

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: A- Assessment of Patients

POLICY # A-12

PAGE 1 of 7

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

EFFECTIVE DATE: April 2012
SUPERCEDES DATE: December 2010

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 and to set standards for completing the mental health screening, appraisal, assessment and treatment plan for outpatient services.

POLICY

- I. Inmates shall be screened, appraised and assessed, as clinically indicated, to identify mental health needs. Mental Health Services shall be provided to all inmates identified with a serious mental illness and those with less serious issues related to emotional, cognitive and/or behavioral needs.
- II. A Mental Health Assessment shall be provided by a qualified mental health professional who has the education, credentials, and experience, and within the scope of their professional licensure can assess and provide treatment and/or services for individuals with mental health issues.
- III. The Department's Director of Mental Health Services, in conjunction with the Mental Health Assistant Section Chiefs and Social Work Program Director, shall be responsible for assessing and addressing program standards, practice and service delivery and ensuring compliance with policies and procedures.

DEFINITIONS

Intersystem admission: An inmate or safekeeper admitted to the Division of Prisons from a county jail, or a move in the reverse direction.

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

Licensed Clinician or Licensed Eligible Clinician: An individual who has the education, credentials, experience and for whom it is within their scope of practice to provide services for individuals with mental health needs. For the purpose of this policy such a clinician shall be referred to as a qualified mental health professional.

Mental Health Screening: An initial inquiry to identify inmates 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 whose focus is to provide a statement regarding an inmate's current status and mental health concerns. An appraisal should provide a broad, although not necessarily in-depth, clinical picture of an inmate's mental status and 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 qualified mental health professional.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: A- Assessment of Patients

POLICY # A-12

PAGE 2 of 7

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EFFECTIVE DATE: April 2012
SUPERCEDES DATE: December 2010

PROCEDURE

I. Implementation and Management of Services

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

1. An inmate presenting risk for suicide and/or significant self-injury.
2. A mentally ill inmate presenting risk for violence.
3. Any mentally ill inmate who requires immediate assessment, crisis intervention and stabilization, and/or acute inpatient care.
4. An inmate referred for assessment to determine the appropriateness of involuntary civil commitment upon release according to North Carolina General Statutes.
5. Stable mentally ill inmates requiring residential, outpatient or other non-emergent care.
6. Any inmate 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) inmates shall receive a Health Services Screening. The Health Screening DC-435 shall include:
 - a. Custody status
 1. safekeeper
 2. convicted inmate serving active prison sentence
 - b. Current and past mental health issues:
 1. has a present suicide ideation
 2. has a history of suicidal behavior
 3. is currently prescribed psychotropic medication
 4. has a current mental health complaint
 5. is being treated for mental health problems
 6. has a history of inpatient and outpatient psychiatric treatment
 7. has a history of treatment for substance abuse
 - c. Observation
 1. general appearance and behavior
 2. evidence of abuse and/or trauma and any current symptoms of psychosis, depression, mania, anxiety, aggression and/or significant cognitive deficits
 - d. Disposition of inmate
 1. to the general population
 2. to the general population with appropriate referral to mental health services
 3. to the appropriate mental health care service for emergency treatment
2. Intersystem admissions:

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

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: A- Assessment of Patients

POLICY # A-12

PAGE 3 of 7

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

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SUPERCEDES DATE: December 2010

- a. Health Services Screening
 1. An inmate shall be screened by nursing within twenty-four (24) hours of arrival or the next business day at the Diagnostic/Processing Center.
 2. This screening shall be completed on the Health Screening, DC-435.
 3. An inmate identified during screening with a serious mental illness or in need of mental health services based on this screening instrument will be referred to a qualified mental health professional health for an appraisal.
 4. The referral will be made by completing the Mental Health Services Referral, DC-540.

 - b. Diagnostic screening
 1. Within five to seven days the inmate shall receive the Department of Correction OPUS Mental Health Screening Inventory (MHSI) by diagnostic staff. A “yes” response to any question on the first screen automatically electronically generates an appointment with a qualified mental health professional for an appraisal.
 2. During the screening process, while at the processing center, a case analyst reviews all information collected since reception, which includes but is not limited to the MHSI, Wide Range Achievement Test (WRAT), and Beta IQ. Based on the MHSI and/or test score the inmate may be referred to a qualified mental health professional for evaluation for developmental disability status.

 - c. The qualified mental health professional shall be contacted immediately at any time during the screening process if the inmate’s mental state suggests that the inmate poses a risk of self-injury or injury to others.
3. Intrasystem transfers:
- a. Health Screening
 1. The inmate shall be screened within twenty-four (24) hours of arrival or the next business day. If the screening is completed by custody, all information gathered will be forwarded to nursing for review.
 2. The screening will be documented on the Health Screening, DC-435.
 3. The health screening provides a back-up system to OPUS and can additionally identify those inmates who may need services on an urgent or non-routine basis.
 4. Inmates identified as in need of further assessment based on the screening will be referred by completing a Mental Health Services Referral, DC-540.

 - b. Mental Health Caseload
 1. Inmates who are on an active mental health caseload at the time of transfer are automatically identified by OPUS to mental health staff at the receiving facility.
 2. For a facility with a qualified mental health professional on site, within fourteen (14) days of arrival to the facility, the inmate shall be screened to determine whether mental health services shall be continued. The screening shall include a review of the inmate’s progress based on the most current assessment and treatment plan in order to make a determination whether mental health services shall be continued. For facilities with no qualified mental health professional on site, the inmate’s progress shall be reviewed within thirty (30) days of arrival to the facility. The progress review shall include:
 - a. thorough review of the record,
 - b. face to face interview with the inmate, and

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: A- Assessment of Patients

POLICY # A-12

PAGE 4 of 7

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

EFFECTIVE DATE: April 2012
SUPERCEDES DATE: December 2010

- c. shall be documented on the Mental Health Progress Note DC-444A. Necessary elements of the Mental Health Progress Note DC-444A shall include:
 1. Section I shall include but not be limited to:
 - a. documentation that the inmate transferred to facility on active mental health caseload;
 - b. date of arrival;
 - c. documentation that a face to face interview was completed; and
 - d. documentation of a thorough review of the medical record.
 2. Section V. shall include but not be limited to:
 - a. diagnostic changes; and
 - b. revisions to the plan of service or that the clinician concurs with the current plan.
 3. 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, documentation shall be made with regard to the change by the qualified mental health professional.
 4. This procedure shall also be implemented in the event of a change in qualified mental health professional while at the same facility. The receiving qualified mental health professional shall see the inmate as clinically indicated or by the specified frequency noted in the treatment plan.
 5. In those cases where the inmate is assigned to a qualified mental health professional yet transferred to another facility served by the same clinician no additional review will be required.

B. Appraisal

Intersystem admissions may be referred at any time to mental health staff 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 inmate may be referred for an appraisal based on a positive response identified on the OPUS Mental Health Screening Inventory (MHSI) by diagnostic staff. Inmates may refer themselves. The mental health appraisal shall be provided by a qualified mental health professional.

1. The mental health appraisal conducted as a result of the MHSI or the Mental Health Services Referral, DC 540, shall be documented on the Mental Health Appraisal, DC-982. A Mental Health Services Referral, DC-540 shall not be required on referrals resulting from of the MHSI.

The appraisal process shall include a review by a qualified mental health professional, of:

- (a) Health Screening, DC-435 and Mental Health Department of Correction OPUS MHSI.
- (b) Available clinical history, screening and testing information, to include:
 1. available historical records of inpatient and outpatient psychiatric treatment;
 2. history of treatment for mental health problems including psychotropic medication;
 3. history of drug and alcohol treatment; and
 4. history of sexual abuse-victimization and predatory sexual behavior.
- (c) An interview and assessment of the inmate, to include:
 1. current mental status and condition;
 2. current suicidal potential and person-specific circumstances that increase suicide potential;
 3. violence potential and person-specific circumstances that increase violence potential;
 4. drug and alcohol abuse and/or addiction;
- (d) The results of an appraisal can include:

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: A- Assessment of Patients

POLICY # A-12

PAGE 5 of 7

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

EFFECTIVE DATE: April 2012
SUPERCEDES DATE: December 2010

1. determination that no treatment or evaluation is indicated; or
2. referral for a comprehensive mental health assessment, and, if applicable, reassignment to a prison where mental health diagnostic and treatment services are provided.
3. recommendations for additional assessment tools, as indicated;
4. recommendations concerning housing, job assignment, and program participation

2. Appraisal time frames:

The appraisal shall be completed in accordance with the priorities established in Policy A-12, I. However, the appraisal shall be completed within five (5) business days as the result of the Referral DC-540 process or a positive (yes) response to the MHSI that indicates a current mental health concern. The appraisal shall be completed within 14 calendar days for positive (yes) responses to the MHSI that are due to a history of mental health treatment but and with no current mental health issue on arrival to prison.

C. Referral for Outpatient Services

An inmate may be referred to mental health services at any time during his/her incarceration. Any inmate may be referred by mental health staff, medical staff, custody staff or other Division of Prisons staff such a clergy. Inmates may also be referred by non-DOP staff, such as community college instructors working in a prison facility. Inmates may also self refer. A referral requesting mental services may be made to mental health by completing the Mental Health Services Referral DC-540.

1. The referral disposition shall be based on:
 - a. face to face interview with the inmate;
 - b. direct observation of the inmate'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, DC-540. The disposition shall include whether mental health services are required.
3. The Mental Health Services Referral DC-540 serves as the admission note when it is determined outpatient services will be required. When services are required the Referral DC-540 or the Mental Health Assessment DC-548, 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:

- a. Mental Health staff not on site: time frame based on clinical judgment but no more than 30 calendar days from the initial referral.
- b. Mental Health staff on site: by the 5th business day after the initial referral.

D. Mental Health Assessments and Treatment Plan Outpatient Services

1. Comprehensive Mental Health Assessment and Treatment Plan

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: A- Assessment of Patients

POLICY # A-12

PAGE 6 of 7

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

EFFECTIVE DATE: April 2012
SUPERCEDES DATE: December 2010

A Comprehensive Mental Health Assessment DC-548 shall be completed by a qualified mental health professional for:

- a. inmates identified in need of further evaluation and/or treatment during the referral or appraisal process in the outpatient setting, or
 - b. re-instatement of outpatient mental health treatment after service has been terminated for more than twelve months.
2. The Comprehensive Mental Health Assessment and Treatment Plan time frame:
- a. Mental Health staff not on site: time frame based on clinical judgment but no more than thirty (30) calendar days after the completion of the Mental Health Services Referral, DC-540.
 - b. Mental Health staff on site: time frame based on clinical judgment but no more than fourteen (14) calendar days after the completion of the Mental Health Services Referral, DC-540 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 behavioral observation of the inmate's behavior of having been discontinued.
4. Comprehensive Mental Health Assessment shall include:
- a. referral source;
 - b. alerts
 1. violence
 2. escapes
 3. self-injury;
 - c. current problem;
 - d. compilation of the individual's history, including any history of mental health treatment;
 - e. interview with mental status exam
 - f. clinical assessment of the inmate;
 - g. DSM-IV diagnoses for Axes I, II, and III; and
 - h. Preliminary plan of care
5. A preliminary plan of care shall be documented on the Mental Health Assessment DC-548, Section VIII. A Comprehensive Treatment Plan DC-390 based on the mental health assessment shall be developed for those inmates in need of treatment and to include all applicable disciplines within thirty (30) days of completion of the Mental Health Services Referral, DC-540 or the Appraisal, DC-982.

E. Mental Health Assessment Update and Treatment Plan

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: A- Assessment of Patients

POLICY # A-12

PAGE 7 of 7

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

EFFECTIVE DATE: April 2012
SUPERCEDES DATE: December 2010

1. A mental health assessment update shall be completed by a qualified mental health professional:
 - a. annually for those inmates receiving mental health services;
 - b. when an inmate is identified as having had a significant change in clinical status ;
 - c. when there is a change in the level of services such as outpatient or residential; or
 - d. when outpatient services have been re-instated within twelve (12) months.
2. The treatment plan shall be continued as written, revised, or a new one completed in its entirety as applicable each time an update is completed.
3. The Mental Health Assessment Update shall include:
 - a. referral source; ; if transitioning from another qualified mental health professional note that and date of transfer
 - b. alerts
 1. violence
 2. escapes
 3. self-injury;
 - c. review of records and applicable OPUS screens, including continuing or revising the treatment plan;
 - d. chief complaint;
 - e. interview with mental status exam
 - f. clinical assessment of the inmate;
 - g. DSM-IV diagnoses for Axes I, II, and III; and
 - h. plan (either continued as-is or revised)
- F. Inmates on an active mental health caseload shall be seen by a qualified mental health professional based on clinical needs but at least every 45 days.
- G. Upon termination of outpatient mental health services within the prison system a Mental Health Treatment Summary DC-560 shall be completed within thirty (30) days. To assure continuity of care and effective aftercare planning, prior to the expected release date from prison, a Mental Health Discharge Summary DC-559 shall be completed. Applicable release of information documents shall be completed to assure the Discharge Summary DC-559 is available to forward to the applicable referring agency to provide continued mental health care and services.



4/18/12

John Carbone M.D., Director of Mental Health Services

Date

SOR: Director of Mental Health Services