

**10A:16-3.21 Reporting responsibilities of all dental services**

(a) Monthly and annual reports shall be prepared by the responsible health authority and submitted to the:

1. Assistant Commissioner, Division of Operations;
2. Correctional facility Administrator; and
3. Director of Dental Services.

(b) The monthly and annual reports shall include, but not be limited to, the following:

1. A narrative summary of the major developments and highlights, including, but not limited to:
  - i. Meetings, conferences, workshops and the like attended by staff;
  - ii. Future plans for services; and
  - iii. Problem areas;
2. A statistical summary of dental amounts;
3. A statistical summary of required examinations and specialty care;
4. A statistical summary of dental prosthetics ordered and dispensed;
5. A statistical summary of inmate complaints received and resolved; and
6. Any information required by contract.

(c) The annual report must be submitted by August 31 of each year and will include all periods involved on a fiscal year basis.

**10A:16-3.22 Dental services manual**

(a) The responsible health authority in collaboration with the dental health care provider shall develop and maintain site-specific operational manuals which specify dental care goals, objectives, policies and procedures for the correctional facility, satellite units, correctional community based facilities and home confinement cases which are consistent with the requirements of this chapter and applicable contractual stipulations.

(b) The manual shall be reviewed at least annually, updated as needed and immediately available to all dental health care provider staff on each shift. Each document contained in the manual shall bear the date of the most recent review or revision and signature of the reviewer and shall be approved in writing by the Administrator and the Health Services Unit, Director of Dental Services.

(c) The manual shall include, but not be limited to, the following:

1. Written procedures which shall ensure that all special and routine recalls are accomplished;

2. Site-specific dental services;
3. Informed consent procedures;
4. Emergency dental treatment procedures which shall include, but are not limited to, arrangements for:
  - i. On-site emergency first aid;
  - ii. Use of an emergency vehicle;
  - iii. Use of one or more designated hospitals for trauma;
  - iv. An emergency on-call dentist when the emergency health facility is not located in a nearby community; and
  - v. The provision of security when the immediate transfer of an inmate(s) is necessary;
5. Written procedures on proper use and security of supplies and equipment, such as needles, syringes and scalpels.

**10A:16-3.23 Annual inspection**

(a) The Division of Operations, Health Services Unit, Director of Dental Services shall visit and inspect the dental clinics at all correctional facilities at least once a year in order to review the facility's dental treatment activities.

(b) Within 15 business days after the annual inspection, a written report of the findings shall be prepared by the Director of Dental Services and submitted to the:

1. Commissioner;
2. Chief of Staff;
3. Assistant Commissioner, Division of Operations;
4. Appropriate Division Director;
5. Administrator;
6. Responsible health authority; and
7. Dental health care provider.

(c) The responsible health authority shall respond within 15 business days of receipt of the written inspection report to the Health Services Unit, Director of Dental Services with a written action plan for correcting any deficiencies.

**SUBCHAPTER 4. MENTAL HEALTH SERVICES****10A:16-4.1 Health Services Unit, Director of Psychological Services**

(a) The Health Services Unit, Director of Psychological Services, serving under the Health Services Unit Supervisor shall be the designated authority with primary responsibility of serving as a consultant in psychology and providing

professional review, evaluation and guidance of all mental health programs and activities of the Department with particular emphasis upon the maintenance of professional standards including, but not limited to, the coordination of planning and research.

(b) The Health Services Unit, Director of Psychological Services shall be a New Jersey licensed psychologist and shall be responsible for:

1. Initiating necessary and appropriate action to coordinate and integrate the mental health activities of the Department;
2. Providing consultative service and support to all units of the Department in the specialized area of mental health;
3. Developing procedures of reporting on the quality and performance of mental health services within the Department;
4. Evaluating mental health programs and initiating recommendations to ensure that appropriate and necessary operations are being carried out within the Department;
5. Developing intermediate and long range plans for the improvement of mental health services within the Department;
6. Reviewing the credentials of all personnel appointments and research requests within the area of mental health; and
7. Providing necessary liaison to other State agencies within and outside of New Jersey in order to coordinate the mental health activities.

#### **10A:16-4.2 Correctional facility staff, structure and licensure**

(a) A New Jersey licensed psychologist shall be designated by the health care provider as the Director of Psychology of each correctional facility and the Director of Psychology shall be administratively responsible to the Administrator or designee. The Division of Operations and the Health Services Unit shall be immediately notified in writing if the designee is changed.

(b) The Director of Psychology of each correctional facility shall be responsible for:

1. Ensuring adequate, equitable and consistent mental health services;
2. Providing the written policy and procedural mechanisms approved by Department of Corrections for mental health services, staff practices and functions within the correctional facility;
3. Coordinating the activities of the mental health services with other professional and technical groups, both within and outside the correctional facility;

4. Developing a table of organization which delineates the line of authority for mental health services personnel;

5. Conducting an annual review of license and certification validation and providing a written report of such to the Health Services Unit, Director of Psychological Services; and

6. Reporting all disciplinary action(s), license suspension(s) and/or resignation(s) of mental health services staff to the Health Services Unit, Director of Psychological Services and other State regulatory bodies as required by law.

(c) It shall be the responsibility of the mental health services staff to provide proof of license(s) and certificate(s) renewal to the Health Services Unit, Director of Psychological Services through the health care provider.

(d) Any psychologist in training offering mental health services who is not a New Jersey licensed psychologist shall be supervised by a New Jersey licensed psychologist.

#### **10A:16-4.3 Access to mental health services**

(a) At the time of admission to a correctional facility, inmates shall receive a written communication, and for illiterate inmates, inmates not sufficiently conversant with the English language, or inmates otherwise unable to read due to a physical/medical inability, verbal communication explaining the procedures for gaining access to mental health services.

(b) New or revised information regarding inmate access to mental health services shall be posted in housing units and incorporated into the next printing of the correctional facility Inmate Handbook.

#### **10A:16-4.4 Inmate/therapist confidentiality**

(a) Confidential relations between and among mental health practitioners and individuals or groups in the course of practice are privileged communications and not to be disclosed to any person.

(b) The following exceptions to privileged communications are applicable only in situations which present a clear and imminent danger to the inmate or others:

1. Where the inmate discloses planned action which involves a clear and substantial risk of imminent serious injury, disease or death to the inmate or other identifiable persons;
2. Where an escape plan is disclosed to the mental health practitioner;
3. Where drug trafficking for profit or illicit influence on others, involving Controlled Dangerous Substances (C.D.S.) or drug paraphernalia, presents a clear and imminent danger to the inmate or other identifiable persons;