

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Mental Health Assessment Activities	Page 1 of 9
	NUMBER: 67-MNH-30
RULE/CODE REFERENCE:	SUPERSEDES: 67-MNH-30 dated 01/12/15
RELATED ACA STANDARDS:	EFFECTIVE DATE: January 20, 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 guidelines for various mental health screenings and assessments, other than the primary referral to the mental health caseload.

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

Capacity - The ability of the inmate to understand the nature and objectives of the matter at issue (e.g. health care service needs, charges against him/her, parole hearings/plans, and/or other matters within DRC), and to functionally participate in responding to the matter at issue, both rationally and adaptively.

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.

Examiner - A psychologist, appointed to perform a Sexually Violent Predator Risk Assessment (SVPRA) by the Director of SORRC (Sex Offender Risk Reduction Center) who is qualified by knowledge, skill, experience, and education in the area of sex offender risk assessment. Examiners shall not have any current or previous treatment relationship with the inmate under evaluation.

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 (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 (ID/DD) - 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 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 Psychology Assistants, Licensed Professional Counselors (LPC), Licensed Social Workers (LSW), Registered Nurses (RN), and Activity Therapists (AT).

Risk Indicator - Historical, demographic, and clinical factors shown in scientific and clinical literature to be related to violence and/or sexual offense recidivism.

Sexually Violent Predator - A person who has been convicted of or pleads guilty to a sexually violent predator specification under Ohio Revised Code Chapter 2971.

Sexually Violent Predator Risk Assessment (SVPRA) - An assessment on an inmate with a sexually violent predator specification. The assessment is completed at the request of the Parole Board or judge to determine the likelihood of sexual and violent re-offending. This is based on a review of specific risk factors associated with recidivism. The SVPRA is a summary of specific risk factors, interaction between factors, and patterns of high-risk behaviors. The SVPRA is prepared for the use of the Parole Board and/or Court rather than preparation for purposes of treatment planning or programming.

Seriously Mentally Ill (SMI) - Those inmates 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 they receive the appropriate screenings and assessments when requested and appropriate.

VI. PROCEDURES**A. Interferon Hepatitis C treatment (only) Initial and Monitoring Screening**

1. Medical staff shall complete the Referral to Mental Health (DRC5265) requesting a screening and the administration of the Beck Depression Inventory (BDI-II) for all inmates who are medical candidates for Hepatitis C Interferon treatment.
2. An ILMHP or CMHP shall review the inmate's mental health file, complete a Mental Status Examination (DRC5310) and administer the BDI-II to obtain a baseline prior to the initiation of Hepatitis C Interferon treatment.
3. The ILMHP or CMHP shall notify the medical staff whether treatment can be initiated based on the results of the screening. The ILMHP or CMHP shall document this notification in the inmate's mental health file in the Interdisciplinary Progress Notes (DRC5287).
4. Hepatitis C Interferon treatment shall not be recommended if the baseline BDI-II score is in the moderate range or higher and the mental health file and/or the baseline Mental Status Examination (DRC5310) indicates a vulnerability for, or presence of, a mood disorder. If Hepatitis C Interferon treatment is not recommended then the following apply:
 - a. A Mental Health Evaluation (DRC5309 and DRC5161) shall be completed for inmates not already on the caseload or whose diagnosis needs to be updated.
 - b. Following the completion of the Mental Health Evaluation, a new or revised treatment plan shall be developed that offer clinically appropriate goals and interventions directed at resolving or minimizing the vulnerability or presence of mood disorder/symptoms.
 - c. If an inmate is already on the caseload and his/her diagnosis is still accurate, the Mental Health Evaluation shall not be completed. However, a revised treatment plan shall be developed that offer clinically appropriate goals and interventions directed at resolving or minimizing the vulnerability or presence of mood disorder/symptoms.
 - d. If a mental health intervention is indicated and the goal(s) are met, the Hepatitis C Interferon treatment should be recommended and medical notified of this change in recommendation. The ILMHP or CMHP shall document this notification in the inmate's Interdisciplinary Progress Notes (DRC5287).
5. For the duration of Hepatitis C Interferon Treatment and for one month after treatment is ended (regardless of reason), a BDI-II shall be administered by an ILMHP or CMHP or mental health staff working under the licensure of an ILMHP every four weeks.
6. If during treatment, an inmate who is not on the caseload shows an increase in the BDI-II score into the moderate range or higher of depression or who report symptoms suggestive of depression or other mental health problem, a Mental Health Evaluation (DRC5309 and DRC5161) shall be completed as described above.

7. If this Mental Health Evaluation indicates the symptoms are due to a mental health condition, then:
 - a. The inmate shall be on the caseload with interventions and goals toward maintaining Hepatitis C Interferon treatment.
 - b. The appropriate mental health treatment shall follow per Department policy 67-MNH-15, Mental Health Treatment. Hepatitis C Interferon treatment shall be addressed in the Treatment Plan (DRC5197).
 - c. If psychotropic medication is prescribed, the psychiatrist/APN-MH shall notify the medical physician and the medical and mental health departments shall coordinate the inmate's care.
 - d. Communication between the mental health and medical departments shall be documented in the Interdisciplinary Progress Note (DRC5287) in both the medical and mental health files by the respective departments.
 - e. Mental health shall notify medical immediately if there are concerns that Hepatitis C Interferon treatment should be suspended or stopped due to mental health concerns. A combined decision should be made regarding Hepatitis C treatment.
8. If the Mental Health Evaluation indicates the symptoms are a side effect of Hepatitis C Interferon treatment and not a mental illness, then:
 - a. The medical physician shall manage the case and prescribe treatment to assist with the symptoms. If psychotropic medication is considered then this should be done in consultation with the psychiatrist/APN-MH.
 - b. The medical physician and the psychiatrist/APN-MH shall communicate and coordinate patient care throughout the course of Hepatitis C Interferon treatment.
 - c. Communication between the mental health and medical departments shall be documented on the Interdisciplinary Progress Note (DRC5287) in both the medical and mental health files by the respective departments.
9. The Mental Health Administrator/Manager or designee shall maintain a log of the names and numbers of inmates who are approved for and/or receiving Hepatitis C Interferon treatment. For each inmate, the log shall include:
 - a. Dates and scores for all BDI-IIs administered.
 - b. The date of notification to the medical department of significant changes in BDI-II scores, mental health symptoms or changes in mental health treatment of an inmate receiving Hepatitis C Interferon treatment.
 - c. The date of notification to the medical department of recommendation to suspend or terminate Hepatitis C Interferon treatment.

10. The Mental Health Administrator/Manager or designee shall maintain a log of the names and numbers of inmates that are pending clearance for Hepatitis C Interferon treatment. For each inmate the log shall include:
 - a. The date of the Mental Health Evaluation (DRC5309, and DRC5161).
 - b. The date of the initial BDI-II testing and the BDI-II test score.
 - c. The date the Medical department is notified of the inmate's clearance for Hepatitis C Interferon treatment.
11. If an inmate receiving or pending Hepatitis C Interferon treatment is transferred to another institution, mental health staff shall include information regarding the Hepatitis C Interferon treatment on the Mental Health Transfer Summary (DRC5180) per Department policy 67-MNH-04, Transfer and Discharge of the Mental Health Caseload.
12. The BDI-II shall be filed in the psychological testing section of the mental health file.

B. Mental Health Intensive Program Prisons (IPP) Screenings

1. The name of any inmate who meets all of the Administrative Rule requirements for Intensive Program Prisons (IPP) consideration is referred to the Mental Health Department per this policy for completion of the applicable sections of the IPP Selection Process Checklist (DRC2453) by an ILMHP or CMHP.
2. The mental health file shall be thoroughly screened to determine if there is a mental health condition that might potentially impact or preclude participation in the IPP.
3. If no such condition is identified, the inmate shall be approved from a mental health standpoint for participation in the IPP. Approval shall be noted on the IPP Selection Process Checklist (DRC2453).
4. If there is a mental health condition that might preclude participation in the IPP, the inmate shall be seen for a clinical interview.
5. If it is determined that a potential mental health condition exists and that this condition (1) would likely be exacerbated by participation in IPP or (2) would substantially interfere with the successful completion of IPP, disapproval shall be noted on IPP Selection Process Checklist (DRC2453).
6. The ILMHP or CMHP shall return the IPP Selection Process Checklist (DRC2453) indicating approval or disapproval to the institution IPP committee.
7. The mental health file review for IPP and any subsequent interview shall be documented in the progress notes of the inmate's mental health file.
8. The IPP Selection Process Checklist (DRC2453) shall be filed in the inmate's mental health file under the psychological testing and other evaluations section.

C. Healthcare Capacity Assessment

1. In certain circumstances primarily related to medical treatment, a healthcare capacity assessment may need to be completed by mental health staff. An informed medical decision is needed if an inmate:
 - a. Appears unable to cognitively make an informed medical decision;
 - b. Is housed in a psychiatric hospital; or
 - c. Is on the MRDD/IDDD caseload, per the MRDD Inmates Tracking Tools screen in DOTS Portal and appears to not understand the nature or consequences of the medical treatment being offered.
2. To request an assessment, medical staff shall complete the medical section of the consult to Mental Health for Evaluation of Capacity to Make Health Care Decisions (DRC5503) and forward it to the Mental Health Administrator/Manager.
3. An ILMHP shall be assigned to complete a capacity assessment of the inmate including a review of the inmate's mental health file, an interview with the inmate, and the completion of the mental health section of the consult to Mental Health for Evaluation of Capacity to Make Health Care Decisions (DRC5503).
4. The Capacity Screening shall be completed within five (5) working days.
5. The ILMHP shall return the consult to mental health for Evaluation of Capacity to Make Health Care Decisions (DRC5503) to medical staff.
6. A copy of the consult to mental health for Evaluation of Capacity to Make Health Care Decisions (DRC5503) shall be placed in both the mental health file and the medical file.

D. Sexually Violent Predator Risk Assessment

1. The Director of the Sex Offender Risk Reduction Center is notified by a member of the Parole Board when a Sexually Violent Predator Risk Assessment (SVpra) is needed for an inmate with the sexually violent predator specification upon completion of the minimum sentence imposed by the judge.
2. The list of requested SVPRAs shall be submitted no later than sixty (60) calendar days prior to the inmate's parole board hearing date.
3. In most cases, the Director of the Sex Offender Risk Reduction Center shall complete the assessment; however, in special circumstances, these may be assigned to another qualified examiner.
4. The examiner shall inform the inmate of the nature of the evaluation and the non-confidential nature of the examination, requesting the inmate sign a Sexually Violent Predator Risk Assessment Informed Consent (DRC5557) form.

5. The examiner shall review the inmate's offense behavior, record office file, unit file, and mental health file focusing on risk indicators.
6. The risk indicators found in Appendix A, Risk Indicators for Sexually Violent Predator Risk Assessment, shall be reviewed in the course of conducting the SVpra.
7. The examiner may also employ risk instruments specifically related to sex offender recidivism or violence of demonstrated reliability and validity.
8. For purposes of completeness, the examiner may include information to the Parole Board about empirical factors that are not always correlated with sexual or violent recidivism:
 - a. History of physical or sexual abuse;
 - b. Unstable home environment;
 - c. Low socioeconomic status;
 - d. Low education;
 - e. Psychological maladjustment
 - i. Low intelligence
 - ii. Depression
 - iii. Anxiety
 - iv. General psychological problems;
 - f. Victim empathy;
 - g. Denial;
 - h. Low motivation for treatment;
 - i. Negative clinical presentation.
9. The SVpra shall include all the information listed in Appendix B, Sexually Violent Predator Risk Assessment Format.
10. The Director of the Sex Offender Risk Reduction Center (SORRC) shall ensure the original SVpra is forwarded to the Chairperson of the Parole Board and copies sent to the Court, the inmate's attorney, and the prosecuting attorney when a hearing has been scheduled pursuant to section 5120.61 of the Ohio Revised Code.
11. Institutional staff is prohibited from releasing this information and the SVpra shall not be maintained in any of the inmate's institutional files.

E. Mental Health Screening and Review of Housing and Job Assignment Request for the Seriously Mentally Ill (SMI)

1. When requested or when clinically indicated, mental health staff shall give input regarding housing placement and job assignment for an SMI inmate. The following factors shall be considered:
 - a. If the housing placement or job assignment would significantly impact the clinical status of the SMI inmate.
 - b. If that housing placement or job assignment increases the inmate's vulnerability to be victimized by other inmates based upon the mental illness.

2. Input shall come in the form of convening an interdisciplinary team consisting of a member of mental health, the unit manager or case manager, and a member of security staff.
3. A mental health memo and/or physician order shall be generated reflecting the restriction for housing placement and/or job assignment.
4. The restriction for housing and/or job assignment shall be reviewed every six months for continued applicability. If a physician order is completed, then a Temporary Work Restriction Statement (DRC5117) shall be completed by nursing.
5. Mental health staff shall complete a progress note documenting the request and decision and place it in the inmate's mental health file.
6. Such input is only relevant at that particular institution.
7. Such requests are not transferrable and mental health staff shall not make general housing/cell placements that are ongoing or generic (e.g. "inmate must be single celled for duration of incarceration")

F. Intellectual Disability Assessment

If there are signs or evidence of impaired cognitive functioning, then an Intellectual Disability Assessment must be completed per Department policy 67-MNH-22, Offenders with Intellectual Disabilities and Developmental Disabilities; Screening, Evaluation, Treatment and Reentry.

G. Social Security Eligibility Screening

Inmates classified as SMI shall be screened by the Mental Health Administrator/Manager or designee for eligibility for social security benefits upon release using the Pre-Screen for SSI/SSDI Benefits form (DRC5322) 120 calendar days prior to the inmate's release date.

1. If the inmate is screened to be eligible for benefits then the inmate's name shall be provided to the institution's Community Linkage Social Worker (CLSW) who shall then coordinate the completion of all required application documents prior to the offender's release.
2. The Mental Health Administrator/Manager or designee shall be responsible for the completion of the Clinical/Functional Data, Self-Reported Symptoms and Work Capacity Statement (DRC5465) on those designated inmates that the application for SSI/SSDI has been approved to be processed.
3. The completed form (DRC5465) shall be provided to the institution's CLSW for submission for approval of social security benefits within two weeks of notification by the CLSW.
4. The CLSW shall provide feedback to the Mental Health Manager regarding the status of benefits approval.

H. Human Trafficking Screening

1. Any staff may refer an inmate to mental health services should it be suspected that an inmate is being trafficked within DRC during the present incarceration.
2. Mental Health Staff shall complete the Human Trafficking Screening Tool (DRC5193) at that time.
3. One affirmative answer on this screen will trigger the inmate being referred to the full mental health evaluation process (if not already on the caseload). If sexual abuse is involved, PREA standards and policies shall be followed.

Attachments:

- Appendix A Risk Indicators for Sexually Violent Predator Risk Assessments
Appendix B Sexually Violent Predator Risk Assessment Format

Related Department Forms:

IPP Selection Process Checklist	DRC2453
Temporary Work Restriction Statement	DRC5117
Mental Status Exam & Summary	DRC5161
Mental Health Transfer Summary	DRC5180
Human Trafficking Screening Tool	DRC5193
Treatment Plan	DRC5197
Referral to Mental Health	DRC5265
Interdisciplinary Progress Note	DRC5287
Mental Health Psychosocial Assessment	DRC5309
Mental Status Examination	DRC5310
Pre-Screen for SSI/SSDI Benefits	DRC5322
Clinical/Functional Data, Self-Reported Symptoms and Work Capacity Statement	DRC5465
Evaluation of Capacity to Make Health Care Decisions	DRC5503
Sexually Violent Predator Risk Assessment Informed Consent	DRC5557

Appendix A

Risk Indicators for Sexually Violent Predator Risk Assessments

1. Diagnosis of any personality disorder;
2. Prior sex offenses (charges and convictions), including juvenile offenses;
3. Prior non-sexual criminal offenses (criminal history, including juvenile offenses);
4. Early onset of sex offending (length of sex offending);
5. Relationship to victim (related or stranger);
6. Age of victim;
7. Pattern/length of aggressive and/or violent behavior (assault, domestic violence, etc.);
8. Use of force/threat of force/victim injury;
9. Deviant sexual preferences/paraphilias;
10. Failure to complete sex offender treatment (terminated from program);
11. Problems in emotional/sexual self-regulation (anger issues);
12. Intimacy deficits: poor social and interpersonal skills;
13. Attitudes tolerant of sexual assault (cognitive distortions regarding rape or child molestation);
14. Institutional adjustment;
15. Age at time of release;
16. Post-release plans;
17. Substance abuse and treatment history;
18. Attitude toward the sex offense/acceptance of responsibility for behavior;
19. Gender of victim (male);
20. Adjustment to supervision (probation or parole);
21. Unstable home environment;
22. Unstable employment history; and
23. Any other relevant clinical factors (delusions, hallucinations, response to treatment, compliance with medications, etc.).

Appendix B

Sexually Violent Predator Risk Assessment Format

Identifying Information:

1. Offender name
2. Offender number
3. Date of Birth
4. Age
5. ODRC Date of Admission
6. Parole Board Date
7. Institution
8. Offense
9. Sentence
10. County
11. Date of Evaluation
12. Examiner
13. Date of Report

Topic areas:

1. Brief developmental history (family and school/educational/work history)
2. Psychiatric history
3. Substance abuse history
4. Criminal history
5. Institutional discipline history
6. Sexual history
7. Mental Status Examination
8. Relationship history
9. Medical history
10. Diagnoses: explanation and justification
11. Psychological test results (if any)
12. Treatment history
13. Post-release plans
14. Empirical and clinical risk factors present and those which were not present
15. Clinical formulation
16. Summary of risk indicators, interactions between indicators, documented efforts to reduce risk for each factor, obstacles to risk reduction and actuarial risk instrument result (if utilized)