PURPOSE

This policy defines the scope, contents, usage, time frames and clinical purposes of the Social History.

POLICY

Every inmate being treated at inpatient and/or residential mental health facilities within the Division of Prisons will have a current, complete, comprehensive clinical Social History on file in the inmate health record.

PROCEDURE

The focus of this policy is to have the Social History information available to the treatment team at the first treatment team meeting. The Social History information is an integral component of the treatment planning process.

Each inmate health record, upon arrival to the unit, be it inpatient or residential, will be reviewed by the clinical social worker assigned to that unit prior to the first treatment team meeting for that inmate. This review will include, but not be limited to, the review of the latest and most previous social histories available in the record.

An original, complete comprehensive base document Social History (DC-350A) is valid for 5 years from the date of authentication.

If there is no Social History available, a new, comprehensive Social History will be completed by the clinical social worker prior to the first treatment team meeting for the inmate.

If the most recent complete, comprehensive social history is dated within the last year, the clinical social worker will make notation of the review in the progress notes of the record. Any and all relevant changes will be recorded on a Social History form (DC-350A) with Addendum typed as the heading to the form. The clinical social worker will assure that the addendum has been filed with the record prior to the first treatment team meeting for that inmate. Any subsequent changes can be recorded at a later date on a Social History form (DC-350A) with Addendum typed as the heading.

If the most recent Social History located in the health record is greater than 1 year old but less than 5 years old, the clinical social worker will review that information, record any changes on the Social History form (DC-350A) with Addendum typed as the heading, and making note of the review in the inmate’s progress notes section of the health record.

If the latest complete, comprehensive Social History available is greater than 5 years old, a new complete, comprehensive Social History is required. This Social History is to be completed by the clinical social worker assigned to the unit prior to the first treatment team meeting for that inmate.
All Social Histories will follow the same general standardized format for content. An example is attached to this policy for information purposes.

The most recent, original, complete, comprehensive base document Social History (DC-350A) and all of the related addendum will be retained in the inmate health record for the period of treatment in inpatient or residential services. When a new complete, comprehensive base document Social History (DC-350A) is being filed in the inmate health record, the older base document and related addendum may be archived in the inmate health record.

Paula Y. Smith, MD, Director of Health Services

5/30/03

SOR: Laura A. Yates, MSW, LCSW-P, Social Work Program Director
### SECTION

| I. Demographics |
| II. Alerts |
| a. Violence |
| b. Escapes |
| c. Self-Injury |
| III. Developmental History |
| IV. Criminal History |
| V. Mental Health History |
| VI. Diagnostic Impression |
| VII. Discharge Plans |
| VIII. Plan and Recommendations |

**Signature of Responsible Social Worker**

| Date of Authentication |

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This form is not to be amended, revised or altered without approval of the Mental Health Forms Committee.

**SOCIAL HISTORY**

Dist: Inpatient, Social Service

Outpatient Record, Section I, Miscellaneous

DC-350A (revised 01/01)

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Inmate Name ...........................................

Inmate Number ...........................................

Unit .....................................................

Date of Report ........................................
Social History

I/M’s Name: ___________________________________  OPUS# ________________

Dictated: ________________________  Noted in File: ________________________
         (Date & Time)              (Date & Time)

Note: Information for this Social History obtained from:

Interview with the inmate on _________________________ . (Date & Time)

Interview with ________________________________ on _________________.
       (Family Member Name/Relation/Phone#)       (Date & Time)

MH record review on ________________, and a computer data search on _________________.
       (Date & Time)              (Date & Time)

Referral: Inmate was referred to ________________________________ on _________________.
       (Name of Facility)       (Date)

due to ____________________________________________________________________________.
       (Reason for this Admission to this Facility)

DEMOGRAPHIC INFORMATION:

____________________________________ is a _____ year old (single/married/separated/divorced)
       (Inmate’s Name)       (Circle One)
(African-American/Caucasian/Hispanic/Native American/Asian/_______________________________)
       (Circle One)
(male/female) born on __________________ in __________________________ County,
       (Circle One)       (Date)
____________________________________. His/her SSN is _________________________________.
       (State)

ALERTS:

____________________________________ (has/has no) history of violence. Review of OPUS
       (Inmate’s Name)       (Circle One)
records reveals that the inmate (has/has no) history of escapes. (Dates of Escapes:
       (Circle One)
____________________, ______________, ______________, ______________)

Review of MH records on ________________________ reveals that the inmate
       (Date & Time)
(has/has no) documented history of self-injurious behaviors. (Dates of Self Injuries:
       (Circle One)
____________________, ______________, ______________, ______________)
DEVELOPMENTAL HISTORY:

____________________ completed the _____ grade.
   (Inmate’s Name)

He/she (is completing/has/has not completed) his/her GED at ___________________.
   (Circle One)       (Location)

He/she (was/was not) expelled from school for _______________________________.
   (Circle One)     (Reason for Expulsion)

Review of the (available/unavailable) psychological test data indicates a

(BETA/WAIS-R/WAIS III) (Full Scale/Abbreviated) IQ score of ___________ on _______________,
   (Date)

(BETA/WAIS-R/WAIS III) (Full Scale/Abbreviated) IQ score of ___________ on _______________,
   (Date)

(BETA/WAIS-R/WAIS III) (Full Scale/Abbreviated) IQ score of ___________ on _______________,
   (Date)

WRAT scores on ____________________ of Reading ____________ Spelling ____________
   (Date)

Arithmetic ______________

WRAT scores on ____________________ of Reading ____________ Spelling ____________
   (Date)

Arithmetic ______________

WRAT scores on ____________________ of Reading ____________ Spelling ____________
   (Date)

Arithmetic ______________

He/she was raised in a (upper/middle/lower) income (rural/urban) socioeconomic environment by
   (Circle One)                             (Circle One)

________________________________________________________.
   (Name & Relationship)

He/she is the __________ of __________ children. He/she reports there was (no/some/extensive)
   (Place Order #)          (Total #)

(physical/sexual/verbal/emotional/psychological/medical/educational) (abuse/neglect) in the home by
   (Circle One)                     (Circle One)

________________________________________________________.
   (Name & Relationship)
His/her biological parents were (married/never married/separated/divorced).
  (Circle One)

His/her biological father ________________________________________________________ was
  (Full Name) (Living?/Deceased? Date of Death?)
  (unemployed/employed) as a ________________________________________________________
    (Titles of Occupations)
  (Circle One)

His/her biological mother ________________________________________________________ was
  (Full Name including Maiden Name) (Living?/Deceased? Date of Death?)
  (unemployed/employed) as a ________________________________________________________
    (Titles of Occupations)
  (Circle One)

His/her contact person is ________________________________________________________
  (Full Name including nicknames)
  his/her ______________________ and can be reached at ______________________
    (Relationship) (Phone Number including Area Code)

(Full Mailing & Street Addresses)

The inmate reports he/she was (unemployed/employed) at the time of incarceration. The inmate’s
  (Circle One)
primary occupation(s) prior to incarceration was/were ______________________________________
  (Titles of Occupations)

He/she (was/was not) in the Job Corps. He/she (is/is not) a veteran. He/she served __________________
  (Circle One) (Circle One) (# of Years)
in the __________________ and received and (honorable/less than honorable/general/medical)
    (Branch of Military Service) (Circle One)
discharge. He/she (was/was not) receiving (VA/SSA/SSI/Public Assistance) benefits prior to
  (Circle One) (Circle One)
incarceration.

He/she reports having parented ______________________ (#) children. The children are:

Name/Relationship/DOB: _____________________________________________________________

Name/Relationship/DOB: _____________________________________________________________

Name/Relationship/DOB: _____________________________________________________________

Name/Relationship/DOB: _____________________________________________________________
His/her (spouse/ex-spouse) is _______________________________________________________.
(Circle One) (Name/Address/Phone#)

CRIMINAL HISTORY:

He/she was convicted on _______________ in ___________________________ County
(Date) (Superior/District) Court for:
(Circle One)

__________________________________________________________________________
(Docket#/Crime/Sentence {year/month/day})

__________________________________________________________________________
(Docket#/Crime/Sentence {year/month/day})

__________________________________________________________________________
(Docket#/Crime/Sentence {year/month/day})

__________________________________________________________________________
(Docket#/Crime/Sentence {year/month/day})

__________________________________________________________________________
(Docket#/Crime/Sentence {year/month/day})

He/she was awarded __________ (#) days of jail credit.

His/her projected release date is ____________________, 90-day parole date is ________________,
(Date) (Date)
180-day parole date is ____________________, parole eligibility date is ________________.
(Date) (Date)

His/her custody level is (minimum/medium/close maximum/death row) and activity grade is ____.
(Circle One) (#)

His/her control status is (Regular/DSeg/ASeg/ICON/MCON/HCON/DeathRow). His/her next custody
(Circle One)
review date is ____________________, next control review date is ________________________.
(Date) (Date)

He/she (has/has not) committed (any/ ________) infractions on this incarceration with the latest on
(Circle One) (#)
____________________. His/her most serious infractions have been:
(Date)

Infraction/Date: ____________________________________________________________________
He/she reports prior incarcerations for:

Crime/Date: ___________________________________________________________

Crime/Date: ___________________________________________________________

Crime/Date: ___________________________________________________________

Crime/Date: ___________________________________________________________

He/she has (no/_____ ) outstanding detainers. Detainer information:

Crime/Date/Docket#/Court: ___________________________________________

Contact Info: _______________________________________________________

(Name & Phone#)

Crime/Date/Docket#/Court: ___________________________________________

Contact Info: _______________________________________________________

(Name & Phone#)

Crime/Date/Docket#/Court: ___________________________________________

Contact Info: _______________________________________________________

(Name & Phone#)
He/she has (no/an) escape history on __________________________________________________.
(Circle One) (Dates)

MENTAL HEALTH HISTORY:

The inmate reports (no prior/some/extensive) mental health treatment history including
(Circle One)

(multiple/# ________) psychiatric hospitalizations at:
(Circle One)

Date/Hospital/Location: ___________________________________________________________________

Date/Hospital/Location: ___________________________________________________________________

Date/Hospital/Location: ___________________________________________________________________

He/she reports outpatient MH treatment at:

Date/Center/Location: ___________________________________________________________________

Date/Center/Location: ___________________________________________________________________

Date/Center/Location: ___________________________________________________________________

He/she (has/reports/denies) (no/some/extensive) (alcohol/substance) abuse history including
(Circle One) (Circle One) (Circle One)
treatment at:

Date/Treatment Facility/Location: __________________________________________________________________

Date/Treatment Facility/Location: __________________________________________________________________

Date/Treatment Facility/Location: __________________________________________________________________

He/she reports first using alcohol at age __________, _____________________ at age __________,
(Years) (Drug) (Years)
________________________ at age _______________, & ____________________________ at age _______________.
(Drug) (Years) (Drug) (Years)

He/she (reports/denies) a family history of (mental illness/substance abuse) including:
(Circle One)

Name/Relationship/MI/SA: ________________________________________________________________

Name/Relationship/MI/SA: ________________________________________________________________

Name/Relationship/MI/SA: ________________________________________________________________

Name/Relationship/MI/SA: ________________________________________________________________
Name/Relationship/MI/SA: ____________________________________________________________

Inmate's personal hygiene is (good/fair/acceptable/marginal/poor).  
(Circle One)

His/her cell hygiene is (good/fair/acceptable/marginal/poor).  
(Circle One)

His/her current job assignment is ______________________________________________________. 
(Job Title & Supervisor)

He/she (does/does not) participate in school and/or recreational activities. 
(Circle One)

His/her interactions with staff have been (good/fair/appropriate/marginal/minimal/poor).  
(Circle One)

His/her interactions with peers have been (good/fair/appropriate/marginal/minimal/poor).  
(Circle One)

Comments:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________


DIAGNOSTIC IMPRESSIONS: (Refer to GAF in DSM-IV)

Axis I: _____________________________________   ___________________________________
         (Clinical Disorders)                     (Clinical Disorders)

Axis II: _____________________________________   ___________________________________
         (Personality Disorders & MR)            (Personality Disorders & MR)

Axis III: _____________________________________   ___________________________________
          (General Medical Conditions)          (General Medical Conditions)

Axis IV: _____________________________________   ___________________________________
         (Psychosocial & Environmental Problems) (Psychosocial & Environmental Problems)

Axis V: _____________________________________   ___________________________________
         (Global Assessment of Functioning)      (Global Assessment of Functioning)

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
**DISCHARGE PLANS:**

_____ Discharge plans were not addressed at this time due to the inmate’s release date.

_____ He/she was unable to verbalize his/her future plans at this time.

_____ Upon release from prison, the inmate would like to live with:

________________________________________________________________________

(Name/Relationship/Address/Phone#)

_____ Upon release from prison, the inmate would like to work as __________________________

(Occupation)

with ______________________________________________________________________

(Name/Address/Phone# of Employer)

_____ He/she will (apply for/follow up on) (SSA/SSI/Medicaid/Food Stamps/VR/JobLink/ESC/other)

(Circle One) (Circle One)

upon release from prison.

_____ He/she will be evaluated for placement at __________________________________________

(Facility Name & Location)

upon release from prison on _______________________________.

(Date)

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PLANS AND RECOMMENDATIONS:

_____ Continue Medications.

_____ Continue all ward activities.

_____ Continue ward job assignment.

_____ Continue (ABE/GED) classes.
   (Circle One)

_____ Continue Behavior Management Program.

_____ Participate in (AA/NA).

_____ Continue Substance Abuse Counseling.

_____ Assign to specialized case manager due to developmental disability.

_____ Refer to (SSA/SSI/VR/DSS/MAD/JobLink/ESC/VA/Community College) upon release.
   (Circle All That Apply)

_____ Remain at ___________________________ due to __________________________________
   (Name of Facility)                                              (Reason for Retention)
   until his/her transfer to ___________________________ on ________________.
         (Name of Facility)          (Date)

_____ Remain at ___________________________ due to __________________________________
   (Name of Facility)                                              (Reason for Retention)
   until his/her release from prison on ____________________.
                    (Date)

_____ The inmate should remain at this treatment facility until stabilized. The treatment team will
   decide appropriate transfer/placement at a future date.

_____ Continue psychiatric follow up upon return to his/her assigned unit.

_____ Continue psychological follow up upon return to his/her assigned unit.

_____ Continue clinical social work follow up upon return to his/her assigned unit.

_____ Transfer to ___________________________ so that he/she can participate in
   (Name of Facility)
   ____________________________________________.
                   (Name of Program/Service)
Release plans should be formulated in anticipation of a release date of __________________.

(Date)

Placement to be determined upon release; (rest home/nursing home/group home/SA/AA/other) facility. (Circle One)

Seek commitment to __________________________________________________________.

(Name of Facility/State Psychiatric Hospital)

Other Comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Completed by: ____________________________________________________________________

(Name/Degree/License/Job Title/Date)