SUBJECT: INTAKE MENTAL HEALTH SCREENING AT RECEPTION CENTERS

EFFECTIVE DATE: 10/02/2020

I. PURPOSE:

The purpose of this health services bulletin (HSB) is to establish guidelines for mental health screening of newly arrived inmates at reception centers.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. POLICY:

The department screens all newly committed inmates, including recidivists, within fourteen (14) calendar days of arrival, to identify those who suffer from a mental disorder and/or intellectual disability. Inmates found to be suffering from a serious mental disorder or developmental disability are immediately referred for outpatient, infirmary, transitional, or crisis stabilization care, according to clinical need.

III. REFERENCE:

National Commission on Correctional Health Care Standard P-33, Mental Health Evaluation.

IV. DEFINITIONS:

A. **Impaired Inmate**: Any inmate who has a professionally determined limitation in the performance of daily living activities, work, or participation in the programs and services available to the general inmate population. An impaired inmate may still be considered disabled under the Americans with Disabilities Act and entitled to any needed accommodations for the duration of their impairment.

B. **Mental Health Impairment Grades (SY-grades)**: A designation of impairment or disability due to intellectual or mental health deficits for the purpose of monitoring and servicing identified needs. If the inmate's ability to adjust satisfactorily within the general inmate population is only mildly impaired, staff should recommend transfer to an institution designated to receive impaired inmates. In contrast, intellectually disabled inmates with more than mild impairment in adaptive behavior should be referred for transitional care. Any inmate who:

1. **SY-Y** = demonstrates a neurocognitive or neurodevelopmental impairment due to deficits that may or may not impair adaptive functioning. This designation

will be initially assigned automatically to anyone scoring <70 on the final IQ test given, regardless of a score of >35 on the *Adaptive Behavior Checklist,* or DC4-659.

2. **SY-D =** meets the diagnostic criteria for a neurocognitive or neurodevelopmental disability and demonstrates impairment in adaptive functioning. These inmates will require regular review by the Impaired Inmate Committee and will not be downgraded below an S-grade of 2 for the duration of their incarceration. Also, for the purposes of diagnosing intellectual disabilities, the diagnostic requirement of onset prior to age 18 will be inferred unless there is documentation to the contrary.

C. **S-II Institution**: An institution within the department which is authorized to receive and house inmates who are classified as 1 or 2, on category S (mental health) of the health profile. Mental health staff at S-II institutions is comprised of non-prescribing mental health clinicians (e.g., psychologists, doctoral and master's level counselors) who provide such services as evaluation, crisis intervention, counseling and case management.

D. **S-III Institution**: An institution within the department which is authorized to receive and house inmates who are classified as 1, 2, or 3 on category S (mental health) of the health profile. Both non-prescribing mental health clinicians and psychiatry staff are allocated to these institutions.

E. **S-grade:** Mental Health Grade - An inmate who:

1. **S-1** = Demonstrates no significant impairment in the ability to adjust within an institutional environment and does not exhibit symptoms of a mental disorder (which includes intellectual disability). Although inmates classified as S-1 do not require ongoing mental health treatment, they have access to routine mental health services.

2. **S-2** = Exhibits impairment associated with a diagnosed mental disorder. The impairment is not so severe as to prevent satisfactory adjustment in general inmate housing with the assistance of mental health case management, psychological services, and counseling. This mental health grade may also apply to an inmate who, as determined by psychiatry staff, is sufficiently stable on select psychotropic medications for medication management by a non-psychiatric physician or ARNP in consultation with a psychologist.

3. **S-3** = Shows impairment in adaptive functioning due to a diagnosed mental disorder. The impairment is not so severe as to prevent satisfactory adjustment in general inmate housing with the assistance of mental health case management, psychological services, counseling, and psychiatric consultation for psychotropic medication. S-3 is also assigned routinely to an inmate who is determined to need psychotropic medication, even if the inmate may be exercising the right to refuse such medication.

4. **S-4** = Is assigned to a transitional care unit (TCU), which is an inpatient level of mental health care. The mental health classification S-4 can only be assigned or changed at a TCU.

5. **S-5** = Is assigned to a crisis stabilization unit (CSU), which is an inpatient level of mental health care. This classification can only be assigned or changed at a CSU.

6. **S-6** = Is admitted to a Mental Health Treatment Facility (MHTF), which is the highest and most intensive level of inpatient mental health care. Admission to an MHTF requires judicial commitment.

7. **S-9** = Is in the reception process and is scheduled to be evaluated by psychiatry staff.

V. PSYCHOLOGICAL SCREENING:

A. The limits of confidentiality shall be explained and consent to evaluation or treatment obtained before initiation of screening or treatment by completing the DC4-663, *Consent to Mental Health Evaluation or Treatment*. Refusal of intake mental health screening shall be documented on the DC4-711A, *Refusal of Health Care Services*, after the inmate has been informed of the potential consequences of her/his refusal.

B. All newly committed inmates shall undergo the following evaluation procedures within fourteen (14) calendar days of arrival at a reception center. If, due to clinical reasons, a portion of this testing must be omitted during the reception process, documentation of the clinical justification will be recorded in the reception section of OBIS or the DC4-644, *Intake Psychological Screening Report*. Any testing that cannot be completed during the reception process, will be the responsibility of the first permanent institution.

1. Psychological testing with the Beta-4 and Beck Hopelessness Scale. These may be omitted at the discretion of the clinician if these tests were administered within the past ninety (90) days with acceptable results (Beta-4 score >75; Beck Hopelessness Scale score <9).

2. Administration of the most recent version of the Wechsler Abbreviated Scale of Intelligence (WASI; two-subtest form) when the Beta-4 score is <70. For inmates demonstrating limited language abilities, the Test of Nonverbal Intelligence Fourth Edition (TONI-4) may be substituted for the WASI.

3. Completion of the DC4-659, *Adaptive Behavior Checklist* when the WASI score is <70. Note that adaptive behavior should be assessed, utilizing DC4-659, whenever the clinician suspects impaired cognitive ability to meet the ordinary demands of the prison environment, even if the individually administered intelligence test score falls within the borderline range of intelligence (IQ 70-79).

4. Administration of the most recent version of the Wechsler Adult Intelligence Scale (WAIS-IV) when the WASI score is <70 or the adaptive behavior checklist rating is <35.

5. Clinical interview following all necessary testing (results of testing must be available at time of interview) to obtain the mental health, substance abuse, education, and employment history; and to perform a mental status examination covering at least the following areas:

    a. Appearance/behavior;
    b. Orientation;
    c. Mood/affect;
    d. Perception/thinking;
    e. Immediate and remote memory;
    f. Suicidal/homicidal ideas; and
    g. Sleeping/eating pattern.

6. Completion of the DC4-646, *Initial Suicide Profile,* if the inmate has a history of intentional self-injury or attempted suicide or if s/he obtains a Beck Hopelessness Scale score of nine (9) or higher.

C. The results of psychological screening, including testing, shall be documented in the reception section of OBIS or the DC4-644, *Intake Psychological Screening Report*.

D. An S grade of 1 or 2 shall be assigned on the basis of the screening with one exception: The S grade of inmates who are or will be scheduled for subsequent psychiatric evaluation shall be assigned by the psychiatrist.

E. Inmates whose final IQ score is <70 and whose adaptive behavior checklist rating is <35 shall be deemed to have met the diagnostic criteria for intellectual disability. The requirement of onset prior to age 18 is inferred unless there is formal documentation to the contrary. These inmates will be classified as S-2 or higher for the duration of their incarceration and will have the designator of SY-D added to their health profile, both in OBIS and the medical record.

F. Each inmate whose adaptive behavior checklist rating is <35 or whose final IQ score is <70 shall be classified as S-2 or higher and followed for at least one year before the grade may be considered for reduction to S-1. The one year follow-up period will allow for observation and documentation of mental/behavioral functioning before final determination is made regarding the need for ongoing mental health services. These inmates will have the SY-Y designation added to their health profile, both in OBIS and in the medical record. This designation will not be removed, regardless of S-grade, as long as the final score on the adaptive behavior checklist reflects a score of <35 or the final IQ reflects a score of <70.

G. Raw test data and test protocols will be kept in the orange *Psychological Record Jacket,* or DC4-761, which is stored in a secure/locked cabinet in the mental health office area, during the prison commitment, including at the Reception Center. The DC4-761 will be sealed and transported with the medical record wherever an inmate is transferred. Upon receipt at the gaining institution, the DC4-761 will be separated from the medical record and forwarded to the mental health office for secure storage. DC4-761, together with its content, shall be archived with the health record after release. Raw test data and test protocols (record forms/sheets) shall not be filed in the medical record.

VI. PSYCHIATRIC SCREENING/EVALUATION:

A. Medical staff shall review the records of all newly arrived inmates. The purpose is to identify and refer for psychiatric evaluation those inmates who received inpatient mental health care within the past six (6) months and/or psychotropic medication for mental problems at any time during the thirty (30) day period preceding arrival. These

inmates shall receive a complete psychiatric evaluation within ten (10) calendar days of arrival. Following this initial psychiatric evaluation, inmates who received antipsychotic medication for mental problems at any time during the thirty (30) day period preceding arrival or received inpatient mental health care within the past six (6) months will be classified at least S-3 for a minimum of ninety (90) days. All inmates who received psychotropic medication, other than antipsychotic medication, at any time during the thirty (30) day period preceding arrival will be classified at least S-2 for a minimum of 120 days. Inmates presenting with acute psychiatric symptoms shall be evaluated within twenty-four (24) hours of arrival. If the inmate was taking psychotropic medication immediately prior to transfer from the county jail, the screening medical staff person shall arrange for continuity of care until such time as the inmate can see the psychiatrist.

B. The psychiatric evaluation shall be documented on the DC4-655, *Psychiatric Evaluation* and shall include the following:

1. Present problem (chief complaint).

2. Relevant history:

   a. Chronology of symptoms and treatments
   b. History of drug/alcohol use;
   c. History of inpatient and outpatient treatment;
   d. History of violence and suicide attempts;
   e. Medical problems and treatments received;
   f. History of mental illness in the family; and
   g. Other history if pertinent, e.g., social, marital, occupational, educational, and sexual.

3. Mental status examination to include the following:
   a. Appearance/behavior;
   b. State of consciousness (alertness);
   c. Speech, orientation, and thinking;
   d. Perception;
   e. Mood/affect;
   f. Memory and intellectual functioning;
   g. Suicide/homicide; and
   h. Judgment and insight.

4. Diagnostic formulation and diagnosis according to the most recent *Diagnostic and Statistical Manual of Mental Disorders.*

5. Recommendations/treatment plan.

C. On the basis of the psychiatric evaluation, the psychiatrist will assign an S grade by completing *Health Services Profile* (DC4-706). Any necessary outpatient psychiatric treatment will be initiated as part of *Individualized Service Plan* (DC4-643A), in accordance with HSB 15.05.11 *Planning and Implementation of Individualized Mental Health Services*.

VII. SERVICE PLANNING AND IMPLEMENTATION:

Inmates identified as needing ongoing mental health services shall receive service planning and implementation within the timeframes specified in HSB 15.05.11. Within 14 days of the S-grade assignment, the initial Case Manager interview will be conducted; with the multidisciplinary services team (MDST) approval of Biopsychosocial Assessment (BPSA) and individualized service plan (ISP) occurring within 30 days. If a new intake transfers to a permanent institution before the allotted 30 days to complete the BPSA and ISP, the reception center is in compliance with these service planning requirements if it provides documentation of a timely initial Case Manager interview via form DC4-642B, *Mental Health Screening Evaluation*.

VIII. CASE MANAGEMENT SERVICES:

All S-2/S-3 inmates who are awaiting transfer to a permanent institution shall receive at least the following case management services (to be documented on DC4-642D, *Outpatient Mental Health Case Management*) every thirty (30) days:

A. Review of institutional adjustment via, for example, collateral information (such as confinement placements, staff referrals, etc.) and contacts with the dorm officer and other inmate supervisors.

B. Group or individual contact as needed, but not less than every thirty (30) days, to assess mental status and to provide supportive counseling when indicated.

C. Review of psychotropic medication compliance as applicable.

IX. SERVICE DELIVERY LOGS:

The following logs shall be maintained at reception centers and all major institutions:

A. DC4-781H, *Inmate Request/Staff Referral Log*

B. DC4-781J, *Psychiatric Restraint Log*

C. DC4-781K, *Seclusion Log*

D. DC4-781A, *Mental Health Emergency, Self-Harm, SHOS/MHOS Placement Log*; This log shall be used to record all inpatient mental health emergencies (those occurring in transitional care units, crisis stabilization units, or the corrections mental health treatment facilities), and outpatient mental health emergencies, as well as all placements on Self-Harm or Mental Health Observation Status. Outpatient mental health emergencies that are responded to by nursing staff (typically after regular work hours) will initially be recorded on *Emergency Nursing Log* (DC4-781M). In addition, these emergencies will also be recorded on the DC4-781A on the next business day by mental health staff.

X. REQUESTS FOR PAST MENTAL HEALTH RECORDS:

A. All inmates designated as S2 and above during the reception process will be asked to grant authorization for the request of past outpatient and inpatient mental health treatment records prior to transfer to their permanent institution. This authorization, with an accompanying letter of request, will be sent to all identified community providers.

B. Copies of the signed DC4-711B, *Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information*, for each of the identified community providers will be placed in the medical record. Copies of each letter of request will be filed under the Other Mental Health Related Correspondence subdivider, along with any records received prior to transfer.

C. Records received after transfer will be forwarded to the inmate's permanent institution. Mental health staff at the receiving institution will follow-up on all requests for information within thirty (30) days of the inmate's arrival documenting the progress of each request as an incidental note on DC4-642, *Chronological Record of Outpatient Mental Health Care* and as an intervention of the ISP.

XI. RELEVEANT FORMS AND DOCUMENTS:

A. DC4-642, Chronological Record of Outpatient Mental Health Care
B. DC4-642B, Mental Health Screening Evaluation
C. DC4-642D, Outpatient Mental Health Case Management
D. DC4-643A, Individualized Service Plan
E. DC4-644, Intake Psychological Screening Report
F. DC4-646, *Initial Suicide Profile*
G. DC4-655, Psychiatric Evaluation
H. DC4-659, Adaptive Behavior Checklist
I. DC4-663, Consent to Mental Health Evaluation or Treatment
J. DC4-706, Health Services Profile
K. DC4-781A, Mental Health Emergency, Self-Harm, SHOS/MHOS Placement Log
L. DC4-781H, Inmate Health Request/Staff Referral Log
M. DC4-781J, Psychiatric Restraint Log
N. DC4-781K, Seclusion Log
O. DC4-781M, Emergency Nursing Log
P. HSB 15.05.11, Planning and Implementation of Individualized Mental Health Services
Q. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

Health Services Director Date

This Health Services Bulletin supersedes: TI 15.05.17 dated 4/15/91, 8/5/94, 7/18/96, 10/30/02 and 02/28/06. HSB 15.05.17 dated 09/25/2013, AND 11/06/2016