EXHIBIT A

Attachment #2

Disciplinary Mental Health Assessment Form

DISCIPLINARY Case No.:
Offender S.B.I. Number:

Offender Name:

Date Request Received: **Date Completed and Submitted (Must be within 72 hours):**

SECTION I

TO BE COMPLETED BY A QUALIFIED MENTAL HEALTH PROFESSIONAL

- Is the offender currently on a mental health case load? ☐Yes ☐No
- What is the current mental health identification of the offender (SMI. MI, NMI)? ☐ SMI ☐ MI ☐ NMI
- Does the offender know where he/she is? ☐Yes ☐No
- Does the offender know what date it is? ☐Yes ☐No
- Does the offender know why he/she is seeing a hearing officer? ☐Yes ☐No
- Is the offender appropriately dressed? ☐Yes ☐No
- Is the offender able to speak coherently? ☐Yes ☐No
- Are the offender's statements logical and organized? ☐Yes ☐No
- Does the offender avoid eye contact? ☐Yes ☐No
- Should the offender be referred for Mental Health Services evaluation? ☐Yes ☐No

SECTION II

TO BE COMPLETED BY A QUALIFIED MENTAL HEALTH PROFESSIONAL

1. Have you, the Qualified Mental Health Professional, reviewed the incident/charged offenses and BOP Policy 4.2 Rules of Conduct for an understanding of the disciplinary process regarding offenses contained within the disciplinary report? ☐Yes ☐No

2. Does the offender have the capacity to participate in the hearing? ☐Yes ☐No
   If **NO**, why does the offender not have the capacity to participate?

3. Would the offender need assistance to participate in a disciplinary hearing? If **YES**, what assistance would be needed and/or recommended? ☐Yes ☐No

4. Are there any medication issues that may have impacted the behavior of the offender related to this incident? If **YES,** please describe ☐Yes ☐No

5. Are there mental health issues that may have impacted the offender's behavior at the time of the charge? If **YES**, briefly describe those issues. ☐Yes ☐No

6. Are there mental health issues that should be considered regarding disposition of the offender if found guilty? If **YES**, briefly describe those issues and their possible relation to the disposition. ☐Yes ☐No

QMHP Member of Treatment Team Name/Title/Signature: **Date:**

NOTE: Mental Health is responsible to scan the completed form into iCHRT and to document the completion of the form in the progress notes of the offender to include the date received and returned.

Attachment #2

SECTION III

TO BE COMPLETED BY HEARING OFFICER

1. Does the offender appear to have the capacity to participate in the hearing? ☐Yes ☐No

2. Has the Hearing Officer considered the recommendation of the treatment team at the following:

   - Disciplinary Hearing ☐Yes ☐No
   - When rendering a decision ☐Yes ☐No
   - When determining the sanction ☐Yes ☐No
   - At imposition of the sanction ☐Yes ☐No

Hearing Officer: **Date:**

SECTION IV

TO BE COMPLETED BY APPEAL HEARING OFFICER

1. Does the offender appear to have the capacity to participate in the appeal hearing? ☐Yes ☐No

2. Has the Appeal Hearing Officer considered the recommendation of the treatment team at the following:

   - In reviewing the incident and charges ☐Yes ☐No
   - In reviewing the appeal ☐Yes ☐No
   - When rendering a decision ☐Yes ☐No
   - When determining the sanction ☐Yes ☐No

Appeal Hearing Officer: **Date:**

NOTE: The completed form shall be scanned into DACS as part of the Disciplinary Record for the offender by the Hearing Officer prior to the closing of the disciplinary.

EXHIBIT B

Exhibit B

Mental Health Staffing Ratios

Psychiatrists or certified psychiatric nurse practitioners

1 Psychiatrist or certified psychiatric nurse practitioner ("CRNP"): 250 outpatient inmates on psychotropic medication (whether or not SMI)

1 Psychiatrist: 50 inmates in residential treatment setting

(Preference for psychiatrist in RTU setting but if a nurse practitioner is utilized, it must be a certified psychiatric nurse practitioner, unless that is not possible, in which it may be a nurse practitioner who qualifies for an Exception)

RTU level of care:
1 FTE Activity Technician or equivalent: 30 RTU beds
1 FTE Qualified Mental Health Professional (QMHP):30 RTU beds
1 FTE clerical for RTU

(Note: This does not include the medical nursing staff specific to the RTU)

Outpatient level of care:
1 FTE QMHP (licensed):75 inmates on outpatient caseload (includes crisis care coverage for these same inmates)
1 FTE clerical support for the outpatient program

Reception:
1 FTE psychiatrist for every 8.5 referrals per day five days a week.

Notes:

The four certified family practice nurse practitioners who currently [perform certified psychiatric nurse practitioner services] for DOC and who are identified to CLASI prior to execution of the Agreement and Order qualify for Exceptions. Any new certified family practice nurse practitioners hired to perform certified psychiatric nurse practitioner services for DOC will qualify for an Exception if they have a minimum of 5 years practicing as a registered nurse in the behavioral health field prior to earning the family practice nurse practitioner status, and are currently enrolled in a specialization program that culminates in a psychiatric certification as recognized by the appropriate Delaware regulatory authority, provided that they obtain the psychiatric certification from the appropriate Delaware within two years of being hired.

DOC will initially determine the number of FTE psychiatrists for by using the number of referrals provided by Dr. Timme. In order to determine whether that number of referrals per day (used to determine the number of FTE's needed, to which the 8.5 ratio will be applied) is correct,

DOC will track the number of intakes, the number of intakes that are referred to psychiatrists, the percentage of referrals who are seen on a timely basis and the percentage who are not. That information will be used to adjust the number of psychiatrist FTE's for intake, if necessary.

1 FTE MHP for every 25 MH screens per day

1 FTE clerical support for the reception/intake process

Notes:

The preceding staffing ratio recommendations include ONLY line staff providing direct service. The recommendations do NOT include any director or clinical administrator positions whether at headquarters or the institutional level.

In every instance in which QMPH staffing ratios are provided, the assumption is that the MHP is licensed and therefore able to function independently. If unlicensed staff are utilized, the overall staffing needs must be adjusted to account for clinical supervision of the unlicensed staff.

EXHIBIT C

Exhibit C

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3. The DDOC will utilize a Behavioral Health Level of Care model to match the the appropriate intervention to the offenders' need. Regular screenings will be conducted in accordance with chapter 1 of this policy to promote a continuum of care to meet the offender's needs throughout his or her incarceration.

4. The QMHP will initially identify the offender's level of care after the completion of the initial CMHE and update throughout the offender's incarceration in accordance with the individualized treatment plan. Levels of care shall be designated according to the following:

   a. **BH1 Level of Care**: *No history and no current need* - The offender has no known behavioral health treatment history and has been assessed to have no current behavioral health condition.

   b. **BH2 Level of Care**: *Only history and no current need* - The offender has a history of behavioral health treatment but has been assessed to have no current need for services.

   c. **BH3 Levels of Care**: *Outpatient Services* – The offender has been assessed and meets the following criteria:

      1. The offender has a history of behavioral health treatment, and
      2. The offender has experienced, or may be at risk to experience mild psychological distress or transient psychiatric disorder(s) that can be treated with outpatient psychological interventions.
      3. If the offender meets the above criteria based on the QMHP's clinical evaluation, the offender will shall be assigned to one of the following levels of care:

         i. BH3a Level of Care: The offender receives individual therapy and psychiatric treatment for outpatient services.
         ii. BH3b Level of Care: The offender receives only individual therapy for outpatient services.
         iii. BH3c Level of Care: The offender receives only psychiatric services for outpatient services.

   d. **BH4 Level of Care**: *Intensive Outpatient Services* - The offender has been assessed and meets the following criteria:

      1. The offender meets the criteria of BH3
      2. The offender has been assessed to require increased hours of highly

structured outpatient therapy to include group therapy and individual therapy on a weekly basis.

3. The offender has been assessed to require services as an intervention prior to residential treatment or as a step down from residential treatment. The offender will receive the following services in intensive outpatient services:

    i. Psychotherapy services as available and clinically indicated, to include brief, long-term, supportive, or intensive approaches.

    ii. The offender will receive a minimum of 9 hours of individual/group therapy per week generally for a 12 week course of treatment.

    iii. The offender will receive an assessment after the completion of intensive outpatient services to determine the next appropriate level of care.

e. **BH5 Level of Care:** *Residential Treatment* - The offender meets criteria for BH4 and has been assessed to have significant functional impairment requiring placement in a residential care unit. The unit will provide a safe and therapeutic environment focused on symptom stabilization, improving activities of daily living, and programming with comprehensive wrap-a- round services from a multidisciplinary team consisting of psychiatric providers, psychologists, medical personnel, clinicians and other behavioral health professionals.

f. **BH6 Level of Care** - *Inpatient Hospitalization* – The offender is referred to the Treatment Review Committee to consider for inpatient hospitalization. The following criteria must be met:

    1. The offender requires treatment beyond that available within the Department of Correction
    2. The offender meets the criteria for civil commitment were he or she not incarcerated, as defined by state law and
    3. The Treatment Review Committee (TRC) will convene per DOC Policy.

5. The criteria for inclusion on the treatment services log shall be offenders categorized as BH3a, BH3b, BH3c, BH4, BH5, and BH6 level of care during their current incarceration.

EXHIBIT D

Exhibit D

1. Tracking and Reporting Obligations

A. **Tracking Obligations**. The DOC's tracking obligations under this Agreement and Order shall commence on January 15, 2017. The DOC shall have only the following tracking obligations:

1. The DOC shall make enhancements to its existing electronic corrections system, Delaware Automated Correction System ("**DACS**"), and shall track the aggregate number of inmates in each of the housing units presently used for Restrictive Housing (SHU 17-19; MHU 21; HRYCI 2L; BWCI Unit 8; and SCI DDA and B-Mod) or other restrictive housing units subsequently used (Specified Housing Area). The tracking referenced in the foregoing sentence shall reflect the aggregate number of inmates within each Specified Housing Area that are being held in restrictive housing other than PCO.

2. The DOC shall make enhancements to DACS and shall track, for each inmate housed in a Specified Housing Area, the duration of each inmate's stay in any Specified Housing Area. The tracking referenced in the foregoing sentence shall reflect, for each inmate, the following demographic information, if reflected in DACS: race; gender; national origin; physical disability status; age; religion and MH status (*i.e.*, NMI, MI or SMI).

3. The DOC shall track manually, for each inmate in a Specified Housing Area, the number of hours of out-of-cell time offered[1] by DOC and out-of-cell time actually taken by the inmate for (a) structured therapeutic

[1] As used in this paragraph "offered" means hours that are actually offered where the offer is not nullified.

activities and (b) unstructured recreational activities. The DOC shall provide CLASI with proposed manual tracking forms by August 31, 2016. Subject to additional funding, the DOC shall acquire equipment and make enhancements to DACS to enable it to track electronically the number of hours of out-of-cell time offered and the number of hours taken.

4. The DOC shall track and maintain an up-to-date list of the non-therapeutic programs that the DOC offers in the Specified Housing Areas.

5. The DOC shall track the number of inmates determined to have MI or SMI as a result of the DOC's screening and initial evaluation processes.

6. The DOC shall track the number of inmates on the Roster who are cited for disciplinary violations that could subject the inmate to a sanction of disciplinary housing. The tracking referenced in the foregoing sentence shall also reflect the aggregate number of inmates by institution on the Roster who receive a sanction that includes disciplinary housing.

7. The DOC shall track the participation rates and identified outcome measures in each of the structured therapeutic programs.

B. **Reporting Obligations**. The DOC's reporting obligations shall commence as they arise from and after January 15, 2017. The DOC shall have only the following reporting obligations:

1. The DOC shall provide CLASI with a report on a monthly basis reflecting the information required to be tracked in Paragraphs A.1, A.2., A.5 and A.6. Prior to the contemplated modification of DACS, the reporting required by this paragraph shall be done manually. Until DACS is modified, the manual reporting of information required to be tracked in Paragraph A.2 above will include a narrative description indicating the approximate number of inmates being held in disciplinary housing,

administrative segregation/pre-hearing detention, protective custody, or classification.

2. The DOC shall provide CLASI with a report on a monthly basis reflecting information required to be tracked in Paragraph A.3. Unless and until the funding condition in Paragraph A.3 is satisfied, the DOC's reporting obligations in respect of Paragraph A.3 will be limited to monthly reports reflecting the results of manual audits of the daily tracking information compiled in accordance with Paragraph A.3. The audits will reflect weekly out-of-cell time data for 20 inmates. Audit targets shall be selected as follows: On the first day of the month CLASI shall use a random number generator to choose a week from the prior month. Using the first count list, or its equivalent, of the Tuesday of the chosen week from the Specified Housing Areas, the parties shall randomly choose 20 inmates by an agreed-upon method. CLASI shall have the right to participate in the audits. If, and as soon as possible after, the appropriations referenced in Paragraph A.3 are received, the DOC will begin reporting to CLASI on a monthly basis all information required to be tracked in Paragraph A.3. The monthly report referenced in the preceding sentence shall include weekly out-of-cell time data for each inmate tracked under Paragraph A.3.

3. The DOC shall, on a monthly basis, provide CLASI with a list of the programs tracked under Paragraph A.4.

4. The DOC shall report the information tracked in accordance with Section 1.7 to CLASI on a quarterly basis.

C. **Termination of Tracking and Reporting Obligations.** The DOC's tracking and reporting obligations under this Agreement and Order shall expire at the end of the term of this Agreement and Order, which term shall be five (5) years from the Effective Date., unless terminated earlier by the Court. After DOC's tracking and reporting show that inmate use of the unstructured recreation per week required by this Agreement and Order has

been sufficient for two years, DOC may move to be excused from having to report hours out-of-cell for unstructured recreation.