

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department of Public Safety (DPS)
Division of Adult Correction-Prisons

SECTION: A- Assessment of Patients

POLICY # A-12

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SUBJECT: Intersystem and Intrasystem Behavioral Health Services
Screening, Appraisal, Referral and Assessment (Outpatient- Services)

EFFECTIVE DATE: April 2018

SUPERCEDES DATE: April 2012

References **Related ACA Standards 4th Edition Standards for Adult Correctional Institutions 4-4368, 4-4369, 4-4370, 4-4371, 4-4372**

PURPOSE

To provide guidelines for prioritizing immediacy and priority of needs. To set standards for completing the mental health screening, appraisal, assessment, and treatment plan for outpatient services.

POLICY

- I. Offenders shall be screened, appraised, and assessed, as clinically indicated, to identify mental health needs. Behavioral health services shall be provided to all offenders identified as having a serious mental illness. Behavioral health services shall also be provided to those offenders identified as having less serious issues related to emotional, cognitive and/or behavioral needs.
- II. A Mental Health Assessment shall be provided by a psychologist and/or clinical social worker with the necessary education, credentials, and experience to, within the scope of their professional licensure, provide assessment, treatment, and services for individuals with mental health issues.
- III. The Department's Director of Behavioral Health Services, in conjunction with the Behavioral Health Assistant Directors and Social Work Program Director, shall be responsible for assessing and addressing program standards, practices, and service delivery, and for ensuring compliance with policies and procedures.
- IV. For purposes of this policy, any reference made to "offender(s)" shall also apply to safekeepers.

DEFINITIONS

Intersystem admission: An offender admitted to the Division of Prisons.

Intrasystem transfer: Reassignment of an offender from one prison facility to another within the North Carolina Division of Prisons or a transfer from one unit to another within a prison.

Mental Health Screening: An initial inquiry to identify offenders at higher potential risk for, or who currently report, experiencing mental health-related problems. Screening instruments are brief, first-step, low-threshold measures designed to determine whether or not further evaluation for mental problems is necessary.

Mental Health Appraisal: A brief written assessment, the focus of which is to provide a statement regarding an offender's current status and mental health concerns. An appraisal should provide a broad, although not necessarily in-depth, clinical picture of an offender's mental status and should include a recommendation regarding the need for further evaluation and treatment.

Comprehensive Mental Health Assessment: A detailed clinical evaluation that identifies specific mental health problems including, when appropriate, diagnoses (or diagnostic changes), and upon which determination of a treatment plan and subsequent services is to be based. A Comprehensive Mental Health Assessment is completed by a psychologist and/or clinical social worker.

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PROCEDURE

I. Implementation and Management of Services

Behavioral Health Services shall be provided to offenders based on priority according to assessed immediacy and severity of needs in the following order:

- A. An offender presenting risk for suicide and/or significant self-injury.
- B. A mentally ill offender presenting risk for violence.
- C. Any mentally ill offender who requires immediate assessment, crisis intervention and stabilization, and/or acute inpatient care.
- D. An offender referred for assessment to determine the appropriateness of involuntary civil commitment upon release pursuant to North Carolina General Statutes.
- E. Stable mentally ill offenders requiring residential, outpatient or other non-emergent care.
- F. Any offender identified as experiencing or presenting significant emotional, cognitive or behavior deficits or problems.

II. Screening, Appraisal, Referral, Comprehensive Mental Health Assessment, Mental Health Assessment Update

A. Screening

- 1. All intersystem (admission) and intrasystem (transfer) offenders shall receive a Health Services Screening. The Health Screening shall include:
 - a. Custody status
 - i. safekeeper
 - ii. convicted offender serving active prison sentence
 - b. Current and past mental health issues
 - i. has current suicidal ideation
 - ii. has a history of suicidal behavior
 - iii. is currently prescribed psychotropic medication
 - iv. has a current mental health complaint
 - v. is being treated for mental health problems
 - vi. has a history of inpatient and outpatient psychiatric treatment
 - vii. has a history of treatment for substance abuse
 - c. Observation
 - i. general appearance and behavior
 - ii. evidence of abuse and/or trauma and any current symptoms of psychosis, depression, mania, anxiety, aggression and/or significant cognitive deficits
 - d. Disposition of offender
 - i. to the general population
 - ii. to the general population with appropriate referral to mental health services
 - iii. to the appropriate mental health care service for emergency treatment

2. Intersystem admissions:

Screening for intersystem offenders shall be conducted at the Diagnostic/Processing Centers.

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- a. Health Services Screening
 - i. An offender shall be screened by nursing staff at the Diagnostic/Processing Center within twenty-four (24) hours of arrival, or on the next business day.
 - ii. Screening shall be documented in the electronic healthcare record.
 - iii. During screening and based on the screening instrument, an offender identified as having a serious mental illness or needing mental health services shall be referred to a psychologist and/or clinical social worker for an appraisal.
 - iv. Referrals shall be made using the electronic healthcare record.
 - b. Diagnostic screening
 - i. Within five (5) to seven (7) days the offender will receive the Department of Public Safety OPUS Mental Health Screening Inventory (MHSI) by diagnostic staff. A "yes" response to questions related to past or current mental health problems shall automatically generate an appointment with a psychologist and/or clinical social worker for an appraisal.
 - ii. During the screening process, while at the processing center, diagnostic staff shall review all information collected since reception, which includes but is not limited to the MHSI, Beta IQ and Wide Range Achievement Test (WRAT). Based on the MHSI and/or test score the offender may be referred to a psychologist and/or clinical social worker for evaluation for developmental disabilities (DD). Notwithstanding the forgoing, IQ screening during processing shall not apply to safekeepers pursuant to Division of Prisons, Diagnostic Center Procedural Manual, Chapter Special Procedures, Section 403.
 - c. The psychologist and/or clinical social worker will be contacted immediately if at any time during the screening process the offender's mental state suggests that the offender poses a risk of self-injury or injury to others.
3. Intrasystem transfers:
- a. Health Screening
 - i. The offender shall be screened within twenty-four (24) hours of arrival, or on the next business day. If the screening is completed by custody, all information gathered shall be forwarded to nursing staff for review.
 - ii. The screening and review by nursing shall be documented in the electronic healthcare record.
 - iii. Offenders identified as in need of further assessment based on the screening shall be referred by nursing staff using the referral process in the electronic healthcare record. Custody and non-healthcare staff shall make referrals by completing a Mental Health Services Referral, DC-540.
 - b. Behavioral Health Caseload
 - i. Offenders on an active behavioral health caseload at the time of transfer may be identified by OPUS or the electronic healthcare record.
 - ii. Facilities with a psychologist and/or clinical social worker on-site shall, within fourteen (14) days of an offender's arrival to the facility, screen the offender to determine whether behavioral health services will be continued. The screening shall include a review of the offender's progress based on the most current assessment, progress notes, and treatment

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plan, in order to make a determination whether behavioral health services will be continued.

- iii. Facilities without a psychologist and/or clinical social worker on-site, shall review the offender's progress within thirty (30) days of the offender's arrival to the facility.
- iv. The screening and progress review shall include a thorough review of the healthcare record, a face-to-face interview with the offender, and shall be documented in a Mental Health Progress Note.
- v. Mental Health Progress Notes shall include, but not be limited to:
 - documentation that the offender transferred to facility on active mental health caseload;
 - date of arrival;
 - documentation that a face-to-face interview was completed;
 - documentation of a thorough review of the medical healthcare record
 - diagnostic changes; and
 - revisions to the plan of service or that the clinician concurs with the current plan.
- vi. The treatment plan in place at the time of the transfer may be revised, accepted as written, or a new treatment plan may be developed. If the original treatment plan is retained, the responsible psychologist and/or clinical social worker shall document it.
- vii. This procedure shall also be implemented in the event that an offender changes providers (psychologist and/or clinical social worker) while at the same facility. The receiving psychologist and/or clinical social worker shall see the offender as clinically indicated, or by the specified frequency noted in the treatment plan.
- viii. In those cases where an offender assigned to a psychologist and/or clinical social worker subsequently transfers to another facility served by the same clinician, no additional progress review is required.

B. Appraisal

1. At any time, behavioral health staff may refer an intersystem admission for an appraisal by medical, custody, programs, education services, substance abuse, or other Division of Prisons staff such as admission technicians, case analysts, or clergy. An offender may also be referred for an appraisal based on a positive response identified on the OPUS Mental Health Screening Inventory (MHSI) by diagnostic staff, and offenders may self-refer. All mental health appraisals shall be provided by a psychologist and/or clinical social worker.
2. The mental health appraisal conducted as a result of the MHSI or the Mental Health Services Referral, shall be documented on the MHSI Appraisal. A Mental Health Services Referral shall not be required on referrals resulting from the MHSI.

The appraisal process shall include a review by a psychologist and/or clinical social worker of:

- a. The offender's Health Screening and OPUS MHSI.
- b. The offender's available clinical history, screening, and testing information, to include:
 - i. available historical records of inpatient and outpatient psychiatric treatment;
 - ii. history of treatment for mental health problems including psychotropic medication;
 - iii. history of drug and alcohol treatment; and

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- iv. history of sexual abuse-victimization and predatory sexual behavior.
 - c. A face-to-face interview and assessment of the offender, to include:
 - i. current mental status and condition;
 - ii. current suicidal potential and person-specific circumstances that increase suicide potential;
 - iii. violence potential and person-specific circumstances that increase violence potential; and
 - iv. drug and alcohol abuse and/or addiction;
 - d. The results of an appraisal may include:
 - i. determination that no treatment or evaluation is indicated; or
 - ii. referral for a comprehensive mental health assessment, and, if applicable, reassignment to a prison where mental health diagnostic and treatment services are provided;
 - iii. recommendations for additional assessment tools, as indicated; and
 - iv. recommendations concerning housing, job assignment, and program participation.
3. Appraisal time frames:
- a. Appraisals shall be completed in accordance with the priorities established in Policy A-12, I. An appraisal shall be completed within seven (7) calendar days if initiation of the appraisal resulted from the referral process or a positive (“yes”) response to the MHSI indicating a current mental health concern. An appraisal shall be completed within fourteen (14) calendar days for positive (“yes”) responses to the MHSI based on a history of mental health treatment, but with no current mental health issues on arrival to prison.

C. Referral for Outpatient Services

1. An offender may be referred to behavioral health services at any time during his/her incarceration. Any offender may be referred by behavioral health staff, medical staff, custody staff, or other Division of Prisons staff such as clergy. Offenders may also be referred by non-DPS staff, such as community college instructors working in a prison facility. Offenders may also self-refer. A referral requesting behavioral health services may be made to behavioral health by completing the Mental Health Services Referral DC-540.
2. The referral disposition shall be based on:
 - a. face-to-face interview with the offender;
 - b. direct observation of the offender’s behavior; and
 - c. review of all applicable records to effectively screen the referral.
2. The screening results of the referral shall be documented on the Mental Health Services Referral Note and the disposition shall include whether behavioral health services are required.
3. The Mental Health Services Referral Note shall serve as the admission note when it is determined outpatient services will be required. When outpatient services are required, the Referral or the Mental Health Assessment, if completed at that time, shall include:
 - a. the reason for the admission to outpatient services, present condition of the inmate;
 - b. diagnostic impression;
 - c. initiation of requesting past history and treatment records; and
 - d. the initial treatment recommendations.
4. Referral time frame:

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- a. Behavioral Health staff not on-site: time frame shall be based on clinical judgment, but no more than thirty (30) calendar days from the initial referral.
- b. Mental Health staff on-site: within the seven (7) calendar days of the date of the initial referral.

D. Mental Health Assessments and Treatment Plan Outpatient Services

1. Comprehensive Mental Health Assessment and Treatment Plan

A Comprehensive Mental Health Assessment shall be completed by a psychologist and/or clinical social worker for:

- a. offenders identified as needing further evaluation and/or treatment during the referral or appraisal process in the outpatient setting; or
- b. re-instatement of outpatient behavioral health treatment after service has been terminated for more than twelve (12) months.

2. The Comprehensive Mental Health Assessment and Treatment Plan time frame:

- a. Behavioral health staff not on-site: time frames shall be based on clinical judgment, but no more than thirty (30) calendar days after the completion of the Mental Health Services Referral Note.
- b. Behavioral health staff on-site: time frame shall be based on clinical judgment, but no more than fourteen (14) calendar days after the completion of the Mental Health Services Referral Note or the Appraisal.

3. The Comprehensive Mental Health Assessment shall be based on:

- a. review of all available mental health records and applicable OPUS screens, including screening and appraisal data and documentation of current problems;
- b. collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellectual functioning, and coping abilities, as well as information from other disciplines;
- c. face-to-face interview with the inmate; and
- d. direct observation of the offender's behavior.

4. Comprehensive Mental Health Assessment shall include:

- a. referral source;
- b. alerts:
 - i. violence
 - ii. escapes
 - iii. self-injury;
- c. current problem;
- d. compilation of the offender's history, including any history of mental health treatment;
- e. interview with mental status exam;
- f. clinical assessment of the offender;
- g. DSM diagnoses; and
- h. preliminary plan of care.

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5. A preliminary plan of care shall be documented on the Mental Health Assessment. A Comprehensive Treatment Plan based on the mental health assessment shall be developed for those offenders in need of treatment, including all applicable disciplines within thirty (30) days of completion of the Mental Health Services Referral or the Appraisal.

E. Mental Health Assessment Update and Treatment Plan

1. Mental Health Assessment Updates shall be completed by a psychologist and/or clinical social worker:
 - a. on an annual basis for offenders receiving behavioral health services;
 - b. when an offender is identified as having had a significant change in clinical status; or
 - c. when outpatient services are re-instated within twelve (12) months ; and
2. If, in the professional opinion of the clinician, the discharge summary from an inpatient, residential, or therapeutic diversion treatment program is thorough and includes the necessary components of the Mental Health Assessment Update, the discharge summary may be used to meet the requirement for the annual Mental Health Assessment Update.
3. Similarly, the day treatment transition and discontinuation summaries may meet the requirement for the annual Mental Health Assessment Update for those offenders who will continue to receive outpatient behavioral health services; therefore, if in the professional opinion of the clinician, the day treatment transition and discontinuation summary is thorough and includes the necessary components of the Mental Health Assessment Update, the day treatment transition and discontinuation summary may be used to meet the requirement for the annual Mental Health Assessment Update.
4. The clinician shall document in a progress note if the discharge treatment summary or the day treatment transition and discontinuation summaries are used for the annual Mental Health Assessment Update.
5. A new outpatient and residential treatment plan shall be completed at the time of the Mental Health Assessment Update. In addition, the treatment plan shall be updated or revised as needed in regards to the offender's lack of progress or regression toward their treatment goals after a reasonable time frame of implementation or with the completion of a goal(s).
6. The Mental Health Assessment Update shall include:
 - a. referral source, if transitioning from another psychologist and/or clinical social worker document the date of transfer;
 - b. alerts
 - i. violence
 - ii. escapes
 - iii. self-injury;
 - c. review of records and applicable OPUS screens, including continuing or revising the treatment plan;
 - d. chief complaint;
 - e. face-to-face interview with mental status exam;
 - f. clinical assessment of the inmate;
 - g. DSM diagnoses; and
 - h. plan (either continued as-is or revised)

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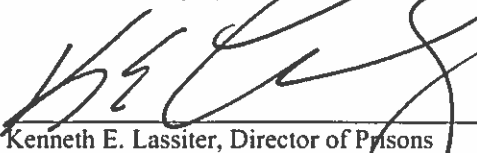
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- F. Offenders on an active mental health caseload shall be seen by a psychologist and/or clinical social worker based on clinical needs, but at least every forty-five (45) days.
- G. Upon termination of outpatient mental health services within the prison system, a Mental Health Treatment Summary shall be completed within thirty (30) days.
- H. To assure continuity of care and effective aftercare planning, a Mental Health Treatment Summary shall be completed prior to an offender's expected release date from prison. Applicable release of information documents shall be completed to assure the Treatment Summary is available to forward to the applicable referring agency for continuation of mental health care and services. In addition, the inpatient and residential Discharge Summary shall be completed prior to or at the time of discharge.
- I. Same day documentation shall be completed for all encounters, except where extenuating circumstances may cause necessary delay. In such cases, documentation shall be initiated the day of the encounter and completed at the earliest possible time. In the event of an emergency or a crisis event, documentation shall be initiated and completed at the time of the encounter.



Terri Catlett, Deputy Director Health Services

7/3/18
Date



Kenneth E. Lassiter, Director of Prisons

7/3/18
Date

SOR: Director of Behavioral Health Services