
- housing location
- date admitted
- type of infraction or reason for admission
- tentative/actual transfer date
- special medical or mental health needs

All visitors to the unit will be documented on a permanent log.

Comment: None.
Protocols: Written policy and procedure. Log format.
Process Indicators: Completed log. Inmate records.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: 4-ALDF-RH-009 (Ref: 4-ALDF-2A-54)
Proposal Type: Revision

Existing: Staff assigned, on a regular basis, to work directly with inmates in Restrictive Housing units are selected based on criteria that includes:

- experience
- suitability for this population
- specialized training

Staff is closely supervised and their performance is documented at least annually. There are provisions for rotation to other duties.

Comment: Specialized training should include but not limited to Crisis Intervention Training , Stress Management, CBHC, etc.

Protocols: Written policy and procedure. Staff roster/schedule.

Process Indicators: Performance reviews. Documentation of staff rotation.

Proposal: Staff assigned, on a regular basis, to work directly with inmates in Restrictive Housing units are selected based on criteria that includes:

- experience
- suitability for this population
- specialized training

Staff is closely supervised and their performance is documented at least annually. There are provisions for rotation of security staff to other duties.

Comment: Specialized training should include but not limited to Crisis Intervention Training , Stress Management, CBHC, etc.

Protocols: Written policy and procedure. Staff roster/schedule.

Process Indicators: Performance reviews. Documentation of security staff rotation.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: 4-ALDF-RH-013 (Ref: 4-ALDF-2A-57)
Proposal Type: Revision

Existing: Inmates in Restrictive Housing units have the opportunity to shave and shower at least three times per week. Inmates in Restrictive Housing units receive laundry and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as inmates in the general population. Exceptions are permitted only when determined to be necessary. Any exception is recorded in the unit log and justified in writing.

Comment: None.

Protocols: Written policy and procedure. Restrictive Housing activity/service schedule.

Process Indicators: Restrictive Housing log. Documentation of exceptions.

Proposal: Inmates in Restrictive Housing units have the opportunity to shave at least once per week. Inmates in Restrictive Housing units receive laundry and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as inmates in the general population. Exceptions are permitted only when determined to be necessary. Any exception is recorded in the unit log and justified in writing.

Comment: None.

Protocols: Written policy and procedure. Restrictive Housing activity/service schedule.

Process Indicators: Restrictive Housing log. Documentation of exceptions.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: 4-ALDF-RH-023 (Ref: New)
Proposal Type: Revision

Existing: Written policy, procedure, and practice require that step down programs from Extended Restrictive Housing are offered to inmates to facilitate the reintegration of the inmate into general population or the community. These programs shall include, at a minimum, the following:

- Weekly evaluations using a multidisciplinary approach to determine the inmate's compliance with program requirements
- Subject to weekly evaluations;
    - Gradually increasing out-of-cell time
    - Gradually increasing group interaction
    - Gradually increasing education and programming opportunities
    - Gradually increasing privileges
- Step- down compliance review

Comment: None.

Protocol: Policy and Procedure.

Process indicators: Step-down compliance review form. Evaluations form. Restrictive Housing logs.

Proposal: Written policy, procedure, and practice require that step down programs from Extended Restrictive Housing are offered to inmates to facilitate the reintegration of the inmate into general population or the community. (does not apply to immediate court order release)

These programs shall include, at a minimum, the following:

- Weekly evaluations using a multidisciplinary approach to determine the inmate's compliance with program requirements
- Subject to weekly evaluations;
    - Gradually increasing out-of-cell time
    - Gradually increasing group interaction
    - Gradually increasing education and programming opportunities
    - Gradually increasing privileges
- Step- down compliance review

Comment: None.

Protocol: Policy and Procedure.

Process indicators: Step-down compliance review form. Evaluations form. Restrictive Housing logs.

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: The full results of the field test audits will be available for review at the Standards Committee Meeting. Please see ACA staff for more information.

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: 4-ALDF-RH-022 (Ref: 4-ALDF-5C-04)
Proposal Type: Deletion

Proposal: Restrictive Housing units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for Restrictive Housing units are as follows:

- Group yard modules: 330-square feet of unencumbered space can accommodate two inmates. For each additional 150-square feet of unencumbered space, an additional inmate may use the exercise area simultaneously. (Formula: for each 150 square feet of unencumbered space exceeding the base requirement of 180 square feet for the first inmate, equals the maximum number of inmates who may use the recreation area space simultaneously). No more than five inmates are to use a group module at one time.
- Individual yard modules: 180 square feet of unencumbered space.

In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire shall be made available to the inmates who desire to take advantage of their authorized exercise time.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications. Schedules.

Process Indicators: Observation. Measurement. Facility logs and activity records.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Section 5

Performance-Based Standards for Adult Correctional Institutions, 5th Edition

See Attachment: ACI 5th Edition Performance Based Standards Committee

FOR ACA STAFF USE ONLY

Action taken by the standards committee:

Approved Denied Tabled Referred to: ACA Staff and Richard Stalder for further review.

Section 6

Reports from ACA Committees

American Correctional Association - Committee on Standards and Accreditation

Report from ACA Use of Separation with Juveniles Committee

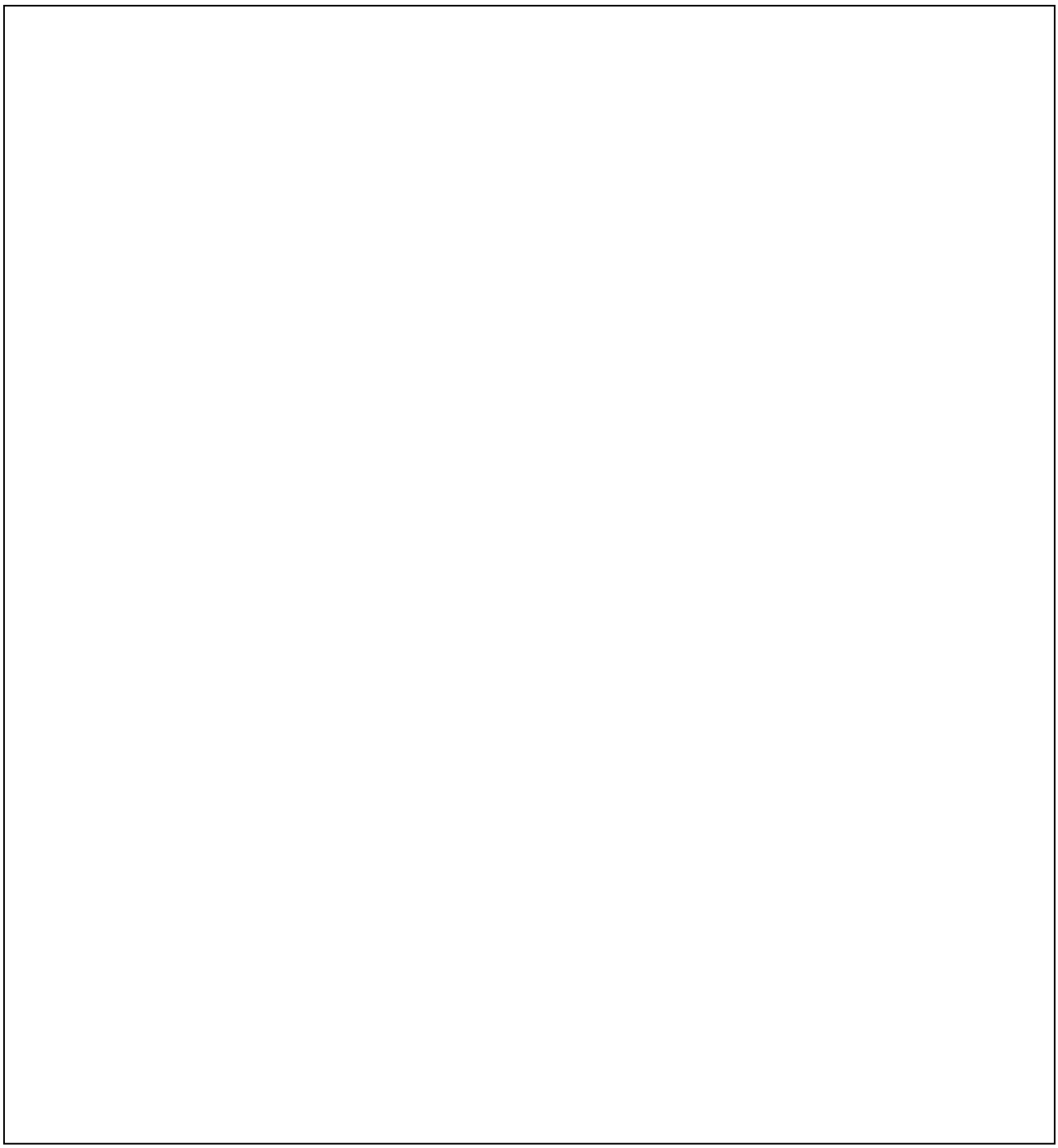
Presenters:

Tom Stickrath, Co-Chair

Christine Blessinger, Co-Chair

The Standards Committee voted to approve the Expected Practices proposed by the Use of Separation with Juveniles Committee herein for Public Hearing at the ACA 2018 Winter Conference, Standards Committee Meeting in Orlando, Florida. The Expected Practices are to be posted on the ACA website for public comment prior to the Orlando Conference.

KEY



Contents:

Use of Separation w/ Juveniles -038	Definition	Revision
Use of Separation w/ Juveniles -039	Definition	Addition
Use of Separation w/ Juveniles -040	Definition	Addition
Use of Separation w/ Juveniles -041	Definition	Addition
Use of Separation w/ Juveniles -042	Definition	Addition
Use of Separation w/ Juveniles -043	Definition	Addition
Use of Separation w/ Juveniles -044	Definition	Addition
Use of Separation w/ Juveniles -045	Definition	Addition
Use of Separation w/ Juveniles -046	Definition	Addition
Use of Separation w/ Juveniles -047	Definition	Addition

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: 4-JCF-3B-10
Proposal Type: Revision

Existing : When a juvenile has been charged with a major rule violation requiring confinement, the juvenile may be confined for a period of up to 24 hours for the safety of the juvenile, other juveniles, or to ensure the security of the facility. The administrator or designee who was not involved in the incident reviews confinement for periods of more than 24 hours every 24 hours.

Comment: None.

Protocols: Written policy and procedures; confinement-unit admission forms; juvenile handbook; rules.
Process Indicators: Disciplinary records; confinement records; juvenile records; Interviews.

Proposal: Separation shall never be the result of a disciplinary sanction.

Comment: Separation is an immediate response to a juvenile's disruptive behavior or behavior that threatens the safety and security of the juvenile or others. Every effort shall be made by staff and service providers to safely return the juvenile to the normal daily program as soon as possible.

Protocols: Written Policy and Procedure
Process Indicators: Disciplinary action report. Approved sanction list. Staff and juvenile interviews. Juvenile files; disciplinary proceedings; separation unit logs

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -001

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: NEW #1
Proposal Type: Addition

Proposal: Written policy and procedure governs the use of a behavior management program. The written policy and procedure must include, but not be limited to, admission and completion criteria and how treatment, programming, and/or behavior management strategies will be modified and intensified.

> **Comment**: The goal of the behavior management program is to modify the juvenile's behavior, such that a behavior management program is no longer necessary.
>
> **Protocols:** Written policies and procedures, post orders, unit log books.
> **Process Indicators:** Physical/electronic case notes, juvenile files, logs from multidisciplinary treatment teams, medical and mental health visits, juvenile records, designated unit housing logs.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -002

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: 4-JCF-3C-01
Proposal Type: Revision

Existing : An individual program plan will be developed by the treatment team for juveniles with serious behavior problems. The facility administrator or shift supervisor can order immediate placement in a special unit when it is necessary to protect the juvenile from himself/herself or others. This action is reviewed within 72 hours by the treatment team.

> **Comment:** High-risk juveniles who cannot control their assaultive behavior or who present a danger to themselves may require special management. The clinical, custody, and social service team should provide input into a constructive plan of behavior management, which includes appropriate services and programs. It may be necessary to separate these individuals from the general population to allow for individualized attention.
>
> **Protocols:** Written policy and procedures.
> **Process Indicators**: Special management plans; observations, if applicable.

Proposal: A behavior management plan will be developed by the treatment team for juveniles with serious behavior problems, who threaten the security and management of the facility.

> **Comment:** None
>
> **Protocols:** Written policy and procedures.
> **Process Indicators:** Behavior management plan; observations logs, if applicable. Team meeting minutes, justification and documentation of reviews at required intervals.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -003

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: NEW # 2
Proposal Type: Addition

Proposal: Written policy and procedure governs the use of a behavior management plan and program.

If the behavior management plan includes placement in an behavior management program, then written policy and procedure governs specific admission criteria, included but not limited to the following:

- All admissions are authorized by the multidisciplinary service or treatment team prior to admission
- All juveniles must be reviewed and approved by behavioral health practitioner prior to admission

Comment: This process allows for the creation of a continuum of management strategies ranging from management of the youth in the general population with special handling orders to placement in a formalized behavior management program.

Protocols: Written policy and procedure on behavior management plan.
Process Indicators: Juvenile Behavioral Health Record; Youth and Staff Interviews; Admission Records to Behavioral Management Program; Behavior Management Plan Documentation.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -004

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -005

Manual: Juvenile Correctional Facilities(JCF)
Edition: Fourth
Standard: NEW #3
Proposal Type: Addition

Proposal: Written policy and procedure shall require weekly review for those juveniles on an behavior management plan. The review shall include the multidisciplinary treatment team.

> **Comment:** The goal of treatment is for the juvenile to be returned to regular programming as soon as possible
>
> **Protocols:** Written policy and procedure
> **Process Indicators:** documentation of the weekly review

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -005

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -006

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: NEW # 4
Proposal Type: Addition

Proposal: Written policy and procedure shall govern operations of any unit designated for behavioral management programs. Such policy and procedure should ensure that services, privileges, and living conditions that may be earned are similar to those available to general population.

> **Comment:** Separation may be utilized, consistent with other expected practices, as part of the behavioral management program.
>
> **Protocols:** Written policy and procedure
> **Process Indicators:** Logs. Observations. Staff and juvenile interviews. Documentation of weekly review.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -006

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: 4-JCF-3C-02
Proposal Type: Revision

Existing: Juveniles requiring protection from others may be placed in protective custody until alternative permanent housing is found within the facility or as a result of a transfer. The juvenile's treatment team develops a special management plan to assure safety and continuous services and programming. Continued confinement after 72 hours is approved by the facility administrator.

> **Comment:** Juveniles may be at risk due to a number of reasons. The goal should be victim protection with the least harm done to the juvenile requiring protection.

Proposal: If a juvenile is in separation for protective measures until alternative protective measures can be implemented, a plan is developed and implemented no later than 4 hours from the time the juvenile is placed in separation to assure the safety and continued services and programming in the least restrictive environment possible. The plan shall ensure at least 1 hour of out-of-room activity with others every 5 hour period outside of sleeping hours. A plan that includes separation must be approved by a facility administrator after 24 hours and at least every 24 hours thereafter.

> **Comment**: The goal of separation for protective custody purposes should be victim protection with the least harm done to the juvenile requiring protection. Alternative protective measures may include, but are not limited to, permanent housing, transfer, a plan for the potential victim and/or perpetrator(s), one-to-one staffing, peer mediation/conflict resolution, etc. The facility administrator's decision should be influenced by the treatment needs of the juvenile. The minimum 1 hour of out-of-room activities can be split-up within the 5 hour period.
>
> **Protocols:** Written policy and procedures.
> **Process Indicators:** Behavioral management plans; observations, if applicable.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -007

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -008

Manual: Juvenile Correctional Facilities(JCF)
Edition: Fourth
Standard: 4-JCF-3C-03
Proposal Type: Revision

Existing: Revised 1/ 2012 The following procedure is followed for any juvenile placed in room confinement:

1. Checked visually by staff at least every 15 minutes
2. Visited at least once each day by personnel from administrative, clinical, social work, religious, and/or medical units. Actual entry into the room of confinement with the juvenile or removal of the juvenile from the room for the purpose of discussion or counseling constitutes a visit.
3. A log is kept recording:
    a. The name and title of the individual who authorized the confinement
    b. Name and title of persons visiting the juvenile c. Record of time checks
    d. The person authorizing release from confinement
    e. The time of release
4. Suicidal juveniles are under continuous one-to one observations until evaluated by a mental health professional.

Comment: A visit does not include routine visual checks or discussion through the door or window of the confinement room. Electronic devices used to monitor juveniles do not substitute for one-to-one observations by staff.

Protocols: Written policy and procedures.
Process Indicators: Confinement logs.

Proposal: The facility shall have written policies and procedures that describe the implementation and monitoring of measures to be followed for any juvenile placed in separation. These policies and procedures must include, at the minimum, the following elements.

The following procedure is followed for any juvenile placed in separation:

1. Authorization of separation by supervisor or behavioral health staff
2. Checked visually by staff in staggered intervals not to exceed fifteen (15) minutes
3. Removed from separation at the point he/she has demonstrated emotional and behavioral control and is assessed as being able to reenter population.
4. Supervisor, supervisor's designee, or behavioral health staff shall meet with the juvenile in an effort to identify the reasons for them being unsafe to return to general population prior to four (4) hours.
5. If separation is continued beyond four (4) hours it must be reviewed by a behavioral health staff and/or supervisor with attempts to safely return the youth to general population at least every two (2) hours thereafter.
6. Offer services to include education, treatment, medical, and recreation, to juveniles who are separated beyond four (4) hours

Comment: A visit does not include routine visual checks through the door or window of the confinement room. Electronic devices used to monitor juveniles do not substitute for one-to-one observations by staff. If the juvenile displays sustained escalated behavior, staff will meet with the juvenile to assist in de-escalation.

Protocols: Written policy and procedures.
Process Indicators: Separation logs. Staff and visitation logs, activity log. Documentation for 4 hour checks.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -008

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -009

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: NEW #5
Proposal Type: Addition

Proposal: A use of separation log is kept for documentation of the following:

a. Staggered fifteen (15) minute rounds.
b. The name and title of the supervisor and/or behavioral health staff who authorized the separation and who authorized continued separation beyond four (4) hours, if necessary
c. Date/Time of placement and removal from separation
d. Name and title of all persons visiting the juvenile
e. Date/time of checks and behavior noted
f. Any reviews of placement and by whom, with rationale for continued separation
g. Name and position of supervisor and/or behavioral health staff authorizing release from separation
h. Time and activity spent out of room

Comment: If juvenile refuses time out of room, the reason needs to be documented

Protocols: Written Policies and Procedures.
Process Indicators: Room Logs. Log of staff authorizing release.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -009

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -010

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: 4-JCF-3C-04
Proposal Type: Revision

Existing: Confinement in a security room for any offense should not exceed five days, unless otherwise provided by law. Juveniles placed in confinement are afforded living conditions and privileges that may be earned approximating those available to the general population.

Comment: The time a juvenile spends in disciplinary confinement is proportion- ate to the offense committed, taking into consideration the juvenile's prior con- duct, specific program needs, and other relevant factors. An outside limit is set for the period of confinement. Use of the special management plan to define expectations and privileges that may be earned will assist the juvenile in striving for socially acceptable behavior.

Protocols: Written policy and procedures.
Process Indicators: Special management plans; observations, if applicable.

Proposal: Separation should be short in duration and should end as soon as safety allows, not to exceed twenty-four (24) hours. In the event that separation beyond twenty-four (24) is necessary for the safety and security of the facility and staff, further evaluation and authorization from the facility Superintendent or administrative designee must be obtained if extended beyond twenty-four (24) hours.

Comment: None.

Protocols: Written policy and procedure.
Process Indicators: Room log. Visiting log. Documentation for 4 hour checks. Behavioral observation log. Incident Report showing engagement/participation in an act of violence; an Assessment/, 2 hr checks by the supervisor or behavioral health staff, Authorization Beyond 24hrs, documentation or log.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -010

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -011

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: NEW #6
Proposal Type: Addition

Proposal: Separation following an act of violence requires a process to evaluate a juvenile's readiness to safely return to general population. This evaluation shall be initiated within four (4) hours of placement in separation and subsequently every two hours after until the juvenile is able to process the incident with a supervisor or behavioral health staff and safely be returned to general population Juveniles placed in a separation status are afforded living conditions and earned privileges similar to general population.

Comment: None.

Protocols: Written Policy and Procedure.
Process Indicators: Incident Report. Authorization Beyond 24hrs, documentation or log.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -011

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -012

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: 4-JCF-3C-17
Proposal Type: Revision

Existing: An administrative review is provided for juveniles transferred to a more restrictive program or secure facility.

Comment: None.

Protocols: Written policy and procedures; disciplinary forms; hearing forms; juvenile rulebook and rules.
Process Indicators: Copies of administrative reviews.

Proposal: An administrative review is provided for juveniles transferred to a more secure facility.

Comment: None.

Protocols: Written policy and procedures; disciplinary forms; hearing forms; juvenile rulebook and rules.
Process Indicators: Copies of administrative reviews.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -012

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -013

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: NEW #7
Proposal Type: Addition

Proposal: An administrative review is provided for juveniles placed in a more structured and restrictive program or a specialized treatment unit within the same facility. As soon as possible, but no later than 72 hours after placement the treatment team shall review the placement and establish a plan for the return to general population. The facility administrator shall approve initial placement and reauthorize every 24 hours until the treatment/special plan is established.

> **Comment**: Justification for transfers must be provided. Facility must demonstrate other interventions have been ineffective.
>
> **Protocols:** Written policy and procedures, hearing forms, treatment plan, Juvenile Program Manual/Rulebook.
> **Process Indicators:** Written plan, copies of administrative reviews. Facility administrator authorization 24 hours, hearing forms, treatment plan.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -013

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -014

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: 4-JCF-4C-46
Proposal Type: Revision

Proposal: When a juvenile is placed in seclusion/isolation, a qualified healthcare professional or health trained person shall be informed immediately and shall complete an assessment, as determined by the health authority. Unless medical attention is needed more frequently, each juvenile in seclusion/isolation receives a daily visit from a qualified healthcare professional or health-trained person.

> **Comment:** The visit ensures that juveniles have access to the health-care system. A health-care provider, who determines the appropriate setting for further medical attention or examination, evaluates those juveniles who request health call. Health- care providers may request that a juvenile be removed from a cell or housing area for medical attention or examination. All health-call encounters are documented in the juvenile's health-record.
>
> **Protocols:** Written policy and procedure.
> **Process Indicators:** Seclusion/isolation logs; documentation of daily visits; health-record entries; observations; interviews.

Proposal: When a juvenile is placed in separation, a qualified healthcare professional or health-trained person shall be informed immediately and shall immediately complete an assessment. Unless medical attention is needed more frequently, each juvenile in separation receives a daily visit from a qualified healthcare professional or health-trained person.

> **Comment:** The visit ensures that juveniles have access to the health-care system. A health-care provider, who determines the appropriate setting for further medical attention or examination, evaluates those juveniles who request health call. Healthcare providers may request that a juvenile be removed from a cell or housing area for medical attention or examination. All health-call encounters are documented in the juvenile's health-record. The type of assessment is to be determined by health authority.
>
> **Protocols:** Written policy and procedure.
> **Process Indicators:** Separation logs; documentation of daily visits; health-record entries; observations; interviews.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -014

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: NEW #8
Proposal Type: Addition

Proposal: The facility shall have written policies and procedures that describe behavioral health screening of any juvenile placed in separation. These policies and procedures shall include the following elements:

1. Screening for any behavioral health reasons not to use the use of separation will be done as soon as possible but no later than 30 minutes after placement in separation. This screening may be done by staff trained to use the separation screening tool.
2. The separation screening tool shall be approved by the behavioral health authority.
3. Notification of behavioral health staff when the juvenile remains in separation for more than 2 hours or when a separation screening tool indicates a need to contact behavioral health staff sooner.
4. Documentation of behavioral health screening encounters in the juvenile's behavioral health-record.

Comment: The use of separation can have negative effects on an individual. The screening tool may take the form of: structured interview, checklist, commercially published instrument, etc. Separation should be avoided if a screening concludes that there may be an acute deterioration of behavioral health functioning.

Protocols: Written policy and procedure.
Process Indicators: Separation logs; documentation of daily visits; behavioral health-record entries; observations; interviews; separation screening tool.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -015

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -016

Manual: Juvenile Correctional Facilities (JCF)
Edition: Fourth
Standard: NEW #9
Proposal Type: Addition

Proposal: The facility must have written policies and procedures that describe behavioral health monitoring of any juvenile placed in separation. These policies and procedures shall include the following elements:

1. Behavioral health monitoring of juvenile's adjustment to separation every 4 hours except during bed time hours
2. Provision of an appropriate level of behavioral health care as determined by monitoring.
3. Documentation of behavioral health monitoring in the juvenile's behavioral health-record.
4. Discontinuation of separation if clinical staff determines that the youth is being harmed by separation.

Comment: The use of separation can have negative effects on an individual. Separation should be avoided if a monitoring indicates that there may be an acute deterioration of behavioral health functioning. Monitoring by behavioral health staff endeavors to prevent harm by separation and ensures access to needed services.

Protocols: Written policy and procedure.
Process Indicators: Separation logs; documentation of daily visits; behavioral health-record entries; observations; interviews.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -016

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -017

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: New Goal
Proposal Type: Addition

Existing: None. The JDF manual is not in performance based format.

Proposal: Goal: Protect the community, staff, contractors, volunteers, and juveniles from harm.

Performance Standard for Use of separation: Juveniles who pose a threat to the safety and security of staff, other juveniles, or themselves may be removed from the general population and placed in a separation room when warranted. Juveniles in separation rooms should be treated in a respectful and humane manner.

Performance Standard for Use of Special Management: Juveniles who are in danger from other juveniles or themselves may be placed in Special Management to ensure their safety and security. These juveniles should receive, to the extent possible, similar programming and privileges as juveniles in the general population.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -017

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -018

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-2C-10
Proposal Type: Deletion

Existing: When there is a security room separate from the living unit, it is equipped with plumbing and security furniture.

> **Comment**: A juvenile may be placed in a temporary security room instead of his or her own room where his or her behavior is so out of control that presence near others seriously disturbs the group. This room requires close staff observation.
>
> **Protocols:** None. JDF is not yet a performance based manual.
> **Process Indicators:** None. JDF is not yet a performance based manual.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -018

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -019

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3C-06
Proposal Type: Revision

Existing: Written policy, procedure, and practice require that prior to room and/or privilege restriction, the juvenile has the reasons for the restriction explained to him/her and has an opportunity to explain the behavior leading to the restriction.

> **Comment**: Prior to restriction for any rule infraction, the juvenile should be given an opportunity to explain the reason(s) for the rule violation.
>
> **Protocols:** None. JDF is not yet a performance based manual.
> **Process Indicators:** None. JDF is not yet a performance based manual.

Proposal: Separation shall never be the result of a disciplinary sanction.

> **Comment**: Separation is an immediate response to a juvenile's disruptive behavior or behavior that threatens the safety and security of the juvenile or others. Every effort shall be made by staff and service providers to safely return the juvenile to the normal daily program as soon as possible.
>
> **Protocols:** Written Policy and Procedure.
> **Process Indicators:** Disciplinary action report. Approved sanction list. Staff and juvenile interviews. Juvenile files; disciplinary proceedings; separation unit logs.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -019

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -020

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3C-07
Proposal Type: Revision

Existing: During room restriction, staff contact is made with the juvenile at least every 15 minutes, depending on his/her emotional state. The juvenile assists in determining the end of the restriction period

Comment: During the period of restriction, a staff person should interact with the juvenile in an effort to solve any problems and to determine a release time.

Protocols: None. JDF is not yet a performance based manual.
Process Indicators: None. JDF is not yet a performance based manual.

Proposal: The facility must have written policies and procedures that describe the implementation and monitoring of measures to be followed for any juvenile placed in separation. These policies and procedures must include, at the minimum, the following elements.

The following procedure is followed for any juvenile placed in separation:

1. Authorization of separation by supervisor or behavioral health staff
2. Checked visually by staff in staggered intervals not to exceed fifteen (15) minutes
3. Removed from separation at the point he/she has demonstrated emotional and behavioral control and is assessed as being able to reenter population.
4. Supervisor, supervisor's designee or behavioral health staff shall meet with the juvenile in an effort to identify the reasons for them being unsafe to return to general population prior to four (4) hours.
5. If separation is continued beyond four (4) hours it must be reviewed by a behavioral health staff and/or supervisor with attempts to safely return the youth to general population at least every two (2) hours thereafter.
6. Offer services to include education, treatment, medical, and recreation, to juveniles who are separated beyond four (4) hours

Comment: During the period of restriction, a staff person should interact with the juvenile in an effort to solve any problems and to determine a release time. A visit does not include routine visual checks through the door or window of the confinement room. Electronic devices used to monitor juveniles do not substitute for one-to-one observations by staff. If a juvenile displays sustained escalated behavior, staff will meet with the juvenile to assist in de-escalation.

Protocol: Written Policy and Procedure. Operational Memorandums.
Process Indicators: Separation logs. Staff and visitation logs, activity logs Documentation for 4 hour checks.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -020

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -021

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3C-08
Proposal Type: Revision

Existing: Written policy, procedure, and practice specify that room restriction for minor misbehavior serves only a "cooling off" purpose and is short in time duration, with the time period 15 to 60 minutes specified at the time of assignment.

> **Comment**: Juveniles are quick to act out and usually just as quick to recover from temper flare-ups. A few minutes' restriction to their room is often all that is needed to correct the situation and permit the juvenile to resume his/her normal routine.
>
> **Protocols:** None. JDF is not yet a performance based manual.
> **Process Indicators:** None. JDF is not yet a performance based manual.

Proposal: Written policy, procedure, and practice specify an area for the purpose of regaining self-control for brief periods up to, but not to exceed, one hour.

> **Comment:** Some juveniles may frequently be volatile and act out, but can regain control rapidly. A brief period removed from others is often all that is needed to correct the situation and permit the juvenile to resume his/her normal routine.
>
> **Protocol:** Written Policy and Procedure. Operational Memorandums.
> **Process Indicators:** Logbook, with time in and time out. Resident/Juvenile Handbook. Record of Privilege Restrictions.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -021

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3C-11
Proposal Type: Revision

Existing: When a juvenile has been charged with a major rule violation requiring confinement use of separation for the safety of the juvenile, other juveniles, or to ensure the security of the facility, the juvenile may be confined for a period of up to 24 hours. Confinement for periods of over 24 hours is reviewed every 24 hours by an administrator or designee who was not involved in the incident.

Comment: None.

Protocols: None. JDF is not yet a performance based manual.
Process Indicators: None. JDF is not yet a performance based manual.
Proposed Revision

Proposal: When a juvenile has been placed in separation for the safety of the juvenile, other juveniles, or to ensure the security of the facility, the juvenile may be confined for a period of up to 24 hours. In the event that separation beyond twenty-four (24) hours is necessary for the safety and security of the facility and staff, further evaluation and authorization from the facility Superintendent or administrative designee must be obtained prior to extending separation beyond twenty-four (24) hours.

Comment: None.

Protocol: Policy and procedure, special management log, due process hearing, major rule violation, detainee handbook
Process Indicators: Incident report, behavior plan, Inter-disciplinary Treatment Team (ITT) review

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -022

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -023

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3D-06
Proposal Type: Revision

Existing: Written policy, procedure, and practice protect juveniles from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment.

> **Comment**: In situations where physical force is required, only the least drastic means necessary to secure order or control should be used.
>
> **Protocols:** None. JDF is not yet a performance based manual.
> **Process Indicators:** None. JDF is not yet a performance based manual.

Proposal: Written policy, procedure, and practice protect juveniles from abuse, corporal punishment, personal injury, damage of personal property, harassment and/or exploitation.

> **Comment:** In situations where physical force or use of separation is required, only the least restrictive means necessary to secure order or control should be used.
>
> **Protocol:** Written Policy and Procedure. Detainee handbook outlining safety in JSC. Orientation video showing detainee rights. Use of force, due process, grievance and appeal process.
> **Process Indicators:** Resident/Juvenile Handbook. Grievance Process Forms and related documentation. Staff and Juvenile Interviews. Disciplinary and appeal process.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -023

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3E-01
Proposal Type: Revision

Existing: Written policy, procedure, and practice provide special management for juveniles with serious behavior problems and for juveniles requiring protective care. An individual program plan will be developed.

> **Comment**: High risk juveniles, who cannot control their assaultive behavior, present a danger to themselves, or who are in constant danger of being victimized by other juveniles may require special management. The facility should provide appropriate services and programs for them. It may be necessary to separate them from the general population to allow for individualized attention.
>
> **Protocols:** None. JDF is not yet a performance based manual.
> **Process Indicators:** None. JDF is not yet a performance based manual.

Proposal: Written policies, procedures, and practices provide for more intensive supervision and management of juveniles with a sustained pattern of serious behavior problems. A behavior management plan will be developed and implemented.

> **Comment**: When creating the behavior management plan, the least restrictive approach to maintain safety and security should be utilized. Youth should be returned back to general population as soon as safety allows.
>
> **Protocols:** Written policy and procedure.
> **Process Indicators:** Behavior management plans, training records, logs, incident reports/response, housing assignment records, juvenile and staff interviews.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -024

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -025

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3E-02
Proposal Type: Deletion

Existing: The facility administrator or shift supervisor can order immediate placement in a special unit or room when it is necessary to protect the juvenile from self or others. The action is reviewed within 24 hours by the appropriate authority.

Comment: None.

Protocols: None. JDF is not yet a performance based manual.
Process Indicators: None. JDF is not yet a performance based manual.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -025

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -026

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3E-03
Proposal Type: Deletion

Existing: The detention facility has a sanctioning schedule that sets a maximum of five days of confinement in a security room for any, unless otherwise provided by law.

> **Comment**: The time a juvenile spends in disciplinary confinement is proportionate to the offense committed, taking into consideration the juvenile's prior conduct, specific program needs, and other relevant factors. An outside limit should be set for the period of confinement. This limit should be consistent with case law and statutes of the jurisdiction. Where such guidelines do not exist, a maximum of five days of disciplinary detention should be considered sufficient for most cases.
>
> **Protocols:** None. JDF is not yet a performance based manual.
> **Process Indicators:** None. JDF is not yet a performance based manual.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -026

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3E-04
Proposal Type: Revision

Existing: Juveniles placed in confinement are checked visually by staff at least every 15 minutes and are visited at least once each day by personnel from an administrative, clinical, social work, religious or medical units. A log is kept recording who authorized the confinement, persons visiting the juvenile, the person authorizing release from confinement, and the time of release. Suicidal juveniles are under continuous/continuing observation.

Comment: None

Protocols: None. JDF is not yet a performance based manual.
Process Indicators: None. JDF is not yet a performance based manual.

Proposal: Juveniles who are separated from general population for any reason are checked visually by staff at staggered intervals not to exceed 15 minutes. If separation has been authorized beyond 24 hours, the juvenile should have face-to-face contact with personnel from administrative, medical, and behavioral health daily to provide access to necessary services. In the absence of medical and behavioral health personnel, specialized trained staff shall make checks on the juvenile at least once each shift. Policy shall provide for the presence of on-call medical and/or behavioral health staff, should a specialized trained staff deem it necessary.

Comment: Medical and behavioral health staff should include observations, which should be documented in the juvenile's health record, of the juvenile's adjustment and any potential decompensation. Specialized training should include but not limited to Crisis Intervention Training, Stress Management and Correctional Behavioral Health Certification.

Protocols: Written policy and procedure.
Process Indicators: Separation logs, surveillance equipment, juvenile medical/behavioral health records.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -027

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -028

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: NEW #1
Proposal Type: Addition

Proposal: A use of separation log is kept for documentation of the following:

a. Staggered fifteen (15) minute rounds.
b. The name and title of the supervisor and/or behavioral health staff who authorized the separation and who authorized continued separation beyond four (4) hours, if necessary
c. Date/Time of placement and removal from separation
d. Name and title of all persons visiting the juvenile
e. Date/time of checks and behavior noted
f. Any reviews of placement and by whom, with rationale for continued separation
g. Name and position of supervisor and/or behavioral health staff authorizing release from separation
h. Time and activity spent out of room
i.

Comment: If juvenile refuses time out of room, the reason needs to be documented.

Protocols: Written policy and procedure.
Process Indicators: Separation logs; staff and visitation logs; activity log

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -028

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -029

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: NEW #2
Proposal Type: Addition

Proposal: Written policy and procedure shall govern operations of any unit designated for behavioral management programs. Such policy and procedure should ensure that services, privileges, and living conditions that may be earned are similar to those available to general population.

> **Comment:** Separation may be utilized, consistent with other expected practices, as part of the behavioral management program.
>
> **Protocols:** Written policy and procedure
> **Process Indicators:** Logs. Observations. Staff and juvenile interviews. Documentation of weekly review.

FOR ACA STAFF USE ONLY- Use of Separation w/ Juveniles -029

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -030

Manual: Juvenile Detention Facilities (JDF)
Edition: Fourth
Standard: 3-JDF-3E-05
Proposal Type: Revision

Existing: Written policy, procedure, and practice specify that juveniles placed in confinement are afforded living conditions and privileges approximating those available to the general juvenile population. Exceptions are justified by clear and substantiated evidence.

> **Comment**: Placement in room confinement achieves the primary purpose of isolating the juvenile from the general population. To the extent possible, juveniles in confinement should have a room, food, clothing, exercise, and other services and privileges comparable to those available to the general population. Where services or privileges are denied to juveniles in confinement, written justification should be provided.
>
> **Protocols:** None. JDF is not yet a performance based manual.
> **Process Indicators:** None. JDF is not yet a performance based manual.

Proposal: Written policy, procedure, and practice specify that juveniles placed in separation be afforded living conditions and privileges approximating those available to the general juvenile population. Exceptions are justified by clear and substantiated evidence.

> **Comment:** Placement in room confinement achieves the primary purpose of separating the juvenile from the general population. To the extent possible, juveniles in separation should have a room, food, clothing, exercise, and other services and privileges comparable to those available to the general population. Where services or privileges are denied to juveniles in confinement, written justification should be provided.
>
> **Protocol:** Written Policy and Procedure. Record management and activity log.
> **Process Indicators**: Physical plant/room layouts. Program Schedule. Resident/Juvenile Handbook. Documentation/evidence of exceptions. Staff and juvenile interviews. Incident reports.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -030

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Behavior contract</u> - an agreement between a youth and staff (and sometimes parents/guardian) that serves as a positive reinforcement intervention, with the explicit goal of increasing or decreasing a specific targeted behavior or behaviors.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -031

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -032

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Behavioral Health Treatment Plan</u> - a written plan which specifies the treatment to address the individual behavioral health treatment needs.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -032

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: Behavioral Health Care Practitioner – *See Mental health care practitioner/provider/professional.*

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -033

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: Behavioral Health Screening – *See Mental health screening.*

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -034

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -035

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: Behavioral Health Staff – *See Mental Health Staff.*

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -035

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -036

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: Intensive Behavior Management Plan - an individualized written plan developed by the youth's service team to address the youth's behavioral problems using planned targeted interventions

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -036

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Intensive Behavior Management Program</u> - a program, that may or may not be on a designated unit, designed to provide increased staff supervision, support, and intervention that manages current behavior and is designed to decrease continued disruptive behavior

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -037

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Revision

Existing: Juvenile Correctional Facility - an institution that may provide supervision, programs, and residential services for more than 100 residents. These facilities are designed and operated to be secure institutions. Juvenile development centers, juvenile treatment centers, secure training schools, and other facilities in the category may serve relatively smaller populations ranging from 40 to 100 juveniles. The age range served is generally from 13 to 18 years of age, although in many jurisdictions, residents may be as young as 10 or as old as 25 years of age. Older residents are usually juveniles who have been returned to the facility as parole violators.

Proposal: Juvenile Correctional Facility - secure facilities which are designed and operated to provide rehabilitation and residential services to juveniles adjudicated of an offense or crime.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -038

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -039

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Juvenile Detention Facility</u> - facilities designed and operated to provide temporary care of juveniles who have been adjudicated and/or juveniles alleged to be delinquent who are going through the court process, awaiting placement, or serving a period of separation from the community as ordered by the court that requires secure custody in a physically restricted setting.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -039

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -040

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Level of Supervision</u> - the level of monitoring, contact, management, and control needed to maintain safety based on a youth's level of risk.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -040

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Qualified Mental Health Professional</u> - *See Mental Health Care Practitioner/Provider/Professional*

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -041

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Use of Separation w/ Juveniles -042

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Refocus Area</u> - a designated place where brief voluntary separation, from the general population may occur. (Refocus Rooms replace the calming, safe and time out areas, and comfort room).

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -042

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Safety Assessment</u> - the process of evaluating a youth's readiness to return to population.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -043

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Special Management Plan</u> - a special individualized plan developed by the youth's multidisciplinary service team to address the youth's behavioral problems using planned targeted interventions.

FOR ACA STAFF USE ONLY-Use of Separation w/ Juveniles -044

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: **Specialized Treatment Program** - a program designed to provide increased staff supervision, support, and intervention that will assist in managing current behavior and to decrease the likelihood of future disruptive behavior.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -045

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: <u>Specialized Treatment Unit / Intensive Program Unit</u>: a unit that houses youth whose treatment needs and behavior prevent them from residing with the general population with a goal to re-integrate youth when specific treatment goals are reached.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -046

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: All
Edition: All
Standard: Definition
Proposal Type: Addition

Proposal: **Use of Separation** - removal from general population that is involuntarily imposed and is in an area where the youth is without contact with other youth and unable to egress. This does not include situations such as regularly scheduled bed time hours and medically ordered isolation.

FOR ACA STAFF USE ONLY - Use of Separation w/ Juveniles -047

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

FOR ACA STAFF USE ONLY

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

The Committee voted to approve the Expected Practices for the Use of Separation with Juveniles Committee for Public Hearing at the ACA 2018 Winter Conference, Standards Committee Meeting in Orlando, Florida.

Section 7

Reports from ACA Committees

ACA Health Care Committee

Presenter:

Kellie Wasko

ACA Mental/Behavioral Health Ad-Hoc Committee

Presenter:

Deborah Schult, PhD, Chair

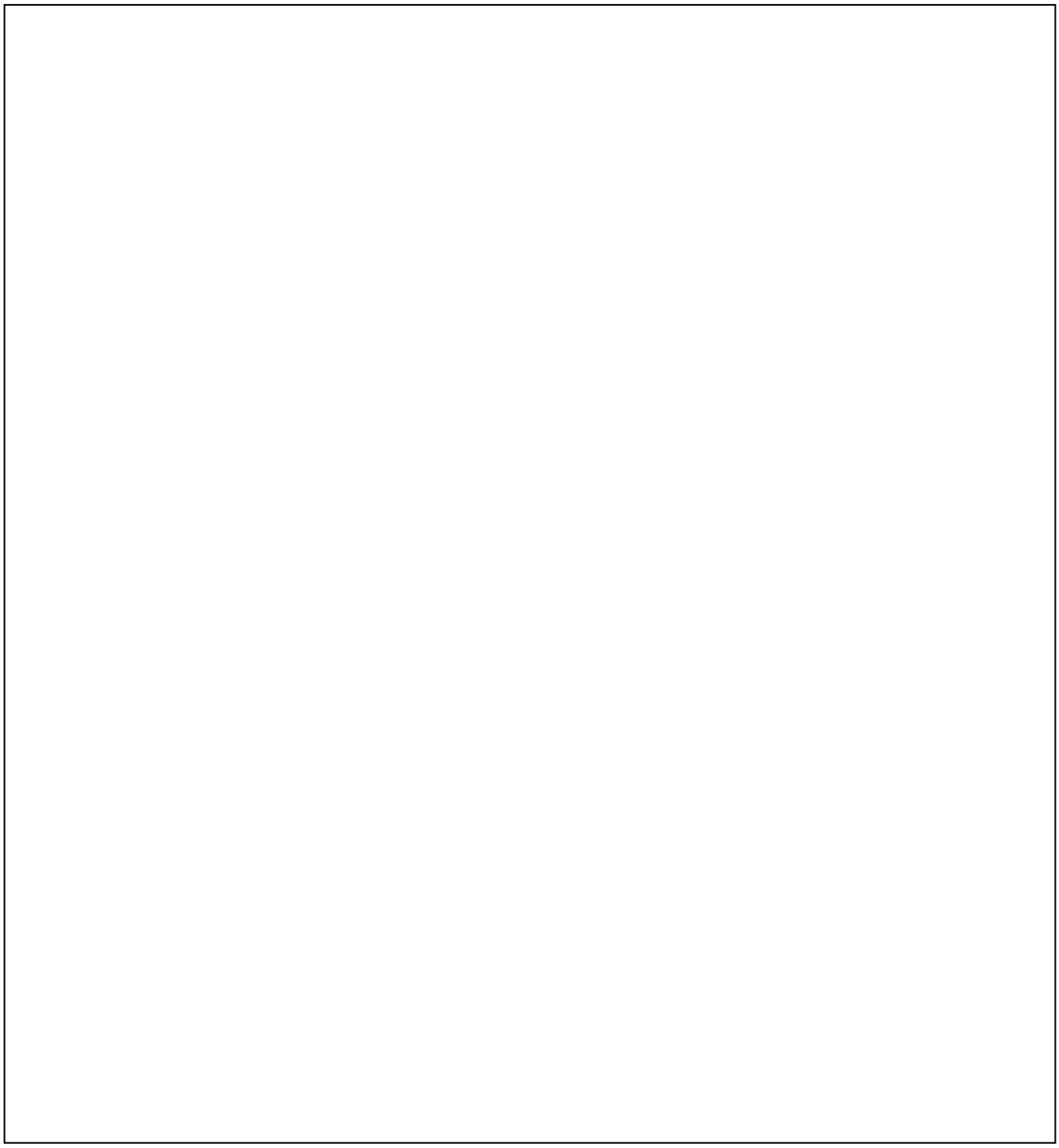
American Correctional Association - Committee on Standards and Accreditation

Report from ACA Health Care Committee

Presenter:

Kellie Wasko

KEY



Contents: Proposed Standards

Healthcare Subcommittee 2017-022

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-07
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: A written, individual treatment plan is required for offenders requiring medical supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is developed by the appropriate health care practitioner for each offender requiring a treatment plan.

> *Comment:* Offenders requiring treatment plans include the following: the chronically ill, offenders with serious communicable diseases, the physically disabled, pregnant offenders, the terminally ill, offenders with serious mental health needs, and the developmentally disabled.

Proposal: A written, individual treatment plan is required for offenders requiring health care supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is developed by the appropriate health care practitioner for each offender requiring a treatment plan.

> *Comment:* Offenders requiring treatment plans include the following: the chronically ill, offenders with serious communicable diseases, the physically disabled, pregnant offenders, the terminally ill, offenders with serious mental health needs, and the developmentally disabled.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Concur "health care" more encompassing."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-022

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4350

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-17 (Ref. 4-4360)
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: Routine and emergency dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

- a dental screening upon admission by a qualified health care professional or health trained personnel
- a full dental examination by a dentist within 30 days
- oral hygiene, oral disease education and self-care instruction are provided by a qualified health care provider within 30 days
- a defined charting system that identifies the oral health condition and specifies the priorities for treatment by category; is completed
- consultation and referral to dental specialists, including oral surgery, is provided when necessary

Comment: Dental screening is an assessment of dental pain, swelling, or functional impairment. As part of the initial health screening, a dentist or health care personnel properly trained and designated by the dentist should perform dental screenings. The dental program should also provide offenders with instruction on the proper brushing of teeth and other dental hygiene measures.

The dental examination should include a periodontal examination (Periodontal Screening and Recording [PSR] or Community Periodontal Index of Treatment Needs [CPITN]) and taking or reviewing the patient's dental history. An examination of the hard and soft tissues of the oral cavity by means of an illuminator light, mouth mirror, and explorer should be performed. X-rays for diagnostic purposes should be available if deemed necessary. The result of the dental examination and dental treatment plan are recorded on an appropriate uniform dental record using a numbered system such as the Federation Dental International System.

Proposal: Routine and emergency dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

- a dental screening upon admission by a qualified health care professional or health trained personnel
- a full dental examination by a dentist within 30 days

- oral hygiene, oral disease education and self-care instruction are provided by a qualified health care provider within 30 days
- a defined dental tooth and hygiene charting system that identifies the oral health condition and specifies the priorities for treatment by category; is completed
- consultation and referral to dental specialists, including oral surgery, is provided when necessary

Comment: Dental screening is an assessment of dental pain, swelling, or functional impairment. As part of the initial health screening, a dentist or health care personnel properly trained and designated by the dentist should perform dental screenings. The dental program should also provide offenders with instruction on the proper brushing of teeth and other dental hygiene measures.

The dental examination should remain current upon patient request, include a periodontal examination (Periodontal Screening and Recording [PSR] or Community Periodontal Index of Treatment Needs [CPITN]) and taking, reviewing and updating of the patient's dental and related history. An examination of the hard and soft tissues of the oral cavity by means of an illuminator light, mouth mirror, and explorer should be performed. Current dental radiographs (X-rays) should be available, if deemed necessary, for proper diagnosis. The result of the dental examination and dental treatment plan are recorded on an appropriate uniform dental record using a numbered system such as the Federation Dental International System.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"If changes are to be a standard and measured against, it needs to be removed from the comment, and added as one of the bullets in the existing standard."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-023

The above proposed revision, addition, or deletion would also affect the following manuals: ACI-4-4360, 4-ALDF-4C-20, 1-CORE-4C-08, 4-JCF-4C-15, 1-ICCS-4C-08

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-19 (Ref.4-4362) (Mandatory)
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard Intake medical screening for offender transfers, excluding intra-system, commences upon the offender's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following:

Inquiry into:

- any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications
- current illness and health problems, including communicable diseases
- dental problems
- use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions)
- the possibility of pregnancy and history of problems (female only); and other health problems designated by the responsible physician

Observation of the following:

- behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
- body deformities, ease of movement, and so forth
- condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse

Medical disposition of the offender:

- general population
- general population with prompt referral to appropriate health care service
- referral to appropriate health care service for emergency treatment

Offenders, who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention, are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance. When screening is conducted by trained custody staff, procedures will require a subsequent review of positive findings by the licensed health care staff. Written procedures and screening protocols are established by the responsible physician in cooperation with the facility manager.

Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

Comment: Health screening is a system of structured inquiry and observation to (1) prevent newly arrived offenders who pose a health or safety threat to themselves or others from being admitted to the general population, and to (2) identify offenders who require immediate medical attention.

Receiving screening can be performed at the time of admission by health care personnel or by a health trained correctional officer. Facilities that have reception and diagnostic units or a holding room must conduct receiving screening on all offenders on their arrival at the facility as part of the admission procedures.

Proposal: Intake health screening for offender transfers, excluding intra-system, commences upon the offender's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following:

Inquiry into:

- any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications
- current illness and health problems, including communicable diseases and mental illness
- dental problems
- use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions)
- the possibility of pregnancy and history of problems (female only); and other health problems designated by the responsible physician

- any past history of mental illness, thoughts of suicide or self-injurious behavior attempts

Observation of the following:

- behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
- body deformities, ease of movement, and so forth
- condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse

Medical disposition of the offender:

- general population
- general population with prompt referral to appropriate health care service
- referral to appropriate health care service for emergency treatment

Offenders, who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention, are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance. When screening is conducted by trained custody staff, procedures will require a subsequent review of positive findings by the licensed health care staff. Written procedures and screening protocols are established by the responsible physician in cooperation with the facility manager.

Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

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Receiving screening can be performed at the time of admission by health care personnel or by a health trained correctional officer. Facilities that have reception and diagnostic units or a holding room must conduct receiving screening on all offenders on their arrival at the facility as part of the admission procedures.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"The suggestion is to rename the existing standard from a "medical screening" at intake to a "health screening", by adding two mental health questions. This suggestion is a good one but will lead to a repetition as there is already another mandatory standard for mental health screening (1-HC-1A-27) which requires us to ask many more mental health questions including these two suggested. This suggestion applies only to "intersystem transfers" but MH standard applies to both inter system and intrasystem transfers."

- Raman Singh, M.D.
- Medical/Mental Health Director
- Louisiana Dept. of Public Safety & Corrections

"Last bullet under "Inquiry into" should be in the mental health standard 1-HC-1A-19 because if done during medical screen, the wrong person is asking the questions and the documentation will be in a medical folder, not the mental health folder. Parts are already in the mental health screening standard."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-024

The above proposed revision, addition, or deletion would also affect the following manuals: ACI-4-4362M, 4-ALDF-4C-22M, 1-CORE-4C-09M, ICCS-4C-09M

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-22 (Ref. 4-4365) (Mandatory)
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: A comprehensive health appraisal for each offender, excluding intra-system transfers, is completed as defined below, after arrival at the facility. If there is documented evidence of a health appraisal within the previous ninety days, a new health appraisal is not required, except as determined by the designated health authority. Health appraisals include the following:

Within 14 days after arrival at the facility

- review of the earlier receiving screen
- collection of additional data to complete the medical, dental, mental health, and immunization histories
- laboratory or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
- record of height, weight, pulse, blood pressure, and temperature
- other tests and examinations, as appropriate

Within 14 days after arrival for inmates with identified significant health care problems

- medical examination, including review of mental and dental status (for those inmates with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth.)
- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act
- initiation of therapy, when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Within 30 days after arrival for inmates without significant health care problems

- medical examination, including review of mental and dental status (for those inmates without significant health care concerns identified during earlier screening–no identified acute or chronic disease, no identified communicable disease, and so forth)

- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act
- initiation of therapy, when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Comment: Test results, particularly for communicable diseases, should be received and evaluated before an offender is assigned to housing in the general population. Information regarding the offender's physical and mental status may also dictate housing and activity assignments. When appropriate, additional investigation should be conducted into alcohol and drug abuse and other related problems.

Proposal: A comprehensive health appraisal for each offender, excluding intra-system transfers, is completed as defined below, after arrival at the facility. If there is documented evidence of a health appraisal within the previous ninety days, a new health appraisal is not required, except as determined by the designated health authority. Health appraisals include the following:

Within 14 days after arrival at the facility

- review of the earlier receiving screen
- collection of additional data to complete the medical, dental, mental health, and immunization histories
- laboratory or diagnostic tests to detect communicable disease, including sexually transmitted diseases and tuberculosis
- record of height, weight, pulse, blood pressure, and temperature
- other tests and examinations, as appropriate

Within 14 days after arrival for inmates with identified significant health care problems

- medical examination, including review of mental and dental status (for those inmates with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth.)
- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act
- initiation of therapy, when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Within 30 days after arrival for inmates without significant health care problems

- medical examination, including review of mental and dental status (for those inmates without significant health care concerns identified during earlier screening–no identified acute or chronic disease, no identified communicable disease, and so forth)
- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act
- initiation of therapy, when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Comment: Test results, particularly for communicable diseases, should be received and evaluated before an offender is assigned to housing in the general population. Information regarding the offender's physical and mental status may also dictate housing and activity assignments. When appropriate, additional investigation should be conducted into alcohol and drug abuse and other related problems.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Good change expanding to STDs from venereal disease."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-025

The above proposed revision, addition, or deletion would also affect the following manuals: 2-ABC-4E-23, ACI 4-4365M, 4-ALDF-4C-29M, 1-ICCS-4C-11M

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-32 (Ref. 3-4375)
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when medically necessary as determined by the responsible health care practitioner.

Comment: Offenders may be required to provide co-payments for these devices.

Proposal: Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when medically necessary as determined by the responsible health care practitioner being governed by institutional policy respecting treatment classification, resource availability, and treatment planned time-frames.

Comment: Offenders may be required to provide co-payments for these devices.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Nonconcur with changes. If responsible health care practitioner has determined medical devises are needed they should be provided. Adding new criteria would also be difficult and subjective to auditors, and may lead to inconsistent audit decisions."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-026

The above proposed revision, addition, or deletion would also affect the following manuals: ACI 4-4375, 4-JCF-4C-20

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-35 (Ref. 3-4341) (Mandatory)
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: Proper management of pharmaceuticals includes the following provisions:

- a formulary is available
- a formalized process for obtaining non-formulary medications
- prescription practices, including, requirements that:
    - medications are prescribed only when clinically indicated as one facet of a program of therapy
    - a prescribing provider re-evaluates a prescription prior to its renewal
- procedures for medication procurement, receipt, distribution, storage, dispensing, administration, and disposal
- secure storage and perpetual inventory of all controlled substances, syringes, and needles
- the proper management of pharmaceuticals is administered in accordance with state and federal law
- administration of medication by persons properly trained and under the supervision of the health authority and facility or program administrator or designee
- accountability for administering or distributing medications in a timely manner and according to physician orders

Comment: The formulary should include all prescription and nonprescription medications stocked in a facility or routinely procured from outside sources. Controlled substances are those classified by the Drug Enforcement Agency as Schedule II-V. The pharmacy should be managed by a pharmacist or health-trained personnel approved by the health authority.

Proposal: Proper management of pharmaceuticals includes the following provisions:

- a formulary is available
- a formalized process for obtaining non-formulary medications
- prescription practices, including, requirements that:
    - medications are prescribed only when clinically indicated as one facet of a program of therapy
    - a prescribing provider re-evaluates a prescription prior to its renewal

- procedures for medication procurement, receipt, distribution, storage, dispensing, administration, and disposal
- secure storage and perpetual inventory of all controlled substances, syringes, and needles
- the proper management of pharmaceuticals is administered in accordance with state and federal law
- administration of medication by persons properly trained and under the supervision of the health authority and facility or program administrator or designee
- accountability for administering or distributing medications in a timely manner and according to physician orders

Comment: The formulary should include all prescription and nonprescription medications that have been approved by the medical director and/or health authority for use in the facility. Controlled substances are those classified as Schedule II-V by the Drug Enforcement Agency or applicable state laws The pharmacy should be managed by a pharmacist or health-trained personnel approved by the health authority

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Comment section controlled substances are those classified as Scheduled II -V by the Drug Enforcement Agency or applicable state laws" should just be DEA. ACA stopped using applicable state laws in other standards so that standards were not modified or lessened through local state laws in order to be met."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-027

The above proposed revision, addition, or deletion would also affect the following manuals: 1-ABC-4E-16, ACI 4-4378M, ALDF-4C-38M, 4C-18, 4-JCF-4C-28, 3-JDF-4C-18

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-36 (Ref. NEW)
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: If offenders have access to nonprescription (over-the-counter) medications that are available outside of health services, the items, the policy, and procedures are approved jointly by the facility or program administrator and the health authority.

Comment: Approved medications may be purchased through the commissary or the canteen.

Proposal: The facility health authority or program administrator will approve list of nonprescription (over the counter) medications that are available outside of health services from the facilities commissary or canteen. Policies and procedures are approved jointly by the facility or program administrator and the health authority.

Comment: Approved medications may be purchased through the commissary or the canteen.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-028

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4379

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-3A-03 (Ref. 4-4396) (Mandatory)
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: The principle of confidentiality applies to offender health records and information about offender health status.

- The active health record is maintained separately from the confinement case record.
- Access to the health record is in accordance with state and federal law.
- To protect and preserve the integrity of the facility, the health authority shares with the superintendent/warden information regarding an offender's medical management.
- The circumstances are specified when correctional staff should be advised of an offender's health status. Only that information necessary to preserve the health and safety of an offender, other offenders, volunteers/visitors or the correctional staff is provided.
- Policy determines how information is provided to correctional/classification staff/volunteers/visitors to address the medical needs of the offender as it relates to housing, program placement, security and transport.
- Complies with Health Insurance Portability and Accountability Act (HIPAA) where applicable in a correctional setting.

Comment: The principle of confidentiality protects offender patients from disclosure of confidences entrusted to a health care provider during the course of treatment.

Proposal: The principle of confidentiality applies to offender health records and information about offender health status.

- The active health record is maintained separately from the confinement case record.
- Access to the health record is in accordance with state and federal law.
- To protect and preserve the integrity of the facility, the health authority shares with the superintendent/warden information regarding an offender's medical management.

- The circumstances are specified when correctional staff should be advised of an offender's health status. Only that information necessary to preserve the health and safety of an offender, other offenders, volunteers/visitors or the correctional staff is provided.
- Policy determines how information is provided to correctional/classification staff/volunteers/visitors to address the health needs of the offender as it relates to housing, program placement, security and transport.
- Complies with Health Insurance Portability and Accountability Act (HIPAA) where applicable in a correctional setting.

Comment: The principle of confidentiality protects offender patients from disclosure of confidences entrusted to a health care provider during the course of treatment.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Concur with change, "health" more encompassing than medical."
- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-029

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4396

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-3A-10 (Ref. 4-4403)
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: Health care encounters, including medical and mental health interviews, examinations and procedures should be conducted in a setting that respects the offenders' privacy.

> *Comment:* Offenders should be provided a same-sex escort except in emergency health care situations.

Proposal: Health care encounters, including medical and mental health interviews, examinations and procedures should be conducted in a setting that respects the offenders' privacy.

> *Comment:* When possible, Offenders should be provided a same-sex escort except in emergency health care situations.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-030

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4403, 4-ALDF-4D-19, 1-CORE-4D-19, 4-JCF-4C-49

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-3A-13-8
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: Written policy, procedure and practice provide that inmates who are victims of sexual abuse have the option to report the incident to a designated staff member other than an immediate point-of-contact line officer.

Comment: None.

Proposal: Written policy, procedure and practice provide that inmates who are victims of sexual abuse have the option to report the incident to a designated staff member as well as others: duty officer/3rd party reporting/or safe helpline.

Comment: None.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Recommend replace "duty officer" with "staff member"; and "3rd party reporting/or safe helpline" with "3rd party reporting, or public or private entity or office that is not part of the agency". Safe helpline is not used by all facilities as the outside agency reporting entity as required by PREA standards."

- David Haasenritter

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-031

The above proposed revision, addition, or deletion would also affect the following manuals: 1-ABC-3D-06-08, ACI 4-4281-7, 3D-06-8, 4-JCF-3D-08, JCRF-3D-04-09, 3-JDF-3D-06-9

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-3A-13-9
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: Written policy, procedure, and practice provide that all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule.

Comment: None

Proposal: Written policy, procedure, and practice provide that all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule of document retention.

Comment: None

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-032

The above proposed revision, addition, or deletion would also affect the following manuals: ABC-3D-06-09, ACI 4-4281-8, 4-ALDF-4D-22-8, 3D-06-09, 4-JCF-3D-09, 3-JDF-3D-06-10

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-4A-04 (Ref. 4-4411) (Mandatory)
Agency/Facility: ACA Healthcare Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: A documented peer review program for all health care practitioners and a documented external peer review program will be utilized for all physicians, psychologists and dentists every two years.

> *Comment:* The credentialing and privileging process is an integral part of assuring the competence of the providers for the inmate patients they treat. This should be routine every two years with an ability to have an immediate review if problems of practice arise. Immediate reviews are serious and only should be permitted by a careful decision of the most senior physician responsible for the system or institution. A mechanism for patient care complaints, observations by other health services providers, security, or other nonmedical providers should be established so that the responsible physician can call a panel of independent physicians to review the practice and practice patterns of the physician of whom the complaints(s) has (have) been made. The investigation and its findings are confidential in most states by statute. The responsible physician should receive the report, take indicated action, and be prepared to demonstrate to the auditors, within the confines of confidentiality, the process, process indicators, and the actions available (in other words, terminations of the physician, required education in an area, prohibition against seeing a type of disease entity without another physician, and so forth). It is important that the auditors appreciate that the process is real and meaningful and that peer review is not simply a paper trail without substance.

Proposal: A documented peer review program for all health care practitioners/providers and a documented external peer review program will be utilized for all physicians, psychologists and dentists every two years.

> *Comment:* The credentialing and privileging process is an integral part of assuring the competence of the providers for the inmate patients they treat. This should be routine every two years with an ability to have an immediate review if problems of practice arise. Immediate reviews are serious and only should be permitted by a careful decision of the most senior physician responsible for the system or institution. A mechanism for patient care complaints, observations by other health services providers, security, or other nonmedical providers should be established so that the responsible physician can call a panel of independent physicians to review the practice and practice patterns of the physician of whom the complaints(s) has (have) been made. The investigation and its findings are confidential in most states by statute. The responsible physician should receive the report, take indicated action, and be prepared to demonstrate to the auditors,

within the confines of confidentiality, the process, process indicators, and the actions available (in other words, terminations of the physician, required education in an area, prohibition against seeing a type of disease entity without another physician, and so forth). It is important that the auditors appreciate that the process is real and meaningful and that peer review is not simply a paper trail without substance.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"ACA defines a healthcare provider as an individual licensed in delivery of health care while a practitioner is the clinician who can diagnose. This suggestion will increase the scope of the peer review greatly, to include all LPNs, EMTs etc. Non health care practitioners are monitored routinely through the performance review processes or using other instruments (competency check lists) and throwing the peer review net so wide will dilute the original intent of a peer of similar or higher qualification making sure that the clinical decision making is following the prevailing standards. This is done because clinical decision making is very subjective, in contrast to many other health care functions which follow very defined scopes of practices (certain health care staff can administer injections and others cannot etc.)

I disagree with this suggestion due to the reasons stated above."

- Raman Singh, M.D.
- Medical/Mental Health Director
- Louisiana Dept. of Public Safety & Corrections

FOR ACA STAFF USE ONLY- Healthcare Subcommittee 2017-033

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4411M, 4-ALDF-4D-25M

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

American Correctional Association - Committee on Standards and Accreditation

Report from ACA Mental/Behavioral Health Ad-Hoc Committee

Presenter:

Deborah Schult, PhD, Chair

ACA File Number	Standard	Type	Page
Mental/Behavioral Health Ad-Hoc Committee 2017-026	1-HC-1A-08	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-027	1-HC-1A-16	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-028	1-HC-1A-18	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-029	1-HC-1A-25	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-030	1-HC-1A-27	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-031	1-HC-1A-28	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-032	1-HC-1A-29	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-033	1-HC-1A-30	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-034	1-HC-1A-31	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-035	1-HC-2A-06	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-036	1-HC-3A-08	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-037	1-HC-3A-12	Revision	
Mental/Behavioral Health Ad-Hoc Committee 2017-038	New Standard #1	Addition	
Mental/Behavioral Health Ad-Hoc Committee 2017-039	New Standard #1	Addition	
Mental/Behavioral Health Ad-Hoc Committee 2017-040	New Standard #2	Addition	
Mental/Behavioral Health Ad-Hoc Committee 2017-041	New Standard #3	Addition	
Mental/Behavioral Health Ad-Hoc Committee 2017-042	New Standard #4	Addition	
Mental/Behavioral Health Ad-Hoc Committee 2017-043	New Standard #5	Addition	
Mental/Behavioral Health Ad-Hoc Committee 2017-044	New Standard #6	Addition	
Mental/Behavioral Health Ad-Hoc Committee 2017-045	New Standard #7	Addition	
Mental/Behavioral Health Ad-Hoc Committee 2017-046	New Standard #8	Addition	
Mental/Behavioral Health Ad-Hoc Committee 2017-047	New Standard #9	Addition	

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-08 (Ref. 4-4351) (Mandatory)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: There is a written plan for access to twenty-four-hour emergency medical, dental, and mental health services availability. The plan includes:

- on-site emergency first aid and crisis intervention
- emergency evacuation of the offender from the facility
- use of an emergency medical vehicle
- use of one or more designated hospital emergency rooms or other appropriate health facilities
- emergency on-call or available 24-hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
- security procedures providing for the immediate transfer of offenders when appropriate

Comment: particularly in emergency situations, back-up facilities or providers should be predetermined. The plan may include the use of an alternative hospital emergency service or a physician on-call service.

Proposal: There is a written plan for access to twenty-four-hour emergency medical, dental, and mental health services availability. The plan includes:

- on-site emergency first aid and crisis intervention
- emergency evacuation of the offender from the facility
- use of an emergency medical vehicle
- use of one or more designated hospital emergency rooms or other appropriate health facilities
- emergency on-call or available 24-hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
- security procedures providing for the immediate transfer of offenders when appropriate
- emergency medications, supplies and medical equipment

Comment: particularly in emergency situations, back-up facilities or providers should be predetermined. The plan may include the use of an alternative hospital emergency service or a physician on-call service.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-026

The above proposed revision, addition, or deletion would also affect the following manuals: ACI 4-4351-M, ALDF 4C-08-M, 1-TC-3A-02M, 3-JCRF-4C-14M, 3-JDF-4C-29M, 4-ACRS-4C-03, 4C-27, 4-JCF-4C-12M, 1-ICCS-4C-02

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-16 (Mandatory)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: There is a plan for the treatment of offenders with chronic conditions such as hypertension, diabetes, and other diseases that require periodic care and treatment. The plan must address the monitoring of medications, laboratory testing, the use of chronic care clinics, health record forms, and the frequency of specialist consultation and review.

> *Comment:* Professionally recognized chronic care guidelines are available from disease-specific organizations and various medical and physician associations.

Proposal: There is a plan for the treatment of offenders with chronic conditions such as hypertension, diabetes, serious mental illness and other diseases that require periodic care and treatment. The plan must address the monitoring of medications, laboratory testing, the use of chronic care clinics, health record forms, and the frequency of specialist consultation and review.

> *Comment:* Professionally recognized chronic care guidelines are available from disease-specific organizations and various medical and physician associations.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Concur with adding serious mental illness."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-027

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4359, 4-ALDF-4C-19M, 1-CORE-4C-07

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Mental/Behavioral Health Subcommittee 2017-028

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-18 (Ref. 3-4363)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: An ongoing program of health education and wellness information is provided to all offenders**.**

> *Comment:* Health education and wellness topics may include but are not to be limited to information on access to health care services, dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, substance abuse, smoking cessation, family planning, self-care for chronic conditions, self-examination, and the benefits of physical fitness.

Proposal: An ongoing program of health education and wellness information is provided to all offenders**.**

> *Comment:* Health education and wellness topics may include but are not to be limited to information on access to health care services, dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, substance abuse, smoking cessation, family planning, self-care for chronic conditions, self-examination, relapse prevention regarding mental illness, coping with mental illness, healthy lifestyle choices and the benefits of physical fitness.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Concur with addition of mental health/mental illness" in the comments."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-028

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4361, 4-ALDF-4C-21, 4-JCF-4C-27, ABC-4E-41, 4-ACRS-5A-10

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-25 (Ref. 4-4368) (Mandatory)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: The mental health program is approved by the appropriate mental health authority and includes at a minimum:

- screening on intake
- outpatient services for the detection, diagnosis, and treatment of mental illness
- crisis intervention and the management of acute psychiatric episodes
- stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting
- elective therapy services and preventive treatment where resources permit
- provision for referral and admission to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility
- procedures for obtaining and documenting informed consent

Comment: An adequate number of qualified staff members should be available to deal directly with offenders who have severe mental health problems and to advise other correctional staff about their contacts with such individuals.

Proposal: The mental health program is approved by the appropriate mental health authority and includes at a minimum:

- screening on intake
- outpatient services for the detection, diagnosis, and treatment of mental illness, to include medication management and/or counseling, as appropriate.
- crisis intervention and the management of acute psychiatric episodes
- stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting
- elective therapy services and preventive treatment where resources permit
- provision for referral and admission to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility
- procedures for obtaining and documenting informed consent
- follow up with offenders who return from an inpatient psychiatric facility

Comment: An adequate number of qualified staff members should be available to deal directly with offenders who have severe mental health problems and to advise other correctional staff about their contacts with such individuals.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"*Concur with changes, good additions*."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-029

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4368

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-27 (Ref. 4-4370) (Mandatory)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: All intersystem and intra-system transfer offenders will receive an initial mental health screening at the time of admission to the facility by mental health trained or qualified mental health care professional. The mental health screening includes, but is not limited to:

Inquiry into:

- whether the offender has a present suicide ideation
- whether the offender has a history of suicidal behavior
- whether the offender is presently prescribed psychotropic medication
- whether the offender has a current mental health complaint
- whether the offenders are being treated for mental health problems
- whether the offender has a history of inpatient and outpatient psychiatric treatment
- whether the offender has a history of treatment for substance abuse

Observation of:

- general appearance and behavior
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of offender:

- to the general population
- to the general population with appropriate referral to mental health care service
- referral to appropriate mental health care service for emergency treatment

Comment: None.

Proposal: All intersystem and intra-system transfer offenders will receive an initial mental health screening at the time of admission to the facility by mental health trained or qualified mental health care provider. The mental health screening includes, but is not limited to:

Inquiry into:

- whether the offender has a present suicide ideation
- whether the offender has a history of suicidal behavior
- whether the offender is presently prescribed psychotropic medication
- whether the offender has a current mental health complaint
- whether the offender is being treated for mental health problems
- whether the offender has a history of inpatient and/or outpatient mental health treatment
- whether the offender has any recent use of alcohol or addictive substance use, to include frequency of use, amount used, and last time used
- whether the offender has a history of substance use disorder treatment

Observation of:

- general appearance and behavior
- level of consciousness (alertness, orientation)
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of offender:

- to the general population
- to the general population with appropriate referral to mental health care service
- referral to appropriate mental health care service for emergency treatment

Comment: None.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"See recommended change to 1-HC-1A-19. Either keep in this standard or 1-HC-1A-19 the "inquiry into whether the offender has any recent use of alcohol...", duplication between the two standards."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-030

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4370

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-28 (Ref. 4-4371) (Mandatory)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: All intersystem offender transfers will undergo a mental health appraisal by a qualified mental health professional within 14 days of admission to a facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health appraisals include, but are not limited to:

- review of available historical records of inpatient and outpatient psychiatric treatment
- review of history of treatment with psychotropic medication
- review of history of psychotherapy, psycho educational groups, and classes or support groups
- review of history of drug and alcohol treatment
- review of educational history
- review of history of sexual abuse-victimization and predatory behavior
- assessment of current mental status and condition
- assessment of current suicidal potential and person-specific circumstances that increase suicide potential
- assessment of violence potential and person-specific circumstances that increase violence potential
- assessment of drug and alcohol abuse and/or addiction
- use of additional assessment tools, as indicated
- referral to treatment, as indicated
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Comment: None.

Proposal: All intersystem offender transfers will undergo a mental health appraisal by a qualified mental health professional within 14 days of admission to a facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health appraisals include, but are not limited to:

- review of available historical records of inpatient and outpatient psychiatric treatment
- review of history of treatment with psychotropic medication
- review of history of psychotherapy, psycho educational groups, and classes or support groups

- review of history of substance use and treatment
- review of educational and special education history
- review of history of sexual or physical abuse-victimization and predatory behavior and/or sexual offenses
- review of history of suicidal or violent behavior
- review of history of cerebral trauma or seizures
- assessment of current mental status, symptoms, condition, and response to incarceration
- assessment of current suicidal potential and person-specific circumstances that increase suicide potential
- assessment of violence potential and person-specific circumstances that increase violence potential
- assessment of drug and alcohol use and/or addiction
- use of additional assessment tools, as indicated
- referral to treatment, as indicated
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Comment: None.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Bullet shown as "Review of history of cerebral trauma or seizures" is a medical issue, not mental health, and should be done during a reception physical. Medical staff may be more appropriate to interpret the answers."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-031

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4371

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-29 (Ref. 4-4372)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: All Offenders referred for mental health treatment will receive a comprehensive evaluation by a qualified mental health practitioner. The evaluation is to be completed within 14 days of the referral request date and include at least the following:

- review of mental health screening and appraisal data
- direct observations of behavior
- collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities
- compilation of the individual's mental health history
- development of an overall treatment/management plan with appropriate referral to include transfer to mental health facility for offenders whose psychiatric needs exceed the treatment capability of the facility

Comment: Comprehensive individual psychological evaluations should be performed when there is a reasonable expectation that such evaluation will serve a therapeutic or dispositional function useful to the overall interests of the offender. Written reports describing the results of the assessment should be prepared and all information should be appropriately filed.

Proposal: Offenders referred for mental health treatment will receive a comprehensive evaluation by a qualified mental health practitioner. The evaluation is to be completed within 14 days of the referral request date and include at least the following:

- review of mental health screening and appraisal data
- direct observations of behavior
- collection and review of additional data from individual diagnostic interviews and tests, as appropriate (assessing personality, intellect, and coping abilities)
- compilation of the individual's mental health history
- development of an overall treatment/management plan with appropriate referral to include transfer to mental health facility for offenders whose psychiatric needs exceed the treatment capability of the facility

Comment: Comprehensive individual psychological evaluations should be performed when there is a reasonable expectation that such evaluation will serve a therapeutic or dispositional function useful to the overall interests of the offender. Written reports

describing the results of the assessment should be prepared and all information should be appropriately filed.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-032

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4372, 4-ALDF-4C-31

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-30 (Ref. 3-4364) (Mandatory)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: There is a written suicide prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and offender critical incident debriefing that covers the management of suicidal incidents, suicide watch, and death of an offender or staff member. It ensures a review of critical incidents by administration, security, and health services. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program. Training should include but not be limited to:

- identifying the warning signs and symptoms of impending suicidal behavior
- understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors
- responding to suicidal and depressed offenders
- communication between correctional and health care personnel
- referral procedures
- housing observation and suicide watch level procedures
- follow-up monitoring of offenders who make a suicide attempt

Comment: The program should include specific procedures for handling intake, screening, identifying, and supervising of a suicide-prone offender and be signed and reviewed annually.

Proposal: There is a written suicide prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and offender critical incident debriefing that covers the management of suicidal incidents, suicide watch, and death of an offender or staff member. It ensures a review of critical incidents by administration, security, and health services. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program Mental health staff should be involved in the development of the plan and the training which should include but not be limited to:

- identifying the warning signs and symptoms of impending suicidal behavior
- understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors
- responding to suicidal and depressed offenders
- communication between correctional and health care personnel
- referral procedures
- housing observation and suicide watch level procedures

- follow-up monitoring of offenders who make a suicide attempt
- population specific factors, pertaining to suicide risk in the facility

Comment: The plan should include specific procedures for handling intake, screening, identifying, and supervising of a suicide-prone offender and be signed and reviewed annually.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Good changes to existing standards"

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-033

The above proposed revision, addition, or deletion would also affect the following manuals: 4-ALDF-4C-32;

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-1A-31 (Ref. 4-4374)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: Offenders with severe mental illness or who are severely developmentally-disabled receive a mental health evaluation and, where appropriate, are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual.

Comment: Offenders with severe mental illness or developmental disabilities are vulnerable to abuse by other offenders and require specialized care. These individuals may be a danger to themselves or others or be incapable of attending to their basic physiological needs.

Proposal: Offenders with serious mental illness or a developmental disability receive a mental health evaluation and, where appropriate, are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual.

> *Comment*: Offenders with serious mental illness or a developmental disability are vulnerable to abuse by other offenders and require specialized care. These individuals may be a danger to themselves or others or be incapable of attending to their basic physiological needs.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-034

The above proposed revision, addition, or deletion would also affect the following manuals:
4-ALDF-4C-34
ACI 4-4374

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-2A-06 (Ref.3-4023)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: All new full-time employees must complete a formalized, forty hour orientation program before undertaking their assignments. At a minimum, the orientation program should include instruction in the following:

- the purpose, goals, policies and procedures for the facility and parent agency
- security and contraband regulations
- key control
- appropriate conduct with offenders
- responsibilities and rights of employees
- universal precautions
- occupational exposure
- personal protective equipment
- bio-hazardous waste disposal
- an overview of the correctional field

Comment: None.

Proposal:

All new full-time employees must complete a formalized, forty hour orientation program before undertaking their assignments. At a minimum, the orientation program should include instruction in the following:

- the purpose, goals, policies and procedures for the facility and parent agency
- security and contraband regulations
- key control
- appropriate conduct with offenders
- responsibilities and rights of employees
- universal precautions
- occupational exposure
- personal protective equipment
- bio-hazardous waste disposal
- an overview of the correctional field
- aspects of sexual abuse and harassment
- procedures for the suicide prevention plan
- recognizing signs and symptoms of mental illness

Comment: None.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"If approved recommend looking at ACI standards (and like standards in other manuals) 4-4373 and 4-4389. Three new bullets are duplicate bullets in those standards. Note will make it easier to manage if all training requirements for 40 hour orientation in one standard."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-035

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4082, 4-ACRS-7B-14

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-3A-08 (Ref. 3-4342-1) (Mandatory)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: The involuntary administration of psychotropic medication(s) to an offender is governed by applicable laws and regulations of the jurisdiction. When administered, the following conditions must be met:

- authorization is by a physician who specifies the duration of therapy
- less restrictive intervention options have been exercised without success as determined by the physician or psychiatrist
- details are specified about why, when, where, and how the medication is to be administered
- monitoring occurs for adverse reactions and side effects
- treatment plan goals are prepared for less restrictive treatment alternatives as soon as possible

Comment: None.

Proposal: The involuntary administration of psychotropic medication(s) to an offender is governed by applicable laws and regulations of the jurisdiction. When administered, the following conditions must be met:

- authorization is by a physician who specifies the duration of therapy
- less restrictive intervention options have been exercised without success as determined by the physician or psychiatrist
- details are specified about why, when, where, and how the medication is to be administered
- monitoring occurs for adverse reactions and side effects
- treatment plan goals are prepared for less restrictive or less invasive treatment alternatives with return to voluntary treatment, as soon as clinically feasible

Comment: None.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Concur with change, good addition."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-036

The above proposed revision, addition, or deletion would also affect the following manuals:
ACI 4-4401M, 4-ALDF-4D-17M, 1-CORE-4D-09M, 1-ICCS-4D-08M, 4-JCF-4C-45M

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Performance-Based Standards for Correctional Health Care in ACI
Edition: First
Standard: 1-HC-3A-12 (Ref. 4-4405) (Mandatory)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Revision

Existing Standard: The use of restraints for medical and psychiatric purposes is defined, at a minimum by the following:

- conditions under which restraints may be applied
- types of restraints to be applied
- identification of a qualified medical or mental health care practitioner who may authorize the use of restraints after reaching the conclusion that less intrusive measures would not be successful
- monitoring procedures for offenders in restraints
- length of time restraints are to be applied
- documentation of efforts for less restrictive treatment alternatives as soon as possible
- an after-incident review

Comment: Written policy should identify the authorization needed and when, where, and how restraints may be used and for how long.

Proposal: The use of restraints for medical and psychiatric purposes is defined, at a minimum by the following:

- conditions under which restraints may be applied
- types of restraints to be applied
- identification of a qualified medical or mental health care practitioner who may authorize the use of restraints after reaching the conclusion that less restrictive measures would not be successful
- monitoring procedures for offenders in restraints
- length of time restraints are to be applied
- documentation of efforts for less restrictive treatment alternatives attempted, and a plan for discontinuation of restraints as soon as possible
- an after-incident review

Comment: Written policy should identify the authorization needed and when, where, and how restraints may be used and for how long.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-037

The above proposed revision, addition, or deletion would also affect the following manuals: 1-ABC-4E-40, ACI 4-4405, 3-JDF-4C-33-1

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Adult Local Detention Facilities
Edition: Fourth
Standard: New Standard #1
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: Mental Health Transition Unit/Cell is available for those inmates prepared for transition to general population or the community. There should be a specific mission/goal of the program, sufficient qualified staff to meet needs of the program, a multidisciplinary team approach that includes mental health, case management and security, Individual Treatment Plans for inmates in the program, safe housing to meet the therapeutic needs of the inmate and a transition plan upon discharge from the transition unit/cell.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Do not agree with how the standard is written. Specification should be given as to a definition of whom "those" inmates are. Is there a time specified for how long the inmate was receiving mental health service prior to needing transition to general population or the community? As an example, would this apply to inmates under suicide watch for 12 hours? This would burden jails for staff and space."

- *Megan Weeks*
- *Manatee County Sheriff's Office*

"As written vague and not clearly defined what groups targeting. Believe any inmate transitioning to general housing unit or the community from special housing unit should have something like this. Sounds like this standard is just those transitioning from a mental health housing unit."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-038

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to: ALDF Committee

Manual: Adult Correctional Institution
Edition: Fifth
Standard: New Standard #1
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: Mental Health Residential Treatment Unit is available for those inmates with impairment in behavioral functioning associated with a serious mental illness and/or impairment in cognitive functioning. The severity of the impairment does not require inpatient level of care, but the inmate demonstrates a historical and current inability to function adequately in the general population. There should be a specific mission/goal of the program, sufficient qualified staff to meet needs of program, screening process for the program, Individual Treatment Plans for inmates in the program, safe housing to meet the therapeutic needs of the inmate and transition plan upon discharge from the residential treatment unit.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-039

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Adult Correctional Institution
Edition: First
Standard: New Standard #2
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: Inpatient Care Unit is for those who are in need of inpatient mental health treatment. These units should have 24 hour services such as nursing and availability of a QMHP, behavioral health trained correctional officers, and clinical programming. Individual Treatment Plans which will define the types and frequency of contacts with mental health staff for inmates in the program, housing to meet the therapeutic needs of the inmate and transition plan upon discharge from the inpatient care unit.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-040

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Adult Correctional Institution
Edition: Fifth
Standard: New Standard #3 (MANDATORY)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: (MANDATORY) The following should be provided to inmates who have a diagnosed mental disorder at the time of release from the facility:

- Arrange for continuity of care if receiving psychotropic medication
- Make arrangements in accordance with available resources for continuity of care for inmates determined by the mental health or health care staff who need involuntary inpatient commitment
- Provide inmate with a list of available community resources

For inmates with a serious mental illness make every effort to coordinate a linkage with community provider and exchange clinically relevant information with appropriate community provider as needed.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Recommend two changes to proposal replace "diagnosed mental disorder" to "serious mental illness" in order not to have to do everything in DSM V which includes "restless leg syndrome". add to third bullet ' to provide follow-on care'"

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-041

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved – **As Amended** Denied Tabled Referred to:_____

Amended Proposal:

(MANDATORY) The following shall be provided to inmates receiving treatment for a diagnosed mental disorder at the time of release from the facility:

- Arrange for continuity of care if receiving psychotropic medication
- Make arrangements in accordance with available resources for continuity of care for inmates determined by the mental health or health care staff who need involuntary inpatient commitment
- Provide inmate with a list of available community resources

For inmates with a serious mental illness make every effort to coordinate a linkage with community provider and exchange clinically relevant information with appropriate community provider as needed.

Manual: Adult Correctional Institution
Edition: Fifth
Standard: New Standard #4
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: All mental health staff receives 12 hours of continuing professional education or staff development in clinical skills annually in such areas as, for example:

- Mental health needs of inmate population (special needs)
- Behavior management techniques
- Mental health issues with female population
- Aging/Palliative Care
- Trauma-Informed Care
- Confidentiality of mental health record
- Suicide/self-injury prevention
- Signs and symptoms of mental illness, substance abuse/relapse and neurocognitive disorders/neurodevelopmental disabilities
- Assessment and diagnosis of mental disorders
- Crisis Intervention

Comment: These may be obtained on site such as in-service trainings, case reviews or other organized programs, online or self-study programs**.**

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"For mental health staff is this in addition to annual required training already required or part of their already required 40 hour annual training?"

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-042

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Adult Correctional Institution
Edition: Fifth
Standard: New Standard #5 (MANDATORY)
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: (MANDATORY) Designated correctional and all mental health care staff are trained to respond to mental health related crises. This training is conducted on an annual basis and is established by the Mental Health Authority in cooperation with the facility or program administrator and includes instruction on:

- Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal.
- Methods for accessing health/mental health staff during a mental health crisis
- Implementation of suicide/self-injurious prevention interventions
- Procedures for placement of patient in a level of care in accordance with his/her mental health needs

Comment: None.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"Could this be combined with standard 4389 as health care, some duplication with 4389 and 4373. Understand there is a difference between medical and mental health staff."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-043

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to: Ad-hoc Behavioral Health Subcommittee

Mental/Behavioral Health Subcommittee 2017-044

Manual: Adult Correctional Institution
Edition: Fifth
Standard: New Standard #6
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: A system of documented internal review will be developed and implemented by the (Mental) Health Authority to monitor and improve mental health care/delivery of services. This monitoring can be incorporated into the internal review developed for health care and should include.

- Participating in a multidisciplinary quality improvement committee which includes a QMHP as a member.
- Collecting, trending, and analyzing of data combined with planning, intervening and reassessing services
- Evaluating defined data, which will result in more effective access to care, improved quality of care, and better utilization of resources
- Reviewing all suicides or suicide attempts and other serious incidents, (e.g.: use of force, assaults, restraints/involuntary medications) involving inmates identified with a serious mental illness
- Review clinical care issues, implementing measurable corrective action plans to address and resolve important problems and concerns identified specific to mental health issues, and incorporating findings of internal review activities into the organization's educational and training activities
- Maintaining appropriate records of internal review activities
- Requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records

Comment: Reports can be facilitated by regular participation of the facility or program administrator, health administrator, and responsible mental health authority.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"A good idea to advocate for this evidence based, best practice for mental health (health care already has this standard). ACA may need to define (Mental) health authority, the terminology used in this proposed standard (1-HC-2A-01 defines the Health Authority) or one may want to add all this about mental health to the existing standard."

- Raman Singh, M.D.
- Medical/Mental Health Director
- Louisiana Dept. of Public Safety & Corrections

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-044

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Adult Correctional Institution
Edition: Fifth
Standard: New Standard #7
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: In the event of an inmate death by suspected suicide then a psychological autopsy will be completed by a Qualified Mental Health Practitioner who is capable as determined by the Mental Health Authority in conducting a psychological autopsy. This is a retrospective reconstruction of the individual's life with an emphasis on the risk factors that may have contributed to the individual's death.

> *Comment:* The psychological autopsy should address the assessment of risk and protective factors, motivation, intent and mental health care while determining if changes to policy, procedure or practice are needed.

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"This is a good suggestion but I think this should be added to the existing mandatory standard 4-4373 which is about suicide, to keep all suicide related requirements in one standard."

- Raman Singh, M.D.
- Medical/Mental Health Director
- Louisiana Dept. of Public Safety & Corrections

"ACA File #2017-087. Concur. Had this provided during a suicide review conducted and was very helpful."

- David Haasenritter

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-045

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Adult Correctional Institution
Edition: Fifth
Standard: New Standard #8
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: Within the scope of their professional credentialing, mental health staff will provide behavioral health consultations with the facility leadership and multidisciplinary staff regarding those inmates with mental illness

- QMHP will provide consultation pertinent to disciplinary proceedings
- Assist health staff with inmates who have comorbid medical issues
- Assist in the decision making for an inmate's placement in programs and housing assignments

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

"I agree with the intent as for the offenders with serious mental health issues, a MDT approach is highly recommended where the consultation by a QMHP will be valuable. However I am not sure about the need of a new "mandatory" standard which, by using the proposed language, will apply to ALL inmates, all disciplinary proceedings, and all housing / program placements. If a consultation by a QMHP is not on the record for a housing placement for an inmate who has no mental health issue then it may very well be the non-compliance with a mandatory standard. This will be a significant burden on the meager mental health resources. The purpose may be served better if this targets inmates with serious mental health issues."

- Raman Singh, M.D.
- Medical/Mental Health Director
- Louisiana Dept. of Public Safety & Corrections

FOR ACA STAFF USE ONLY- Mental/Behavioral Health Subcommittee 2017-046

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Adult Correctional Institution
Edition: First
Standard: New Standard #9
Agency/Facility: Mental/Behavioral Health Subcommittee
Facility Size: N/A
Accredited: N/A
Proposal Type: Addition

Existing Standard: N/A

Proposal: Mental Health Residential Treatment Unit is available for those inmates with impairment in behavioral functioning associated with a serious mental illness and/or impairment in cognitive functioning. The severity of the impairment does not require inpatient level of care, but the inmate demonstrates an historical and current inability to function adequately in the general population. There should be a specific mission/goal of the program, sufficient qualified staff to meet needs of program, screening process for the program, Individual Treatment Plans for inmates in the program, safe housing to meet the therapeutic needs of the inmate and transition plan upon discharge from the residential treatment unit.

Comment: None

Name: Deborah Schult, PhD
Title: Chair, Behavioral Health Subcommittee

COMMENTS:

FOR ACA STAFF USE ONLY- Behavioral Health Subcommittee 2017-047

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

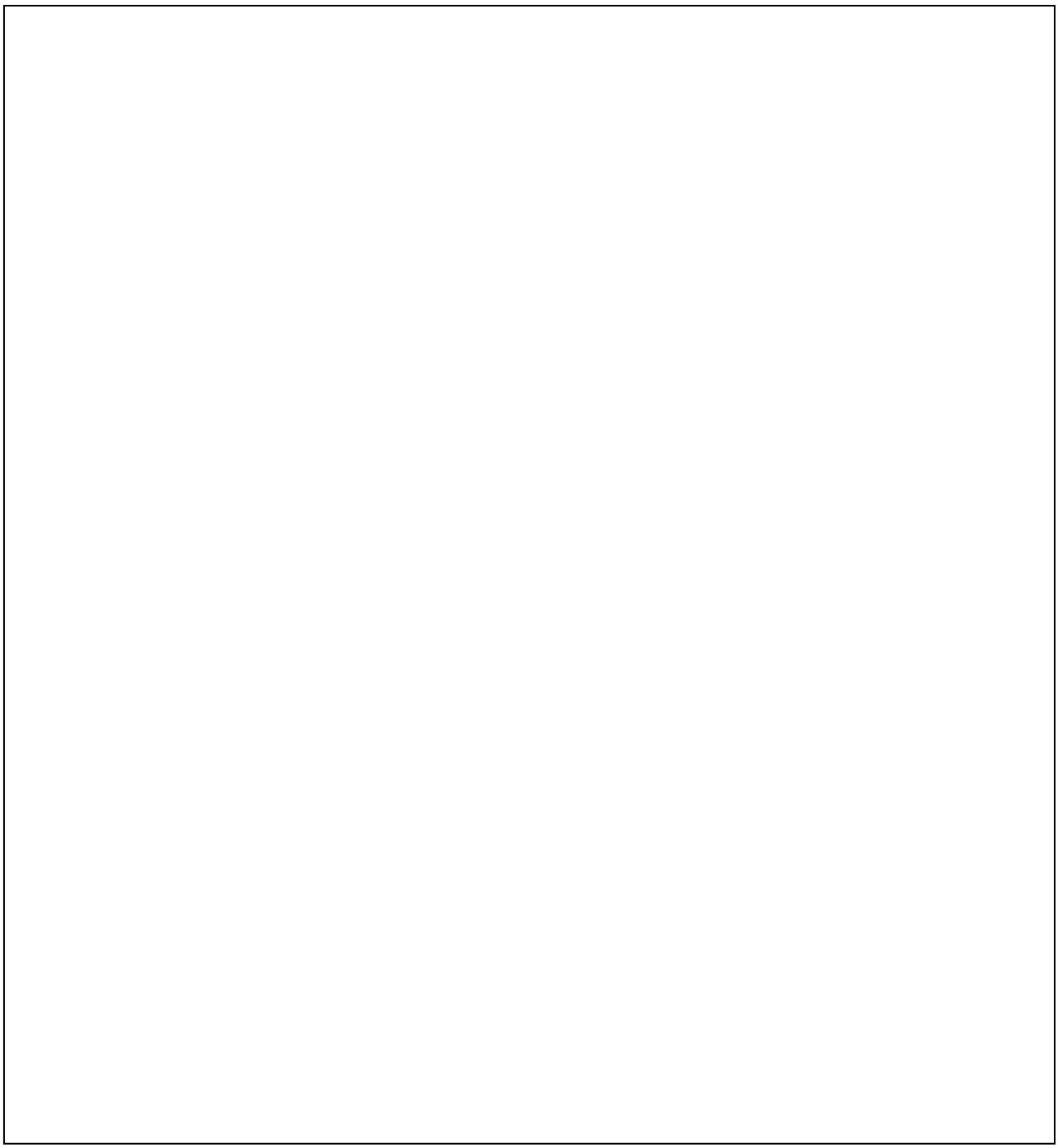
Approved Denied Tabled Referred to:_____

Deleted – is a duplicate of Mental/Behavioral Health Subcommittee 2017-039

Section 8

Proposals for Standards Revision

KEY



Contents:

ACA FILE No. 2017-022

Manual: Adult Local Detention Facilities (ALDF)
Edition: Fourth
Standard: 4-ALDF-6C-16
Agency/Facility: Manatee County Sheriff's Office
Facility Size: 1100
Accredited: Yes
Proposal Type: Revision to Existing Standard

Existing Standard: If an inmate is found not guilty of an alleged rule violation, the disciplinary report is removed from all of the inmate's files.

Proposal: If an inmate is found not guilty of an alleged rule violation, the disciplinary report shall be so noted and may be removed from the inmate's files.

Comments: Most agencies/facilities are now using electronic records and may be unable to remove the disciplinary report. The report may be linked to the inmate, the initial report and/or the investigation report. Notating that the inmate was found not guilty would ensure that there is no question on the outcome of the hearing, as there is no feasible way to maintain the report separately when electronic.

Name: Megan Weeks
Email: megan.weeks@manateesheriff.com

COMMENTS:

FOR ACA STAFF USE ONLY- ACA File No. 2017-022

The above proposed revision, addition, or deletion would also affect the following manuals: 4-ALDF-6C-16, 3-JDF-3C-19, 4-JCF-3C-13, 3C-21 and 4-4246

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Note: A vote was held and resulted in 13 in favor and 6 opposed to approving.

ACA FILE No. 2017-023

Manual: All Manuals
Edition: All
Standard: New Standard
Agency/Facility: Oriana House, Inc. Administrative Offices - Akron, OH
Facility Size: N/A
Accredited: Yes
Proposal Type: Add New Standard

Proposal: An Annual Report shall be submitted to the Performance Based Standards & Expected Practices Accreditation Department. This report is due on the anniversary of the accreditation (panel hearing) date. Where applicable, the agency must submit a completed Significant Incident Summary and Outcome Measures Worksheet with the required Annual Report.

Comments: By adding this standard it will provide an opportunity for auditors to review these requirements, make sure agencies are in compliance with this expectation, and provide the previous information to the auditors.

Name: Dawn Baker
Email: dawnbaker@orianahouse.org

COMMENTS:

"As part of the Standards and Accreditation Assessment Project (SAAP), ACA staff have improved and will be monitoring the submission process for Annual Reports. This proposed standard/expected practice will help ACA staff to improve and track the submission of Annual Reports."

- ACA Staff

"Standard needs clarification as to the year 3 report. The year 3 report would not be available for review until the panel hearing, which is after the audit. Agree with standard requiring two years of proof. Suggest adding clarification to the comments section regarding only two years of documentation needed for compliance."

- Megan Weeks
- Manatee County Sheriff's Office

"Concur. This will help remind facilities to submit annual reports, assist ACA in getting annual reports, and provide auditors a copy to review."

- David Haasenritter

FOR ACA STAFF USE ONLY- ACA File No. 2017-023

The above proposed revision, addition, or deletion would also affect the following manuals:
NONE

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

ACA FILE No. 2017-024

Manual: Adult Correctional Institutions (ACI)
Edition: Fourth
Standard: 4-4185
Agency/Facility: Ohio Department of Corrections and Rehabilitation
Facility Size: N/A
Accredited: Yes
Proposal Type: Revision

Existing Standard: Written policy, procedure, and practice require that the warden/superintendent or designee, assistant warden/superintendent(s), and designated department heads visit the institution's living and activity areas at least weekly to encourage informal contact with staff and inmates and to informally observe living and working conditions.

Proposal: Written policy, procedure, and practice require that between the warden/superintendent and assistant warden/superintendent(s), each institution's living and activity areas shall be visited weekly within a schedule that ensures the warden/superintendent personally conducts rounds in all areas no less than one time per month. In addition, designated department heads shall visit the institution's living and activity areas at least weekly to encourage informal contact with staff and inmates and to informally observe living and working conditions.

Comments: The current standard language requires that the Warden/Superintendent or designee AND Assistant Warden/Superintendent (s) conduct rounds in all facility living and activity areas weekly. Although this is the desired state and goal we encourage our staff to achieve, it is often not a realistic expectation for a Warden/Superintendent of our larger facilities. The ability to have a "designee" complete all of the Warden's rounds is also not an ideal expectation. The revision would not permit a designee in totality but would facilitate a much more realistic expected practice by combining weekly rounds requirements among the Warden and Assistant Wardens while enforcing the expectation of the Warden personally conducting a round within all areas no less than one time per month. The addition of the performance based standard with outcome measures would reinforce the expectation of the facility administration maintaining a proactive, regular, and visible presence within the facility.

Name: Andrew Albright/ Michelle Burrows
Email: Michelle.Burrows@odrc.state.oh.us

COMMENTS:

"Disagree with revision Proposal. "Or Designee" needs to be in the standard. It is not feasible for the warden and assistant warden to solely conduct rounds on a "schedule". Suggest to remain "at least weekly" and include "or designee"

- Megan Weeks
- Manatee County Sheriff's Office

"Concerned this will now require three different set of documents (versus two) to meet standard: Warden or designee weekly; Warden monthly; and designated department heads weekly. Is that the intent? If so no issues with the proposed standard. Standard currently allows warden/superintendent to designate someone in his absence weekly."

- David Haasenritter

FOR ACA STAFF USE ONLY- ACA File No. 2017-024

The above proposed revision, addition, or deletion would also affect the following manuals: 3-JDF-3A-11, 4-JCF-2A-12, 3-A-09, 1-CORE-2A-03, 4-ALDF-2A-06 and 1-ABC-3a-11

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Adjourned