I. AUTHORITY

Ohio Revised Code 5120.01 authorizes the Director of the Department of Rehabilitation and Correction, as the executive head of the department, to direct the total operations and management of the department by establishing procedures as set forth in this policy.

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 Ohio Department of Rehabilitation and Correction (ODRC) and all individuals incarcerated in prisons operated by or under contract with the ODRC.

IV. DEFINITIONS

The definitions for the below listed terms can be found at the top of the policies page on the ODRC Intranet at the following:

Definitions Link
- Capacity
- Credentialed Mental Health Professional (CMHP)
- Electronic Health Record (EHR)
- Examiner
- Independently Licensed Mental Health Professionals (ILMHP)
- Informed Decision
- Intellectual and Developmental Disability (IDD)
- Mental Health Administrator/Mental Health Manager (MHA/MHM)
- Mental Health Caseload
- Mental Health Professionals (MHP)
- Parole Board
- Regional Behavior Health Administrator (RBHA)
V. POLICY

It is the policy of the ODRC that all incarcerated individuals have timely access to mental health services, and they receive the appropriate screenings and assessments when requested and appropriate. The procedures contained within this policy shall always be executed in the electronic health record (EHR) unless otherwise indicated.

VI. PROCEDURES

A. Transitional Control (TRC) and Treatment Transfer (TT)

The MHA/MHM shall be responsible for identifying and implementing a process locally for the screening and approval of TRC and TT offenders who are on the mental health caseload in accordance with ODRC Policies 108-ABC-05, Transitional Control Screening, and 108-ABC-07, Treatment Transfer Supervision.

B. Healthcare Capacity Assessment

1. In certain circumstances, primarily related to medical treatment, an informed medical decision is needed. A healthcare capacity assessment may need to be completed by behavioral health staff if an incarcerated individual:

   a. Appears unable to cognitively make an informed medical decision regarding treatment(s), and/or
   b. Is housed in a psychiatric hospital, or
   c. Is housed in a specialized mental health housing unit, or
   d. Is on the ID/DD caseload, per the ID/DD Inmates Tracking Tools screen in the Department Offender Tracking System (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 EHR Capacity to Make Healthcare Decisions (DRC5503) and forward it to the MHA/MHM pursuant to the EHR workflow process established. Refer to ODRC Policy 68-MED-24 Consent To and Refusal of Medical Treatment.

3. Behavioral health staff may also initiate the process based on their knowledge of the incarcerated individual’s cognitive functioning and ability to process information.

4. An ILMHP comfortable with evaluating the patient’s understanding of medical concerns and providing patient education, in collaboration with medical, shall be assigned to complete a capacity assessment of the incarcerated individual; including a review of the individual’s EHR, an interview with the incarcerated individual, and the completion of
the mental health section of the EHR Capacity to Make Health Care Decisions (DRC5503) pursuant to the EHR workflow process established.

5. The EHR Evaluation of Capacity to Make Health Care Decisions (DRC5503) shall be completed within five (5) working days and returned to medical staff pursuant to the established EHR workflow process.

6. If the incarcerated individual is determined not to have capacity to make medical decisions, the assessing ILMHP shall record this in the directive section of the EHR. If decision making deficits are considered to be secondary to a modifiable cognitive state, a reassessment shall occur at least monthly until it is determined that capacity is restored. If capacity is not considered restorable, then the assessment shall be repeated at least annually.

C. Sexually Violent Predator Risk Assessment

1. The Sex Offender Risk Reduction Center (SORRC) director is notified by a member of the Parole Board when a Sexually Violent Predator Risk Assessment (SVPRA) is needed for an incarcerated individual with the sexually violent predator specification or pursuant to Senate Bill 260 upon completion of the minimum sentence imposed by the judge. All assessments related to SB260 shall utilize the same process and forms as outlined below.

2. The list of requested SVPRAs shall be submitted no later than sixty (60) calendar days prior to the incarcerated individual’s parole board hearing date.

3. The SORRC director shall assign the assessment to the appropriate MHP for completion.

4. The examiner shall inform the incarcerated individual of the nature of the evaluation and the non-confidential nature of the examination, requesting they sign a Sexually Violent Predator Risk Assessment Informed Consent (DRC5557).

5. The examiner shall review the individual’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 while 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, such as:

   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 SORRC director shall ensure the original SVPRA is forwarded to the chairperson of the Parole Board.

11. Institutional staff is prohibited from releasing this information and the SVPRA shall not be maintained in any of the incarcerated individual’s institutional files.

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

1. When requested or when clinically indicated, behavioral health staff shall give input regarding housing placement and/or job assignment for an SMI incarcerated individual. The following factors shall be considered:

   a. If the housing placement or job assignment would significantly impact the clinical status of the SMI incarcerated individual,

   b. If the housing placement or job assignment increases the incarcerated individual’s vulnerability to be victimized by other incarcerated individuals 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. If the incarcerated individual has a mental health classification of C1 or C2 per ODRC Policy 67-MNH-02, Mental Health Screening and Mental Health Classification, medical staff shall consult with mental health, as needed and in accordance with ODRC Policy 68-MED-13, Medical Classification. Any requests for medical restrictions made directly to mental health staff shall be referred to medical for evaluation.

4. Behavioral health staff shall document the request and decision in an EHR MH Soap Note (DRC5287).

5. A Special Needs order shall be generated in the custom EHR MH order list reflecting the restriction for housing placement and/or job assignment, and a directive completed in the patient EHR. The order shall then be printed and a copy sent to the appropriate areas (e.g., Count Office, Unit Staff).
6. Such input is only relevant at that institution and shall not be documented that it extends beyond the present institution. The receiving institution shall review the patient record to determine whether the information is still relevant to their clinical care.

7. Such requests are not transferrable and behavioral health staff shall not make general housing/cell placements that are ongoing or generic (e.g., “incarcerated individual must be single celled for duration of incarceration”).

E. Intellectual Disability Assessment

If there are signs or evidence of impaired cognitive functioning, then an intellectual disability assessment must be completed per ODRC Policy 67-MNH-22, Incarcerated Individuals with Intellectual Disabilities and Developmental Disabilities (ID/DD): Screening, Evaluation, Treatment and Reentry.

F. Social Security Eligibility Screening

Incarcerated individuals classified as SMI and/or IDD shall be screened by the MHA/MHM or designee for eligibility for social security benefits upon release using the Pre-Screen for SSI/SSDI Benefits (DRC5322) 120 calendar days prior to the individual’s release date. Refer to OCHC Behavioral Health Protocol I-11, Release Planning for Incarcerated Individuals on the Mental Health Caseload.

1. The names of eligible incarcerated individuals shall be provided to the institutional Community Linkage Worker (CLW), who shall then coordinate the completion of all required application documents prior to release.

2. The MHA/MHM or designee shall be responsible for the completion of the Clinical/Functional Data, Self-Reported Symptoms and Work Capacity Statement (DRC5465) for those individuals approved for the application for SSI/SSDI. In most cases, this shall be assigned to the MHP assigned to provide clinical services to the individual.

3. The completed Work Capacity Statement (DRC5465) shall be provided to the institutional CLW for submission for approval of social security benefits within two (2) weeks of notification by the CLW.

4. The CLW shall provide feedback to the MHA/MHM regarding the status of benefits approval.

G. Human Trafficking Screening

1. Any staff may refer an incarcerated individual to Mental Health services should it be suspected that they are being trafficked within ODRC during the present incarceration, or if they disclose to any staff that they have been trafficked prior to incarceration.

2. Mental Health staff shall complete either the MH Human Trafficking Screening Document (DRC5185), which if the reported incident is external/occurred prior to
incarceration; or the MH Post Reception Human Trafficking Screening Document (DRC5193) if the incident occurred within the ODRC.

3. One affirmative answer to questions #1-9 on the MH Post Reception Human Trafficking Screening Document (DRC5193) will trigger the incarcerated individual 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. One affirmative answer to questions #10-16 on the MH Post Reception Human Trafficking Screening Document (DRC5193) will require MH staff to contact their facility investigator for further follow-up and action.

4. If the patient is not on the caseload, two affirmative answers on the MH Initial Human Trafficking Screening Document (DRC5185) will trigger the individual being referred for a full mental health evaluation.

5. Affirmed human trafficking screenings shall be entered into DOTS portal HTS screen by the MH administrator/manager or designee.

H. Electronic Health Record (EHR)

The procedures contained within this policy shall always be executed in accordance with ODRC Policy 67-MNH-24, Mental Health Documentation and Information Maintenance.

Attachments:

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

Referenced Protocols:

[1-11] Release Planning for Incarcerated Individuals on the Mental Health Caseload

Referenced ODRC Policies:

[67-MNH-02] Mental Health Screening and Mental Health Classification
[67-MNH-24] Mental Health Documentation and Information Maintenance Policy
[68-MED-13] Medical Classification
[68-MED-24] Consent to and Refusal of Medical Treatment

Referenced Forms:

Human Trafficking Screening Tool [DRC5193]
Interdisciplinary Progress Note [DRC5287]
Pre-Screen for SSI/SSDI Benefits [DRC5322]
Consult to Mental Health for 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)