

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

<p>SUBJECT: Inmates with Intellectual Disabilities and Developmental Disabilities: Screening, Evaluation, Treatment and Re-Entry</p>	<p>PAGE 1 OF 9 NUMBER: 67-MNH-22</p>
<p>RULE/CODE REFERENCE: PL108-446; PL 105-17; ORC 3323.091; ORC 5414.606</p>	<p>SUPERSEDES: 67-MNH-22 dated 04/03/15</p>
<p>RELATED ACA STANDARDS: 4-4374, 4-4399</p>	<p>EFFECTIVE DATE: February 9, 2016</p>
	<p>APPROVED: <i>Day MMA</i></p>

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 ensure inmates with intellectual disabilities (formerly mental retardation) and developmental disabilities are identified and directed to appropriate services in the least restrictive environment while incarcerated and to ensure services are transitioned during re-entry planning and upon return to the community. It is also the purpose of this policy to establish procedures for the Sugar Creek Developmental Unit.

III. APPLICABILITY

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

IV. DEFINITIONS

Adaptive Behavior/Functioning - Skills that people have learned to be able to function in their everyday lives: Conceptual (receptive and expressive language, reading and writing, money concepts, self-direction); Social (interpersonal, responsibility, self-esteem, gullibility- likelihood of being tricked or manipulated, naiveté, following rules, obeying laws, and avoiding victimization); Practical (personal activities of daily living such as eating, dressing, mobility and toileting); and Instrumental (preparing meals, taking medication, using the telephone, managing money, using transportation, doing housekeeping activities, maintaining a safe environment, and occupational skills).

Coordinator of ID/DD - The mental health staff member at each institution who is designated to track and maintain the ID/DD population at each institution. This person shall ensure names are added to or deleted from the DOTS PORTAL MRDD list, follow up on county board records for the ID/DD inmate(s), ensure notification to the county board for participation in an ID/DD inmate’s treatment planning, and serve as the institution person to respond to contacts from the community, with appropriate release of information.

Developmental Disability - Legally defined as a lifelong disability attributable to a mental or physical impairment other than a sole diagnosis of mental illness, manifested before age twenty-two (22) years, likely to continue indefinitely, resulting in substantial limitation in three (3) or more specified areas of functioning and requiring specific, lifelong or extended care (DSM-IV). This includes, but is not limited to: a specific or Pervasive Developmental Disorder (PPD) now referred to as Autism Spectrum Disorders (ASD) such as autism, Rett's or Asperger's; traumatic brain injury or other brain damage; cerebral palsy; hearing loss; muscular dystrophy; sensory impairments; seizure disorders; orthopedic impairments; fetal alcohol syndrome; and disabling vision impairment. (American Association of Intellectual & Developmental Disability, 2007).

Disability - Refers to personal limitations that are of substantial disadvantage to the individual when attempting to function in society. A disability should be considered within the context of the individual's environmental and personal factors and their need for individualized supports (AAIDD, 2007).

Independently Licensed Mental Health Professional (ILMHP) - Psychiatrists, Psychologists, Advanced Practice Nurse - Mental Health (APN-MH), Licensed Professional Clinical Counselors (LPCC), and Licensed Independent Social Workers, 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 Disability - For mental health purposes, this is defined as a disability characterized by significant limitations, both in intellectual functioning and in adaptive behavior, as expressed in conceptual, social, and practical adaptive skills. This originates before the age of eighteen (18).

Intelligence - General mental capability involving the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience. Although not a perfect measure, intelligence is represented by Intelligent Quotient (IQ) scores.

Preponderance of Evidence - For county board eligibility purposes, this is defined as the weight, quantity or importance of the evidence used to support eligibility for county boards of ID/DD service requirement of onset prior to age eighteen (18) (ID) or age twenty-two (22) (DD) when the person is older than age eighteen (18) or twenty-two (22) at the time of evaluation. This means, based on the evidence, it is "more probable than not" the individual is a person with ID/DD.

Sugar Creek Development Unit (SCDU) - A specialized mental health unit designed for inmates with intellectual disabilities and/or developmental disabilities with the mission of helping them to learn skills and utilize supports that would allow them to eventually live in less restrictive settings within the prison system and the outside community.

SCDU Habilitation Coordinator - Assigned institutional staff member responsible for providing communication with other staff members about the unit and coordinating inmate services.

Utilization Review Administrator (URA) - Assigned BOBHS staff member responsible for reviewing specialized Mental Health Consult requests and coordinating transfers with the sending institution, receiving institution, the associated RBHAs' and classification.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to ensure all inmates are screened and assessed for intellectual disability and developmental disabilities. ODRC shall provide services in the least restrictive environment and collaborate with community members and entities to improve continuity of services upon reentry to the community.

VI. PROCEDURE

A. Screening for the Presence of Intellectual and Developmental Disabilities

1. Each inmate admitted to the Ohio Department of Rehabilitation and Correction shall be screened for the presence of intellectual and developmental disabilities at reception. If this screening does not occur at reception, then any subsequent institution to which the inmate is transferred shall be responsible for completing the screening.
2. When screening indicates a need, further evaluation shall be completed so an appropriate diagnosis may be made and needed services provided. If this evaluation does not occur at reception, then the receiving institution, or any subsequent institution to which the inmate is transferred, shall be responsible for the evaluation.
3. Screening shall consist of completing the Detailed Mental Health Screening (DRC5163) and the Addendum to Detailed Mental Health Screening/Screening for Intellectual Disability (DRC5552). The addendum does not need to be completed if there is evidence of previous county board services or if previous/current available evidence rules in or out the presence of intellectual disabilities without further assessment.
4. All inmates for which ID/DD issues are considered or an Addendum to Detail Mental Health Screening/Screening for Intellectual Disability (DRC5552) is completed, shall have the Mental Health Services ID/DD Screening Summary completed (DRC5196) and placed in the testing section of the mental health file. All current ID/DD inmates at the institution shall have the Mental Health Services ID/DD Screening Summary completed and placed in the testing section of the Mental Health file.
5. The Mental Health Manager or the Institution Coordinator of ID/DD at each institution shall be responsible for tracking the number of addendums (DRC5552) completed and ensuring that the Mental Health Services ID/DD Screening Summary (DRC5196) is completed.
6. If the addendum suggests impairment, the GAMA and CASAS/TABE scores can be used to further screen the individual or the inmate can be referred for more specific evaluation of intellectual functioning and adaptive behavior deficits. Cutoff scores for the GAMA, TABE, and CASAS shall be (70), (6.1), and (222), respectively.

B. Evaluation

1. If screening indicates that the possibility of intellectual disability/developmental disability may be present or clinical judgment indicates the need, additional information shall be

sought including additional intelligence testing and/or testing for adaptive behavior functioning.

2. Inmates with a documented history of services provided by a county board of intellectual disability/developmental disability shall be considered as diagnosed with intellectual disability and/or developmental disability. All other inmates (as noted in A.5 above) are evaluated for the presence/absence of intellectual or developmental disability following the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) diagnostic guidelines:
 - a. Significantly sub-average functioning: a FSIQ of seventy (70) or below on an individually administered IQ test. This represents a score approximately two (2) standard deviations below the mean, considering the standard error of measurement. IQ scores must always be considered in light of the standard error of measurement and appropriateness and consistency with standardized administration guidelines. Since the standard error of measurement for most IQ tests is approximately five (5), the ceiling may go up to seventy-five (75).
 - b. Concurrent deficits or impairments in present adaptive functioning (e.g. the person's effectiveness in meeting the standards expected for his or her age group or cultural group) in at least two (2) of the following areas: self-care, self-direction, home living, social/interpersonal skills, use of community resources, functional academic skills; work, leisure, health and safety and communication.
 - c. The onset is before age eighteen (18) years.

C. Treatment Planning

1. Every inmate with ID/DD shall have a treatment plan in accordance with Department policy 67-MNH-15, Mental Health Treatment.
2. The treatment plan shall be comprehensive and ensure inmates with ID/DD have assistance accessing institutional services to include but not limited to: housing assignments, job assignments, programming and health services. If no assistance is needed in these areas, the treatment plan shall reflect this.
3. Treatment plans for inmates identified as persons with a diagnosis of developmental disability (DD) shall take into account deficits specific to that disability and the treatment team shall coordinate treatment with their institution's Americans with Disabilities Act (ADA) coordinator when appropriate.
4. For inmates with ID/DD under the age of twenty-two (22), participation in the Education Evaluation Team Report meetings as detailed in Department policy 57-EDU-11, Special Education, shall be added as an intervention on the inmate's treatment plan. Attendance at these meetings shall be documented on the mental health treatment team reviews.
5. Inmates who are county board clients shall have their county board case member notified of the inmate's current placement and given the opportunity to participate in the development of the treatment plan. This shall be documented by placing the request in the

third party information section of the mental health file or the telephone contact documented in the progress notes.

6. The treatment plan schedule for inmates with ID/DD shall be in accordance with Department policy 67-MNH-15, Mental Health Treatment.

D. Service Coordination

Each institution shall identify a Coordinator of ID/DD for purpose of questions and/or contacts regarding inmates in their institution who are identified as persons with ID/DD. This name (or changes in who is named as the coordinator) shall be submitted to the BOBHS Regional Behavioral Health Administrator assigned to monitor ID/DD.

E. Tracking upon Meeting the Criteria for ID/DD

1. Inmates diagnosed with ID/DD are added to the institution MR/DD screen on DOTS PORTAL. Only the Bureau of Behavioral Health Services (BOBHS) Regional Behavioral Health Administrator, designated as having oversight of the ID/DD population, can add or delete inmate names to the MR/DD screen in the DOTS PORTAL. It is the responsibility of the institution Mental Health ID/DD Coordinator to notify the BOBHS Regional Behavioral Health Administrator designated as having oversight of ID/DD if an inmate needs to be placed on (or removed from) the MR/DD caseload list in DOTS PORTAL. Supportive documentation shall be provided as to IQ, adaptive deficits and onset prior to age twenty-two (22) for inclusion and evidence as to why the inmate should be removed from the ID/DD list.
2. The presence of a qualifying ID/DD condition shall be recorded on the Mental Health Caseload Classification Form (DRC5268).
3. Each institution is responsible for distributing the list of ID/DD inmates residing in their institution to the other areas of the institution who also receive the Mental Health caseload list. This list can be obtained from the MRDDM screen in the DOTS PORTAL.

F. Mental Health Representation

1. The ID/DD caseload list for each institution shall be distributed by Mental Health for utilization in the following:
 - a. Release Consideration Hearings: Each inmate identified as ID/DD is provided assistance from a mental health staff member during any release consideration hearings or placement hearings as identified by the parole board.
 - b. Disciplinary Process: Each inmate identified as ID/DD is provided mandatory assistance from a mental health staff member during the disciplinary process, to include meetings with the hearing officer, the rules infraction board (RIB), the local control committee, the administrative control committee and the protective control committee.
 - c. Sexual Conduct Evaluations/Investigations: For each inmate identified as ID/DD, it is required that assistance is provided from a mental health staff member during the

process of evaluation and investigation of an alleged misconduct that is sexual in nature (whether the inmate is the victim or perpetrator).

- d. Human Trafficking Evaluations/Investigations: For each inmate identified as ID/DD, it is required that assistance be provided from a mental health staff member during the process of evaluation and investigation of alleged human trafficking (whether the inmate is the victim or perpetrator).

G. Additional Criterion for County Board Eligibility Prior to Release

For inmates first identified in DRC as meeting the criteria for diagnosis as ID/DD, the following additional criterion for county board eligibility must be met:

1. The same diagnostic criteria for intellectual disabilities and/or developmental disability apply and the person must exhibit deficits in three (3) areas of adaptive functioning, determined by the Ohio Eligibility Determination Instrument (OEDI);
2. The OEDI is administered by a representative from the County Board of ID/DD. This is their measure of choice for adaptive deficits;
3. The institution mental health manager or Coordinator of ID/DD is responsible for making the arrangements for the OEDI to be administered;
4. For eligibility requirements to be met, a preponderance of evidence must be available and provided to the appropriate county board of ID/DD;
5. For intellectual disability, the onset is prior to age eighteen (18); for developmental disability, the onset is prior to age twenty-two (22).

H. Sugar Creek Developmental Unit (SCDU) /Intensive Treatment Program (ITP)

1. Admission Criteria

Inmates eligible for admission to the SCDU must meet the following criteria:

- a. Be male.
- b. Be diagnosed with intellectual disability or developmental disability.
- c. Have a medical level of 1 or 2.
- d. Have a security level of 1, 2, 3 or 4. No security level 5 inmates may be admitted.
- e. Have a treatment plan which has been implemented and the inmate must have been unable to meet the written objectives as evidenced by continued inappropriate behavior, frequent conduct reports, or victimization by other inmates. The inmate's treatment team/person responsible for treatment must have recommended placement of the inmate to the SCDU. As an alternative, the Bureau of Behavioral Health Services (BOBHS) Regional Behavioral Health Administrator assigned to provide oversight for ID/DD, after consultation with the county board, may refer an inmate directly to the SCDU.

- f. A request for transfer to SCDU shall be initiated only if the entire above requirements are fulfilled. Placement is only made when it is in the best interest of the inmate and less restrictive environments and interventions have proven to be ineffective.

2. **Sugar Creek Developmental Unit Admission Procedures**

Inmates diagnosed with intellectual disability/developmental disabilities that are not able to adjust to the general population with the assistance provided in the treatment plan may be referred to the SCDU according to the following procedure:

- a. Treatment team/person responsible for treatment shall make a recommendation for placement to the BOBHS Regional Behavioral Health Administrator (RBHA) assigned to provide oversight for ID/DD.
- b. Placement in SCDU shall be requested by the treatment team/person responsible for treatment by completing the Specialized Mental Health Unit Consultation (DRC5388) and forwarding the form to the Utilization Review Administrator (URA) at the Operation Support Center. The URA will review the inmate's need for admission and, if the request is approved, the URA shall contact the SCDU Habilitation Coordinator to ensure bed availability. The URA shall communicate with the referring person/institution, who shall then complete the Mental Health Transfer Summary (DRC5180) in DOTS screen F5180. The URA shall be notified when this process is complete.
- c. Transfer procedures shall follow Department policy 67-MNH-04, Transfer and Discharge of the Mental Health Caseload. ID/DD inmates being admitted to SCDU shall not be transported on the HUB.
- d. The mental health staff at the sending institution shall be in contact with the SCDU Habilitation Coordinator or designee and the Mental Health Administrator/Manager during the transfer process.

3. **Sugar Creek Developmental Unit and Program Guidelines**

- a. SCDU is a Specialized Housing Unit with specific admission and discharge criteria which are outlined in this policy.
- b. Provision of treatment to inmates within the SCDU requires collaboration of many correctional professionals. This group of professionals includes, but is not limited to, those working in mental health, medical, education and security. These professionals shall make efforts to communicate and work together to produce an outcome that is in the best interest of the inmate, unit and staff. All medical, mental health and custody staff, including relief officers, who are assigned to SCDU shall attend the Specialized Mental Health Training course in accordance with Department policy 67-MNH-09, Suicide Prevention.
- c. SCDU provides treatment and residential services to inmates of all security levels except level five (5) inmates. The amount of time an inmate spends out-of-cell shall

be determined by considering the inmate's treatment needs. Time spent out-of-cell for programming may be above and beyond the required out-of-cell time based on security level. A specific amount of recommended hours of out-of-cell time shall be determined by the multi-disciplinary SCDU Treatment Team and recorded on the Treatment Plan as one of the interventions. In general, total out-of-cell time shall be more and not less than what is dictated for the inmate's security level, unless documented in the treatment plan with rationale and time limits. Security of the unit and institution is always a priority; thus a member of custody shall participate in person or electronically in each SCDU Treatment Team to ensure any security concerns are identified and considered when determining the amount of out-of-cell time for each inmate. It is the responsibility of the SCDU Habilitation Coordinator to ensure members of custody and unit staff are notified of the SCDU Treatment Team meeting. Out-of-cell time shall be reviewed as part of the Mental Health Treatment Plan Review in accordance with Department policy 67-MNH-15, Mental Health Treatment. In addition to scheduled reviews of the treatment plan, out-of-cell time can be modified at any time based on concerns for safety and security. A progress note in the inmate's mental health chart shall be made to document the reason why out-of-cell hours were decreased. A Mental Health Treatment Plan Review shall be conducted within five (5) calendar days of any decrease in out-of-cell time so the SCDU Treatment Team and the inmate can discuss the changes.

- d. SCDU is a level-based unit. SCDU shall have an internal organization of levels, privileges, and expectations. Inmates who have the privilege to leave the unit without an escort shall attend pill call with the general population. This activity is integral to learning to function in a less restrictive setting (e.g. general population or community setting upon release).
 - e. Transportation shall be determined by the SCDU Treatment Team for inmates who are transported while residing in SCDU. Inmates may be transported on the HUB if the treatment team approves. This determination shall be documented in the progress note section of the mental health chart.
4. Sugar Creek Developmental Unit Discharge Criteria and Procedures
 - a. The inmate may be discharged from the SCDU when he has met the goals of the SCDU treatment plan or is no longer appropriate for the program as defined in admission criteria.
 - b. If discharged from SCDU to general population, the SCDU Habilitation Coordinator shall notify the receiving institution.
 - c. Transfer procedures shall follow Department policy 67-MNH-04, Transfer and Discharge of the Mental Health Caseload.
 5. ID/DD inmates being discharged to general population from SCDU may be transported on the HUB.

Related Department Forms:

Detailed Mental Health Screening	DRC5163
Mental Health Transfer Summary	DRC5180
Mental Health Services ID/DD Screening Summary	DRC5196
Mental Health Caseload Classification	DRC5268
Specialized Mental Health Unit Consultation	DRC5388
Addendum to Detailed Mental Health Screening/Screening for Intellectual Disability	DRC5552