



PREA MENTAL HEALTH NOTIFICATION

INDIVIDUAL'S NAME (Last, First):	DOC NUMBER:	FACILITY:
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PART 1 – NOTIFICATION (To be completed by Shift Commander/PREA Specialist/Classification Counselor)

Reason for notification:

PREA allegation reported to Shift Commander

PREA allegation reported directly to Headquarters.

Individual reported to Classification Counselor during PREA Risk Assessment:

Prior Victimization OR Prior Perpetration

Individual has been identified as a substantiated perpetrator of person-on-person sexual assault or abuse while in confinement

Third party information received or prior records found in OMNI or another source indicating:

Victimization OR Perpetration

Notes:

PART 2 – RESPONSE FROM INDIVIDUAL (To be completed by Shift Commander/PREA Specialist/Classification Counselor)

Individual wants a follow-up meeting with Mental Health due to the current PREA matter being discussed (must occur within 14 days). **Send 13-509 to Mental Health.**

Not applicable – Individual must be scheduled with Mental Health (e.g., substantiated perpetrator). **Send 13-509 to Mental Health.**

Individual does NOT want a follow up meeting with Mental Health; referring staff have ensured the individual understands how to request mental health services in the future if needed. **DO NOT send 13-509 to Mental Health.**

STAFF COMPLETING THIS FORM TYPED NAME:	TITLE:	DATE:
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PART 3 – MENTAL HEALTH STAFF RESPONSE

Individual seen for mental health evaluation on ____ (date)

Individual seen on ____ per individual's request (e.g. recent PREA allegation, PRA information)

Individual did not show up for scheduled appointment

Notes:

RESPONDING MENTAL HEALTH STAFF TYPED NAME AND SIGNATURE	TITLE:	DATE:
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Distribution: **Original** – Health Record **Copy** – Mental Health PREA Audit Folder

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

INSTRUCTIONS

PART 1

13-509 is to be completed when:

1. Shift Commander receives an allegation.
2. Headquarters directly receives allegation via hotline call, letter, email, and/or external reporting entity.
3. The individual scores “yes” for prior victimization or perpetration during an initial assessment at ANY facility, whether the alleged incident happened in the community or while incarcerated and whether the information came from the individual or some other source.
4. The individual scores “yes” for prior victimization or perpetration during a follow up or for cause initial assessment, whether the alleged incident happened in the community or while incarcerated and whether the information came from the individual or some other source, if the information had not previously been recorded.
 - i. If an individual had not previously scored yes on the applicable items, a 13-509 has to be submitted.
 - ii. If an individual had a score of yes from previous information, but a follow up assessment added new information, a 13-509 has to be submitted.

PART 2

If individual indicates **YES** to seeing Mental Health OR if individual has been designated as a substantiated perpetrator, the 13-509 must be emailed to the Mental Health Team to follow up accordingly.

If individual indicates **NO** to seeing Mental Health, the staff member completing the form must save a copy of the 13-509 in the shared drive under PREA, 13-509, “NO”.

13-509 is to be completed electronically, whenever possible. Under circumstances in which a form must be printed then completed, the form is to be scanned and saved as stated above to the shared drive for a “**NO**” response OR emailed to Mental Health if a “**YES**” response. If an additional copy exists after the 13-509 is sent to the appropriate recipient, it is to be shredded.

PART 3

Once Mental Health receives a 13-509 and completes the form after having met with the individual, it is to be printed and signed.

1. The original form is to be placed in the individual’s health record.
2. A copy of the original signed form must be scanned and then saved in the shared drive under PREA, 13-509, “YES.” The original signed form is to be filed in the health record by the completing clinician

PREA COMPLIANCE MANAGER/DESIGNEE/REPRESENTATIVE

The acting facility PREA designee will review and print all 13-509s from the “No” PREA Folder in the Shared Drive. Any 13-509 from the “No” folder will be copied and submitted weekly to Health Services to be filed in individual’s health record.