

**STATE OF LOUISIANA  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
CORRECTIONS SERVICES**

Health Care Policy  
No. HCP29



09 May 2011

**INSTITUTIONAL SERVICES / HEALTH CARE POLICIES  
Health Care Policy – Mental Health and Substance Use Services  
Transfer of Severely Mentally Ill and/or Severely  
Developmentally Delayed Offenders**

1. **OBJECTIVE:** To identify and provide specialized care and treatment for offenders who may be a danger to themselves or others as a result of being severely mentally ill or having a severely developmentally delayed disability.
2. **REFERENCES:** ACA Standards 4-4374, 4-4399 and 4-4404 (Adult Correctional Institutions) and La. R.S. 15:830
3. **POLICY:** It is Secretary's policy that each unit shall have procedures in place to identify severely mentally ill or severely developmentally delayed offenders. Offenders who are severely mentally ill or severely developmentally delayed shall receive a mental health evaluation and, where appropriate, be transferred to a state correctional facility specifically designated for managing and treating severely mentally ill or severely developmentally delayed offenders (i.e. Hunt Special Unit.) After evaluation, if indicated, offenders may be referred for placement in a non-correctional facility or an inpatient mental health departmental facility for further management.
4. **APPLICABILITY:** Deputy Secretary, Chief of Operations, Department's Medical/Mental Health Director, Regional Wardens and Wardens. Each Warden is responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this policy.
5. **DEFINITIONS:**
  - A. **Comprehensive Mental Health Evaluation:** A standardized assessment that measures intellectual functioning, mental status and behavioral adaption.
  - B. **Non-Correctional Facility:** A licensed mental health facility for continuation of care (i.e. Eastern Louisiana Health System's Feliciana Forensic Facility.)

- C. **Mental Health Professional:** Individual whose primary duty is to provide mental health services to offenders in keeping with their respective levels of education, experience, training and credentials.
- D. **Severely Developmentally Delayed (SDD):** An offender with an intellectual disability that impairs the ability to provide self care or maintain their safety. In addition, this type of impairment may render this offender vulnerable to victimization by others.
- E. **Severely Mentally Ill (SMI):** An offender with chronic or acute mental illness that impairs the ability to maintain safety of self and others and maintain activities of daily functioning.

6. **PROCEDURES:**

- A. Upon intake at all state correctional facilities, new offenders shall be screened for SMI and SDD.
- B. At any point during incarceration, offenders suspected of having SMI or SDD shall receive a comprehensive mental health evaluation conducted by appropriately qualified mental health staff within 14 days. If this cannot be done for any reason, the Department's Medical/Mental Health Director shall be contacted to ensure the offender's transfer to another facility that is able to conduct the comprehensive mental health evaluation.
- B. All evaluations of offenders suspected of having SMI or SDD shall be designed to address whether or not the offender's impairment is so severe that it compromises the safety of the offender and others.
- C. Once a determination is made that an offender is in need of placement in a state correctional facility specifically designated for managing and treating offenders with SMI or SDD, the Mental Health Director or designee of the institution requesting the transfer shall forward a Mental Health Transfer Information (Form HCP29-a) request to the Department's Medical/Mental Health Director regarding disposition of the offender's transfer. If the transfer is approved by the Department's Medical/Mental Health Director, the Mental Health Director of the facility requesting the transfer shall contact the Mental Health Director or designee at the state correctional facility's special unit and convey the reason for the requested transfer.
- D. Transfers other than those of an emergent nature shall take place on regularly scheduled transfer dates.

- E. An offender who has been admitted to a special unit (i.e. Hunt Special Unit) due to being either severely mentally ill or severely developmentally delayed shall not be returned to the referring institution until an appropriate level of functioning in a less restrictive environment has been demonstrated. To request a return to the receiving institution, the special unit shall complete the Mental Health Transfer Information (Form [HCP29-a](#)) and submit it to the Department's Medical/Mental Health Director for consideration. The Department's Medical/Mental Health Director may:
- 1) Concur with the request and approve the return of the offender to the referring institution;
  - 2) Seek additional information from the facility prior to rendering a decision; or
  - 3) Deny the request.
- F. For purposes of admission to a non-correctional facility or an inpatient mental health departmental facility, the offender shall be notified of the proposed transfer utilizing the Notification of Transfer (Form [HCP29-b](#)) and Notification of Hearing (Form [HCP29-c](#).)
- G. Procedures for transfer to non-correctional facilities must adhere to the guidelines set forth in La. R.S. 15:830 and shall be coordinated in conjunction with the Department's Medical/Mental Health Director.

s/James M. Le Blanc  
Secretary

This policy supersedes Health Care Policy No. HC-39 "Transfer of the Mentally Ill and/or Developmentally Disabled" dated 13 May 2005.

Forms:      [HCP29-a      Mental Health Transfer Information](#)  
                 [HCP29-b      Notification of Transfer](#)  
                 [HCP29-c      Notification of Hearing](#)

Form HCP29-a  
09 May 2011

**MENTAL HEALTH TRANSFER INFORMATION**

Offender's Name: \_\_\_\_\_ DOC No: \_\_\_\_\_

Sending Institution: \_\_\_\_\_

Receiving Institution: \_\_\_\_\_

The following documents and/or information shall be communicated and/or included:

Reason for transfer:

Five axis diagnosis:

All current medications, dosages and administration schedule:

Date of last administration:

Medication compliance:

Relevant laboratory values:

List of communicable diseases or state "None":

Summary of the course of evaluation/treatment:

Special behavioral management issues/description:

Special medical issues (if applicable):

Name of the contact mental health professional:

Family contacts:

Prior mental health records:

Other (Describe): \_\_\_\_\_

**NOTIFICATION OF TRANSFER**

TO: \_\_\_\_\_ DOC #: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

FROM: \_\_\_\_\_

A decision has been made to transfer you to:

\_\_\_\_\_

You have a right to object to this transfer. If you object, a hearing will be held in which you have the following rights:

1. To be heard by a Special Unit Hearing Officer, an independent decision-maker who has not been involved in your current diagnosis or treatment;
2. To be helped at the hearing by a qualified and independent advisor who has not been involved in your case. Upon request, an advisor who understands the relevant issues will be provided to you free of charge;
3. To hear the evidence being used to support your transfer;
4. To be heard in person and to present documentary evidence;
5. To present the testimony of witnesses and to confront and cross-examine witnesses called by the State, unless the Hearing Officer finds, without being arbitrary, that there is a good reason for not permitting such presentation, confrontation, or cross-examination;
6. To receive a written statement of the Hearing Officer's decision, including the evidence relied upon and the rationale for the decision.

**CONSENT TO TRANSFER AND WAIVER**

I have been given an opportunity to read, or have read to me, the above rights, and to ask any questions I might have about them. I understand my rights, but I hereby waive my right to a hearing and voluntarily consent to the transfer proposed above.

\_\_\_\_\_  
(Offender's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness' Signature)

\_\_\_\_\_  
(Date)

**NOTIFICATION OF HEARING**

TO: \_\_\_\_\_ DOC #: \_\_\_\_\_

FROM: \_\_\_\_\_

A decision has been made to transfer you to:

\_\_\_\_\_  
Because of your objection to this transfer, a hearing will be held at \_\_\_\_\_ AM PM  
on \_\_\_\_\_ (DATE) at \_\_\_\_\_ (PLACE).

You have the following rights:

1. To be heard by a Special Unit Hearing Officer, an independent decision-maker who has not been involved in your current diagnosis or treatment;
2. To be helped at the hearing by a qualified and independent advisor who has not been involved in your case. Upon request, an advisor who understands the relevant issues will be provided to you free of charge;
3. To hear the evidence being used to support your transfer;
4. To be heard in person and to present documentary evidence;
5. To present the testimony of witnesses and to confront and cross-examine witnesses called by the State, unless the Hearing Officer finds, without being arbitrary, that there is a good reason for not permitting such presentation, confrontation, or cross-examination;
6. To receive a written statement of the Hearing Officer's decision, including the evidence relied upon and the rationale for the decision.

**CERTIFICATE OF SERVICE**

\_\_\_\_\_  
(Signature of Official Serving Notice)

\_\_\_\_\_  
(Date Delivered)

\_\_\_\_\_  
(Time Delivered)