

STATE OF OHIO



DEPARTMENT OF REHABILITATION  
AND CORRECTION

SUBJECT: <b>Mental Health Screening and Mental Health Classification</b>	Page 1 of 9
	NUMBER: 67-MNH-02
RULE/CODE REFERENCE:	SUPERSEDES: 67-MNH-02 dated 02/05/15
RELATED ACA STANDARDS: 4-4281-2; 4-4281-4; 4-4285; 4-4368; 4-4370, 4-4371; 4-4372; 4-4381	EFFECTIVE DATE: January 22, 2016
	APPROVED: 

**I. AUTHORITY**

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

**II. PURPOSE**

The purpose of this policy is to establish a standard procedure for referrals to mental health services and to ensure all inmates entering the physical custody of the Department or being transferred from one institution to another receive appropriate mental health screening to identify mental health needs including, but not limited to, the need for assessment and evaluation.

**III. APPLICABILITY**

This policy applies to all persons employed by or under contract with the Department of Rehabilitation and Correction and all inmates incarcerated in prisons operated by or under contract with the Department.

**IV. DEFINITIONS**

**Credentialed Mental Health Professional (CMHP)** – Those persons who are identified as a mental health professional as defined in this policy, and who also are master's prepared in social work or counseling, or who are a doctorate candidate in psychology, and receiving supervision for their advanced licensure, and who by virtue of their training, experience and with supervisory approval have been assigned identified tasks in this policy. To be credentialed to do the tasks outlined in this policy, CMHP staff must have a signed agreement with their supervisor acknowledging a willingness to co-sign the tasks and said agreement shall be on file with the OSC BOBHS CQI Coordinator. Any task that is correlated with an ILMHP and is completed by a CMHP, shall have a co-signature by the person supervising the individual for advanced licensure, or in the absence of this staff, an exempt ILMHP. Wherein this policy references tasks a Mental Health Professional can complete so can a CMHP regardless of it specifically stating it – by definition.

**Independently Licensed Mental Health Professional (ILMHP)** - Psychiatrists, Psychologists, Advanced Practice Nurse - Mental Health (APN-MH), Professional Clinical Counselors (PCC), and Licensed Independent Social Workers (LISW), who by virtue of their training and experience, are qualified to provide mental health care and have been specifically assigned identified tasks in this policy.

**Intellectual and Developmental Disability (IDD)** - Inmates that have been identified as having an intellectual and/or developmental disability per Department policy 67-MNH-22, Offenders with Intellectual Disabilities and Developmental Disabilities: Screening, Evaluation, Treatment and Reentry.

**Mental Health Caseload** - Consists of inmates with a mental health diagnosis who receive treatment by mental health staff and are classified as C-1 (Seriously Mentally Ill, SMI), or C-2 (Mental health caseload but not SMI), ID/DD, or on hold (no mental health classification) at a reception center (CRC, LorCI, ORW) or during the assessment phase of a comprehensive evaluation that will result in a diagnostic formulation.

**Mental Health Professionals (MHP)** - Those persons who, by virtue of their training and experience, are qualified to provide mental health care within the provisions of the state's licensure laws, policies and guidelines including staff with Master's degree level Psychology Assistants, Licensed Professional Counselors (LPC), Licensed Social Workers (LSW), Registered Nurses (RN), and Activity Therapists (AT).

**Serious Mental Illness (SMI)** - Adults with a serious mental illness are persons who are age eighteen (18) and over, who currently or at any time during the past year, have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current Diagnostic and Statistical Manual of Mental Disorders and that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. These disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects.

## **V. POLICY**

It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) that all inmates have timely access to mental health services and that all inmates receive a mental health screening upon arrival at an institution to identify those inmates with serious mental illness and inmates with other mental health needs and the ability to identify and access mental health services at any time throughout incarceration.

## **VI. PROCEDURES**

### **A. Mental Health Orientation**

1. All inmates shall receive mental health orientation upon arrival at an institution. Each institution MHA/MHM shall create a MH access sheet for their institution that shall include open office hours and the name of the MHA/MHM. This sheet shall be provided to medical for distribution to inmates upon arrival when completing the Health History Screening (DRC5031) or the Intrasystem Transfer and Receiving Screening (DRC5255). This process is pursuant to Department policy 52 RCP-01, Reception Admission Procedures.
2. MHA/MHMs shall ensure that mental health information is also available in the institution inmate handbooks pursuant to Department policy 52-RCP-10, Inmate Orientation.

3. In addition to this initial mental health orientation, the mental health department shall also be responsible for a more in-depth mental health orientation that shall occur within fourteen (14) days of arrival at an institution. This orientation may be done in a group setting or may be done at the time of the detailed mental health screening or any other means determined appropriate by the MHA/MHM. At the time of this orientation, mental health staff shall review Mental Health Services Inmate Orientation (DRC5169).

## **B. Mental Health Screening Process**

1. All inmates entering DRC reception centers and inmates being transferred to other institutions shall be screened utilizing the Initial Medical, Mental Health, and Substance Use Screening (DRC5170). The Initial Medical, Mental Health and Substance Use Screening form also contains questions to screen for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. This screening shall be completed upon admission and is usually completed during intake by a nurse for reception centers. For intra-system transfers, this screening shall also be completed upon admission. Housing assignments are made accordingly.
2. The Initial Medical, Mental Health, Substance Use Screening (DRC5170) shall not be completed for inmates transferred to SOCF for execution.
3. The Initial Medical, Mental Health, and Substance Use Screening (DRC5170) shall be maintained as part of the permanent record in the medical, recovery services, and mental health file(s).
4. A Detailed Mental Health Screening (DRC5163) shall be completed on all inmates within seven (7) calendar days of their arrival at any institution by a Mental Health Professional (MHP). The following circumstances are exceptions:
  - a. Inmates already on the mental health caseload do not require a Detailed Mental Health Screening (DRC5163) when being transferred between institutions. However, the inmate's file must be reviewed by the mental health manager or designee and assigned to an appropriate MHP or ILMHP for continuity of care. The review and assignment shall be noted in a progress note.
  - b. If extenuating circumstances remove the inmate from the institution during the initial seven (7) day period, every reasonable effort shall be made to complete the screening in a timely manner upon the inmate's return.
  - c. For inmates not on the mental health caseload, if the Detailed Mental Health Screening (DRC5163) has been completed in the last ninety (90) days, the MHP shall meet with the inmate and review the previous Detailed Mental Health Screening (DRC5163). If everything is still accurate, the MHP shall sign and date the form and record it in the progress notes. If not accurate, the staff shall make any necessary changes as appropriate and sign and date the new form.
5. When completing a Detailed Mental Health Screening (DRC5163), all available information shall be considered, including reviewing previous MHPRO or other DOTS

screens and the electronic health record, when available, to determine previous treatment while incarcerated in ODRC.

6. If during the process of completing the Detailed Mental Health Screening (DRC5163) or during other times of incarceration it becomes known the inmate received mental health services in the community, every effort shall be made to obtain that information with the exception of inmates serving a sentence of less than ninety (90) days.
  - a. Authorization for Release of Mental Health Information (DRC5159) shall be completed.
  - b. The original signed authorization(s) shall be forwarded to the identified community provider(s) by designated mental health staff or the Community Linkage Worker.
  - c. Copies of the authorization(s) shall be filed in the third party section of the inmate's mental health file.
  - d. Any information obtained from the community or third party shall be placed in the inmate's mental health file.
7. During the completion of the Detailed Mental Health Screen at reception centers, staff shall also complete the Human Trafficking Screen (DRC 5185).

### **C. Referral to Mental Health Services**

Inmates may be referred to Mental Health services through various means. Actions taken following a referral shall vary based upon the referral.

1. Mental Health Admission/Screening Process (Refer to Section A)
  - a. When clinically indicated on the Detailed Mental Health Screen (DRC5163) or on the Human Trafficking Screen (DRC5185), inmates shall be referred to the full mental health evaluation process.
  - b. Inmates referred to Mental Health Services through admission/screening process shall begin the process of a full mental health evaluation (section C).
  - c. During the full mental health evaluation, at any point, an ILMHP may stop the process if it is found the inmate is not in need of mental health services.
  - d. Any such action shall result in a progress note and the completion of the Mental Health Classification form (DRC5268).
2. General Referrals to Mental Health
  - a. Any institution employee may make a referral to mental health based on his/her observation of an inmate's behavior.

- i. Referrals made during normal business hours shall be completed by either a call to the Mental Health Administrator/Manager or designee, or by completing the Referral to Mental Health form (DRC5265), or after hours by completing the Referral to Mental Health form (DRC5265).
  - ii. If the referral issue is of an urgent nature then contact shall be made by phone to the Mental Health Administrator/Manager (MHA/MHM) or designee immediately. If mental health staff cannot be reached, the inmate shall be placed on constant watch.
  - iii. If an inmate requests mental health services and it is not an emergency, then staff should encourage the inmate to contact mental health to access care.
  - iv. Inmates referred to mental health through a general referral shall be seen by a mental health staff through the process delineated by the MHA/MHM for general referrals.
3. Medical Referrals to Mental Health - Medical staff shall complete a Referral to Mental Health (DRC5265):
  - a. When necessary due to consultation, concern, etc., medical staff may make a referral based on his/her observation of an inmate's behavior.
    - i. Referrals made during normal business hours shall be completed by either a call to the Mental Health Administrator/Manager or designee, or by completing the Referral to Mental Health form (DRC5265) or after hours by completing the Referral to Mental Health form (DRC5265).
    - ii. If the referral issue is of an urgent nature then contact shall be made by phone to the Mental Health Administrator/Manager or designee immediately. If mental health staff cannot be reached, the inmate shall be placed on constant watch.
    - iii. Inmates referred to mental health through a medical referral shall be seen by a mental health staff through the process delineated by the MHA/MHM for general referrals.
4. Crisis Referrals to Mental Health (may be inclusive of sexual abuse referrals)
  - a. Any staff that becomes aware of an inmate exhibiting signs or symptoms of being in crisis, inclusive of suicide risk shall make an immediate referral to mental health services via phone or in person.
  - b. Mental health staff shall have a process to see inmates who are in crisis.
  - c. If the staff making the referral is unable to access mental health, staff shall then notify the shift commander of the situation while ensuring constant observation/supervision of the inmate.

- d. The shift commander has the authority to place an inmate on Constant Watch-utilizing the Authorization for Crisis Precautions (DRC5200).
- e. Mental Health staff shall follow Department policy 67-MNH-09, Crisis Management and Suicide Prevention, when this occurs.
5. All non-crisis mental health referrals shall be addressed by mental health staff within a fourteen (14) calendar day period.
6. All referrals to mental health shall be logged in the Mental Health Referral Log (DRC5433).
7. The Referral to Mental Health form (DRC5265) shall be filed in the psychological testing and other evaluations section of the inmate's mental health file.
8. When appropriate, if the inmate is not already on the caseload, he/she may be referred to the full mental health evaluation process.

**D. Mental Health Evaluation and Triage Process (refer to protocol I-1)**

1. The Mental Health Evaluation shall include both a bio-psychosocial component, as well as a mental status exam, diagnostic formulation and summary of all components. The Mental Health Evaluation shall include, but is not limited to: biopsychosocial information, historical and demographic information about the offender, review of mental health and appraisal data, direct observations of behavior, collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect and coping abilities, and a compilation of the individual's mental health history with a formulation of a diagnosis.
2. All components of the Mental Health Evaluation shall be completed in a timeframe that is consistent with the urgency of need and the risk factors; not to exceed fourteen (14) calendar days from the date of referral for mental health treatment. The Mental Health Evaluation Forms (DRC5309 and DRC5161) shall be filed in the assessment section of the inmate's mental health file.
3. The Bio-psychosocial Assessment (DRC5309) shall be completed by either an MHP or ILMHP. Once the bio-psychosocial assessment is completed, it shall be assigned to an ILMHP or a CMHP if not already completed by such a person.
4. If the person completing the Bio-psychosocial is an ILMHP or a CMHP, the entire process may be completed by one individual.
5. The Mental Status Exam and Summary (DRC5161) shall be completed by an ILMHP inclusive of the prescriber or by a CMHP and co-signed by an ILMHP, preferably the ILMHP overseeing the licensure obtainment, or in the absence of this person, another exempt ILMHP.

6. During the process of the full mental health evaluation, if it is determined the inmate does not need to complete the entire process, e.g. it is determined he/she will not need mental health services, an ILMHP staff may stop the process. A progress note shall be completed in the mental health file indicating the reason for stopping the process. A classification form shall be completed at this time indicating “N” for classification.
7. The Mental Health Administrator/Manager shall assign staff, based upon skill set and available resources, to complete the components of the Mental Health Evaluation as appropriate to meet the needs and overall mission of the institution.
8. Full mental health evaluations shall be triaged to meet the needs of the inmate. Staff shall consider when assigning the components of the mental health evaluation:
  - a. Inmates that have a clear and convincing serious mental health diagnosis may be referred for the Mental Status Exam and Summary (DRC5161) directly to the prescriber (psychiatrist or advanced practice nurse). However, these referrals shall not be excessive – the goal is to equally divide the Mental Status Exam and Summary (DRC5161) amongst ILMHPs and CMHPs.
  - b. Inmates that have no mental health history but appear to be demonstrating signs and symptoms of mental illness shall be referred to ILMH or CMHP, other than prescribers for a thorough diagnostic assessment.
  - c. Inmates should not always be referred for a medication evaluation following the completion of the Mental Status Exam and Summary (DRC5161) – some diagnoses and mental health needs can be addressed, at least initially, through other means of intervention, including group and individual psychotherapy.
9. At the reception centers, if during the initial medication evaluation by the prescriber, it is determined the inmate was on medication primarily for sleep and/or there is no clear and convincing indication for the need of medication the following may occur when deemed clinically appropriate:
  - a. The prescriber may discontinue the medication;
  - b. Refer the inmate to a nursing medication discontinuation group; and
  - c. Complete the Mental Health Classification Form (DRC5268) making the determination of “N”.
  - d. If during the course of the medication discontinuation group it is determined the inmate needs further evaluation, then a referral to the full mental health evaluation process shall be made by the nurse facilitating the Medication Discontinuation group.

**E. Mental Health Caseload Classification**

1. Following the completion of the full mental health evaluation process or during it, if determined the inmate does not need to be on the mental health caseload, staff shall complete (DRC5268) and indicate “N” for no mental health services. If the mental health

evaluation process is stopped at some point before formulating a diagnosis, it may only be done by an ILMHP. In those cases, the ILMHP shall complete the Mental Health Classification Form (DRC5268).

2. Based upon the Mental Health Evaluation and Summary (DRC5161), the inmate shall be classified as:
  - a. Seriously Mentally Ill (SMI) inmate – C-1 in DOTS portal, or
  - b. Non-Seriously Mentally Ill inmate (Non-SMI) – C-2 in DOTS portal, or
  - c. “N” – not on the caseload
3. The person completing the Mental Status Exam and Summary (DRC5161) should complete the Mental Health Classification form (DRC5268) whenever possible.
4. Any MHP is able to complete the Mental Health Classification Form (DRC5268). The information entered into the form shall be based upon the diagnosis formulated on the Mental Status Exam and Summary (DRC5161). MHP entering the information is not formulating his/her own diagnosis and determination but rather entering from the diagnosis determined by the ILMHP.
5. The MHA/MHM shall delineate expectation for completing the Mental Health Classification form (DRC5268) to ensure timely completion of the form and entering of information into DOTS.
6. A new Mental Health Caseload Classification (DRC5268) shall be completed on all inmates, whose classification has changed, including inmates who are removed from the mental health caseload.
7. A new Mental Health Caseload Classification (DRC5268) shall be completed annually at a minimum to ensure proper diagnosis and classification is on file and entered into the inmate’s mental health record.
8. If it is determined that an inmate’s diagnosis requires clarification, updating, or the treatment team members’ working diagnoses require reconciliation, then:
  - a. A treatment team shall be convened to discuss the differential diagnostic opinions;
  - b. If it is determined the diagnosis should be changed based upon the clinical factors present, the ILMHP or CMHP shall:
    - i. Update the treatment plan to reflect the change in diagnosis;
    - ii. Document in the progress note the basis for changing the diagnosis;
    - iii. Complete a new Mental Health Caseload classification (DRC5268); and
    - iv. Update DOTS Portal accordingly.
    - v. In the event the above steps were completed by a CMHP, it shall be co-signed as described throughout this policy.
9. At reception, the Mental Health Caseload Classification indication in DOTS Portal shall be left blank while there is a referral pending for a Mental Health Evaluation.

10. When the classification occurs at a reception center, information about the inmate mental health classification shall be forwarded to the Reception Coordinator.

**Related Department Forms:**

Authorization for Release of Mental Health Information	DRC5159
Mental Status Exam & Summary	DRC5161
Detailed Mental Health (DMHS)	DRC5163
Mental Health Services Inmate Orientation	DRC5169
Initial Medical, Mental Health, and Substance Use Screening	DRC5170
Human Trafficking Screen	DRC5185
Authorization for Crisis Precautions	DRC5200
Referral to Mental Health	DRC5265
Mental Health Caseload Classification	DRC5268
Mental Health Biopsychosocial Assessment	DRC5309
Mental Health Referral Log	DRC5433