



NEVADA DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE REGULATION

**SUMMARY OF CHANGES**  
**AR 643 – MENTAL HEALTH SERVICES**  
Effective PENDING

Description	Page Number
Mental Health Staff added to RESPONSIBILITY section	1
Medical File replaced by NOTIS	1 & 5
Psychologist replaced with mental health provider	2 & 5
Personality Disorders and Substance Use Disorders added	4
AR 537 reference added	4
Mental Health Director signature line added	5
Other minor changes have been made in verbiage and formatting for improved clarity and consistency.	

\_\_\_\_\_  
James E. Dzurenda, Director

\_\_\_\_\_  
Date

This summary of changes is for training record purposes only. You should also consult the Administrative Regulation and/or Manual for proper instructions.

I, \_\_\_\_\_, acknowledge receipt of this Summary of Changes and understand it is my responsibility to implement into the course of my duties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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NEVADA DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE REGULATION

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**MENTAL HEALTH SERVICES  
ADMINISTRATIVE REGULATION – 643**

**SUPERSEDES:** AR 643 (06/17/12); AR 643 (05/07/13, Temporary); AR 643 (10/15/13)

**EFFECTIVE DATE:** PENDING

**AUTHORITY:** NRS 209.131; NRS 433.164, 42 U.S.C. § 15601, *et seq.*, 28 CFR Part 115

**RESPONSIBILITY**

The Director of the Nevada Department of Corrections (NDOC and Department) is responsible for the implementation of this Administrative Regulation (AR).

The Wardens will ensure that their appropriate assigned subordinate supervisors have read and understand this regulation.

The Associate Wardens will ensure that their appropriate assigned subordinate supervisors have read and understand this regulation.

Supervisors will ensure that their appropriate subordinate staff members have read and understand this regulation.

Designated staff members will know, comply with, and enforce this regulation.

If, and where applicable, offenders will know and comply with this regulation.

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

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

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

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## 2. Records and Reports

- A. Mental Health staff will document care provided to inmateoffenders in ~~the medical file~~NOTIS per medical record documentation guidelines.
- B. Mental Health staff will compile statistical information as directed by the Director/designee and/or Medical Director/designee.

### 643.02 STANDARDS FOR MENTAL HEALTH CARE

1. The goal of Mental Health services in the Department is to provide for the detection, diagnosis, treatment, and referral of inmateoffenders with mental health ~~problems~~ concerns, and to provide a supportive environment during all stages of each inmateoffender's period of incarceration.
2. All inmateoffenders with mental illness, intellectual disabilities, developmental disabilities, a history of mental health treatment or intervention, or with current symptoms, ~~should~~ shall be identified, evaluated, and have information entered into the medical record and NOTIS.
3. All new inmateoffenders ~~arriving at an institution which provides nursing services should~~ shall be seen by a Registered Nurse within twenty-four (24) hours of their ~~arrival~~ initial intake for a preliminary medical and mental health assessment.
4. ~~Arriving~~ All new inmateoffenders currently on prescribed psychotropic medications will have their medications continued and be referred to an institutional mental health professional for further evaluation and review.
5. ~~Arriving~~ All new inmateoffenders who appear to be in need of any other mental health intervention will be referred to an institutional psychiatrist, ~~psychologist~~ mental health provider or psychiatric nurse for appropriate housing placement and clinical follow-up.
6. InmateOffenders referred for non-emergency mental health care will be evaluated within fourteen (14) days after the date of referral.
7. Results of the evaluation will be documented and placed in ~~the inmate's medical file~~ NOTIS.
8. Except in an emergency, there ~~should~~ shall be a joint consultation between the Warden/designee and an institutional ~~psychologist~~ mental health provider or psychiatrist prior to taking action with an inmateoffender identified as mentally ill, intellectually disabled, or developmentally disabled in any of the following areas:
  - A. Housing assignments;
  - B. Program assignments;

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- C. Disciplinary measures; and
  - D. Transfers to other institutions.
9. When an emergency action has been required, joint consultation to review the appropriateness of the action ~~should~~shall take place no later than the next workday.
  10. Mental health treatment ~~should~~shall be given in the least restrictive setting needed to achieve therapeutic effects and maintain the safety of staff and inmateoffenders.
  11. Mental health care, including psychotherapy, counseling, medication, and diagnostic procedures/testing, is given with the inmateoffender's consent.
  12. The Department ~~should~~shall observe the confidentiality requirements for mental health evaluations and treatment per state and federal laws.

### **643.03 REQUIRED MENTAL HEALTH EVALUATIONS**

1. All incoming offenders ~~should~~shall be evaluated by a mental health professional at intake units-centers as part of the initial classification process.
2. All inmateoffenders with mental illness, intellectual disabilities, developmental disabilities, or other mental health needs ~~should~~shall be identified and evaluated for the classification of the new inmateoffender.
3. All newly arrived inmateoffenders ~~should~~shall be evaluated by Mental Health staff for, but not limited to, the following:
  - A. Suicide potential;
  - B. Symptoms of mental illness;
  - C. Level of intellectual functioning;
  - D. Level of aggression;
  - E. Potential for escape;
  - F. Deviant sexual behavior;
  - G. History of sexual abuse (aggressor and/or victim);
  - H. Personality disorders; and
  - G-I. Substance use disorders.

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4. Recommendations from the mental health intake evaluation ~~should~~ shall be provided to the classification committee within fourteen (14) days of the inmateoffender's arrival, and to the appropriate mental health staff if necessary.
  5. InmateOffenders ~~may~~ shall be referred to a mental health professional for further evaluation and treatment when indicated. InmateOffenders referred for non-emergency evaluations ~~must~~ shall be seen by the appropriate provider within fourteen (14) days of the referral date.
  6. InmateOffenders with a history of sexual abuse (643.03.3(G)) ~~must~~ shall be referred in a timely manner for mental health counseling ~~and custody must be notified within 72 hours.~~ If the sexual abuse occurred in a correctional setting, mental health staff is to follow the procedures outlined in AR 573 Prison Rape Elimination Act -PREA(PREA) Screening and Classification.
  7. Identified mentally ill or intellectually disabled inmateoffenders placed in Disciplinary or Administrative Segregation will be evaluated by a mental health professional within five (5) working days of being placed in segregation, and every thirty (30) days thereafter as long as they remain segregated.

#### 643.04 USE OF PSYCHOTROPIC MEDICATIONS

1. Psychotropic medications for inmateoffenders ~~should~~ shall be prescribed and monitored by a practitioner (physician, physician assistant, or advanced practitioner of nursing).
2. Psychotropic medication will be prescribed only in those situations generally accepted in the medical psychiatric community to be responsive to treatment with that particular medication, and only following a physical examination and diagnosis of the inmateoffender by the prescribing medical provider.
3. The need for psychotropic medication ~~should~~ shall be documented in ~~the inmate's medical record~~ NOTIS.
4. Psychotropic medication ~~should~~ shall be given with the inmateoffender's informed consent, except as provided under procedures for involuntary medication.
5. If an inmateoffender refuses to sign the consent, a release of liability form, ~~should~~ shall be signed by the inmateoffender and witnessed by the prescribing practitioner or a nurse.
6. The inmateoffender may withdraw consent at any time by stating this intention to medical staff and signing a release of liability form.

#### 643.05 INVOLUNTARY USE OF PSYCHOTROPIC MEDICATIONS

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

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2. If, after a discussion with the inmateoffender the inmateoffender still refuses the medication and the practitioner determines the medication is a necessary part of the inmateoffender's treatment plan and would prevent deterioration, the practitioner may shall ask for independent review of the decision to medicate or continue medication by the Medical Review Panel.
  3. No medication may shall be administered involuntarily, pending review, except in an emergency. An emergency requires immediate action to prevent an inmateoffender from serious self-harm or harm to others as a result of a serious mental disorder. Any involuntary medication administered on an emergency basis shall be reviewed as soon as possible by the independent Medical Review Panel no later than ten working days after the emergency treatment. If the panel finds the inmateoffender does not meet involuntary medication standards, the medication shall be discontinued, and the inmateoffender may shall only be medicated voluntarily.
  4. The Medical Review Panel shall review involuntary medication every 180 days.

#### **643.06 MEDICAL REVIEW PANEL**

1. The Medical Review Panel shall consist of the Warden/designee, and a psychiatrist and psychologist mental health provider not currently involved in the care of the inmateoffender.
2. InmateOffenders shall be provided twenty-four (24)24 hours advance notice of the review and notice of the right to participate.
  - A. The panel shall determine whether to uphold or deny the inmateoffender's right to refuse psychotropic medication and the inmateoffender will be verbally informed of the panel's decision at the time of the hearing.

#### **APPLICABILITY**

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

#### **REFERENCES**

[ACA Standards 5<sup>th</sup> Edition 5-ACI-6A-28 – 5-ACI-6A-34](#)

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David Rivas D.O., Medical Director

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Date

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David Greene, Mental Health Director

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Date

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James E. Dzurenda, Director

\_\_\_\_\_  
Date

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