

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.70.01	<b>Page</b> 1 of 7
	<b>Original Effective Date:</b> 01/22/10	<b>New Effective Date:</b> 04/08/19
	<b>Supersedes:</b> 500.70.01	<b>Dated:</b> 07/15/17
	<b>Administrator's Approval:</b> Makda Fessahaye, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Mental Health Screening, Assessment and Referral		

**POLICY**

All Division of Adult Institution facilities shall provide clinically appropriate mental health screenings, assessments, and referrals by Mental Health staff.

**REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-E-05 – Mental Health Screening and Evaluation

DAI Policy 410.30.01 - Screening for Risk of Sexual Abusiveness and Sexual Victimization

DAI Policy 500.30.49 – Initial Health Assessment

DAI Policy 500.80.03 – Medication Reconciliation – Continuation of Medication  
Mental Health Assessment Nursing Protocol

**DEFINITIONS, ACRONYMS AND FORMS**

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2077 – Health Transfer Summary

DOC-3018 – Intake Screening/Medical History

DOC-3183 – Referral for On-Site Health Services

DOC-3388 – Health & Psychological Rounds in Restrictive Housing

DOC-3472 – Mental Health Screening Interview

DOC-3473 – Psychological Services Clinical Contact

DOC-3503 – Psychological Services Intake File Review

HSU – Health Services Unit

Intellectually Disabled (ID) – An IQ of approximately 70 or below with concurrent impairments in present adaptive functioning and age of onset before 18 years.

IQ – Intelligence Quotient

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Mental Health Caseload – Inmates classified as MH-1, MH-2a, MH-2b or ID.

Mental Health (MH) Staff – PSU staff and DOC psychiatrists

MH-0 – There is no current mental health need. The inmate does not need a scheduled follow-up visit with PSU and is not seeing a psychiatrist for any reason.

MH-1 – The inmate is receiving mental health services but does not suffer from a serious mental illness. This code is not appropriate for inmates who are receiving only program services, such as substance abuse or sex offender treatment, and have no other mental health needs.

MH-2a – A current diagnosis of, or being in remission from, the following conditions: Schizophrenia, Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Other Specified (and Unspecified) Schizophrenia Spectrum and Other Psychotic Disorder, Major Depressive Disorder, Bipolar I Disorder, and Bipolar II Disorder. MH-2a also includes inmates with current or recent symptoms of the following conditions: Brief Psychotic Disorder, Substance / Medication-Induced Psychotic Disorder, head injury or other neurological impairments that result in behavioral or emotional dyscontrol, chronic and persistent mood or anxiety disorders, and other conditions that lead to significant functional disability.

MH-2b – Inmates with a primary personality disorder that is severe, accompanied by significant functional impairment, and subject to periodic decompensation; i.e., psychosis, depression, or suicidality. If an inmate has stable behavior for two years, the code may be reassessed. Excluded from MH-2B classification are inmates who have a primary diagnosis of Antisocial Personality Disorder and whose behavior is primarily the result of targeted goals rather than impairment from diagnosed mental illness.

Psychological Services (PSU) Staff – Employees classified as Psychologist Supervisor, Psychologist – Licensed, Psychological Associate A or B, Crisis Intervention Worker, Psychological Services Assistant, Clinical Social Worker, or any other clinical classification that is directly supervised by Psychological Services.

RH – Restrictive Housing

Working Days – All days except Saturdays, Sundays, furlough days and legal holidays.

## **PROCEDURE**

### **I. Health Services Initial Screening by Nursing Staff**

- A. The intake health screening interview shall be conducted by nursing staff on the day of intake and documented on DOC-3018 – Intake Screening/Medical History per DAI Policy 500.30.49.
- B. The intake health screening shall include review of DOC-2077 – Health Transfer Summary.

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- C. The intake health screening on DOC-3018 shall include the following mental health information:
1. Prior psychiatric hospitalizations and psychotropic medications.
  2. Current psychotropic medication.
  3. History of suicide attempts.
  4. Current suicide indicators, if any.
  5. Evidence of psychosis, significant mood disturbance or confusion.
- D. Psychotropic Medication
1. Current and verified psychotropic medication shall be continued as per DAI Policy 500.80.03.
  2. Inmates taking psychotropic medication shall be scheduled with a psychiatrist and seen at the next available appointment.
  3. Inmates shall remain on current and verified psychotropic medication pending psychiatrist assessment.
  4. Inmates who require resumption of psychotropic medication shall be seen by a psychiatrist as soon as clinically appropriate.
  5. Licensed prescribers shall review and sign medication orders within one working day of intake from a facility outside DOC.
- E. Nursing staff shall refer inmates to PSU staff as described in the Mental Health Assessment Nursing Protocol.

## II. PSU Intake Screenings

- A. PSU staff shall conduct a face-to-face intake screening within two working days of an inmate's arrival using form DOC-3472 – Mental Health Screening Interview. This screening applies to inmates arriving from community and jail settings at both intake and non-intake facilities.
1. A preliminary treatment plan shall be developed on DOC-3472 during the screening process for each inmate identified as MH-1, MH-2a, MH-2b or ID. The treatment plan shall include recommendations regarding housing assignment, mental health follow-up, and referral to other disciplines or facilities.
  2. For inmates with serious mental illness (MH-2a or MH-2b), PSU staff shall attempt to obtain written consent for release of information when there are identifiable and clinically relevant prior treatment records that may exist.
- B. PSU staff shall use form DOC-3183 – Referral for On-Site Health Services for inmates who need to be referred to a psychiatrist or other HSU staff.

## III. PSU Transfer Screenings

- A. PSU staff at receiving facilities with on-site PSU staff shall conduct a file review for each inmate identified as MH-1, MH-2a, MH-2b or ID within three working days of transfer and document the results on form DOC-3503 – Psychological Services Intake File Review. Inmates shall be prioritized for

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- face-to-face interviews according to clinical need, including apparent risk of self-harm, harm to others, or mental deterioration.
- B. PSU staff at sending facilities shall contact PSU staff or a Security Supervisor at receiving facilities if an inmate with urgent or concerning mental health needs is being transferred.
  - C. All inmates transferring among DAI facilities shall have their PSU Records accompany them at the time of transfer.

#### **IV. RH Placement Screens**

When inmates classified as MH-2a, MH-2b or ID are initially placed in a RH setting, PSU staff shall conduct an evaluation, including a face-to-face interview, within one working day to assess psychological stability and the need for psychological services. The results shall be documented on DOC-3473 – Psychological Services Clinical Contact or DOC-3388 – Health & Psychological Rounds in Restrictive Housing.

#### **V. Staff Referrals**

When a staff member becomes aware of an inmate who has previously unrecognized serious mental health needs or has a significant worsening of symptoms, that staff member shall make an immediate referral to PSU staff via phone or in person. Serious mental health needs may include:

- A. Self-harm risk.
- B. Symptoms of psychosis such as delusional beliefs or hallucinations.
- C. Severe depression or anxiety.

#### **VI. PREA Referrals**

- A. As per DAI Policy 410.30.01, staff who conduct PREA risk screenings shall offer inmates a follow-up meeting with PSU staff when the screening indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse. For inmates who accept such referrals, the staff members shall contact PSU staff. PSU staff shall meet with the inmate within 14 calendar days of the PREA screening.
- B. PSU staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of when DOC staff first learn of the abuse history.
  - 1. Sexual abuse of an inmate by another inmate is defined in DAI Policy 410.30.01 and involves non-consent, coercion, or inability to consent.
  - 2. DOC Staff will generally become aware of inmate-on-inmate abuse in one the following situations:
    - a. During an intake PREA Screening when the inmate responds to questions about past abuse history.
    - b. After a current and active PREA investigation has substantiated inmate-on-inmate abuse.

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3. In either of the above situations, DOC staff shall refer the inmate to PSU staff within 2 business days.
4. PSU staff shall evaluate whether the inmate is appropriate for mental health treatment and/or sex offender treatment, and offer treatment when deemed appropriate.

## **VII. Mental Health Classification Codes**

- A. Mental health classification codes shall be assigned to all DAI inmates at or near the time of intake.
- B. Those who meet criteria for both MH-2a and MH-2b shall be coded MH-2a.
- C. As the conditions that prompted a coding of MH-1 resolve, the code may be changed to MH-0. Such a change indicates that there is no longer a need for scheduled mental health follow-up.
- D. MH-2 codes shall be changed to lower codes in a conservative manner. However, if there is a clear indication that the qualifying diagnosis for an MH-2a inmate was incorrect, or if an MH-2b inmate has a long period of stability without the need for ongoing treatment, these codes may be appropriately changed to lower codes.

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**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Paul Bekx MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Dr. Kevin Kallas, Mental Health Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Makda Fessahaye, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Mental Health Screening, Assessment and Referral		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS AND FORMS**

**FACILITY PROCEDURE**

**I.**

- A.
  - 1.
    - a.
- B.
- C.

**II.**

- A.
- B.
- C.