



Virginia Department of Corrections

Mental Health and Wellness Services

Operating Procedure 730.2

Mental Health and Wellness Services: Screening, Assessment, and Classification

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Acute Care Unit - A designated treatment unit licensed to provide inpatient mental health and wellness services for inmates whose functioning is so severely impaired by a mental disorder that they meet the criteria for involuntary admission.

Annual Review - A uniform yearly review of an inmate's classification, needs, and objectives. The Initial Classification Date (ICD) is used to establish the review date for an inmate received on or after February 1, 2006. The Custody Responsibility Date (CRD) is used to establish the review date for an inmate received prior to February 1, 2006.

Community Corrections Alternative Program (CCAP) - A system of residential facilities operated by the Department of Corrections to provide evidence-based programming as a diversionary alternative to incarceration in accordance with COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion.*

District Mental Health Clinician (DMHC) - A Community Corrections Mental Health Clinician assigned to P&P Offices and Community Corrections Alternative Programs.

Facility - Any institution or Community Corrections Alternative Program.

Health-Trained Staff - Correctional Officers or other correctional staff who are trained and appropriately supervised to carry out specific duties regarding the administration of health care. **High Risk Sexual Aggressor (HRSA)** - As identified by the Classification Assessment and Mental Health Clinician assessment, any inmate/probationer/parolee at high risk of being sexually abusive.

High Risk Sexual Victim (HRSV) - As identified by the Classification Assessment and Mental Health Clinician assessment, any inmate/probationer/parolee confirmed as a sexual victim or identified as being at high risk of being sexually victimized.

Institution - A prison facility operated by the Department of Corrections; includes major institutions, field units, and work centers.

Intersystem Transfer - Transfer of an inmate from one distinct correctional system into another i.e., from a jail or out-of-state institution into a DOC institution.

Intrasystem Transfer - Transfer of an inmate or CCAP probationer/parolee from one institution to another, from an institution to a Community Corrections Alternative Program (CCAP), or for transfer from one CCAP to another within the Department of Corrections.

Mental Health Classification Code - A numeric code assigned to an inmate by a Mental Health Clinician that reflects the inmate's current mental health status and mental health and wellness service needs; the coding system is hierarchical, ranging from MH-0 representing no current need for mental health and wellness services to MH-4S representing the greatest need for mental health and wellness services.

Mental Health Clinician - An individual with at least a master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders, which may include a Psychiatric Provider, Social Worker, or Registered Nurse.

Mental Health Residential Treatment Unit - A designated licensed treatment unit where mental health and wellness services are provided to inmates who are unable to function in a general population setting due to a mental disorder but who typically do not meet the criteria for admission to an Acute Care Unit in accordance with 12VAC35 105, Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services; see Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)* for anything regarding Sex Offender Residential Treatment.

Psychotropic Medication - Medication prescribed for the treatment of a documented mental health disorder, e.g., thought, mood, or behavioral disorder.

Qualified Health Care Personnel - A Licensed Practical Nurse, Registered Nurse, Physician Assistant, Nurse Practitioner, or Physician.

Qualified Mental Health Professional (QMHP)-Adult - An individual employed in a designated mental health



and wellness services position who meets Department of Health Professions (DHP) Board of Counseling regulatory standards including at least a bachelor's degree in human services or a related field, supervised experience, registration with DHP as a QMHP, and ongoing education in mental health topics.

Serious Mental Illness (SMI) – Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified Mental Health Clinician.

Psychological – *as relating to the mental and emotional state of an individual.*

Cognitive – *as relating to cognitive or intellectual abilities.*

Behavioral – *as relating to actions or reactions in response to external or internal stimuli that is observable and measurable.*

Sexual Assault Assessment - A clinical assessment completed by a Mental Health Clinician to determine the need for crisis intervention or other mental health and wellness services related to sexual assault victimization and/or protection from further victimization.

Telehealth - The provision of remote dental (Teledentistry), medical and/or mental health care by a two-way, real-time electronic interactive communication between the patient and the Practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio equipment.

PURPOSE

This operating procedure establishes a standard protocol for the screening, assessment, and determination of the mental health status and mental health service needs of inmates/probationers/parolees in DOCs facilities.

PROCEDURE

I. Telehealth

A. Telehealth may be used for inmate/probationer/parolee mental health and wellness services encounters.

1. Mobile video telehealth devices may include the following:

- a. iPads
- b. Tablets
- c. Microsoft Surfaces
- d. Telehealth cell phones
- e. Telehealth MiFi's
- f. Webcams
 - i. All mobile video telehealth devices must be stored in a secure location. When not in use, these devices must be stored in a locked cabinet/drawer in a locked Senior Mental Health Clinicians office.
 - ii. All mobile video telehealth devices and components must be inspected and accounted for by each unit with each shift change and documented on *Telehealth Electronic Device Control Record 720_F42*.
 - iii. The Health Authority or designee and the Chief of Security must inventory and inspect all mobile video telehealth devices monthly and document on *Telehealth Electronic Device Control Record 720_F42*.
 - iv. See Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care, Attachment 2, Mobile Telehealth Device Information (Restricted)* and Attachment 3, *Overview: Telehealth Mobile Device Storage, Access, and Use* for further guidance.

II. Transfer Screening (5-ACI-5B-11, 5-ACI-6A-31)

A. Each inmate will receive an initial mental health screening at the time of admission to a DOC facility to identify those with mental health and wellness services needs.

B. The mental health screening will include:

1. Inquiry into whether an inmate:
 - a. Has present suicide ideation
 - b. Has a history of suicidal behavior or self-directed violence
 - c. Is presently prescribed psychotropic medication
 - d. Has a current mental health complaint
 - e. Is being treated for mental health symptoms
 - f. Has a history of inpatient or outpatient mental health treatment
 - g. Has any recent use of alcohol or addictive substance use, to include frequency of use, amount used, and last time used
 - h. Has a history of substance use disorder treatment
2. Observation of inmate/probationer/parolee:
 - a. General appearance and behavior
 - b. Level of consciousness (alertness, orientation)



- c. Evidence of abuse or trauma
 - d. Current symptoms of psychosis, depression, anxiety, or aggression
3. Disposition of inmate:
- a. To the general population
 - b. To the general population with appropriate referral to mental health care service
 - c. Referral to appropriate mental health care service for emergency treatment

C. The Mental Health Clinician will notify facility staff responsible for making housing and programming assignments for transgender or intersex inmates of any relevant screening results that would present management or security considerations so staff, on a case-by-case basis, can make a determination that best ensures the inmate's health and safety. (§115.42[c], §115.242[c])

III. Intersystem Transfers: Intake at Reception and Classification Centers, Parole Violator Units, and Community Corrections Alternative Programs (CCAP)

- A. An intake mental health screening will be performed by health/mental health trained or qualified health care personnel upon the inmate's/probationer's/parolee's arrival at a DOC facility. All findings will be recorded on the *Preliminary Medical Screening 720_F8*; see *Transfer Screening* section of this operating procedure.
1. All data collected by qualified health care personnel on admission to the facility will be recorded on *Intra-system Transfer Medical Review 720_F9*.
 2. Facilities without 24-hour health care staff will have Correctional Officers trained to screen inmates/probationers/parolees when qualified health care personnel are absent.
 - a. These health trained staff will complete the *Health Screening - Health-Trained Staff 720_F10* immediately upon the arrival of the inmate/probationer/parolee to the facility.
 - b. The screener will send the *Health Screening-Health-Trained Staff* to the facility medical department for review by health care staff and inclusion into the inmate's/probationer's/parolee's health record.
- B. If mental health concerns arise from the screening, health-trained staff and qualified health care personnel will follow Attachment 1, *Guidelines to Access Emergency Mental Health and Wellness Services*.
- C. Mental Health Initial Screening and Appraisal (Institutions only) (5-ACI-6A-32)
1. In addition to the mental health screening, all intersystem (i.e., new to DOC) transfers into DOC institutions will also undergo a *Mental Health Appraisal* by a Mental Health Clinician.
 2. Inmates will be interviewed within the following time frames:
 - a. New inmates on psychotropic medications will be interviewed by the Mental Health Clinician within one working day of admission for a face-to-face *Mental Health and Wellness Services Screening 730_F12* or a *Mental Health Appraisal 730_F17*.
 - b. The full *Mental Health Appraisal 730_F17* will be completed on all inmates within 14 calendar days of admission.
 3. If there is documented evidence of a *Mental Health Appraisal* within the previous 90 days, a new appraisal is not required, except as determined by the Mental Health Clinician.
 4. The Mental Health Clinician will document the results on the *Mental Health Appraisal 730_F17* and assign the inmate a Mental Health Classification Code. Instructions for completing the *Mental Health Appraisal* can be found on Attachment 2, *Mental Health Appraisal Instructions* (Restricted). The mental health appraisal includes:
 - a. Assessment of current mental status, symptoms, condition, and response to incarceration.
 - b. Assessment of current suicidal potential and person-specific circumstances that increase suicide

potential.

- c. Assessment of violence potential and person-specific circumstances that increase violence potential.
 - d. Review of available historical records of inpatient and outpatient psychiatric treatment.
 - e. Review of history of treatment with psychotropic medication.
 - f. Review of history of psychotherapy, psycho-educational groups, and classes or support groups.
 - g. Review of history of substance use and treatment.
 - h. Review of educational and special education history.
 - i. Review of history of sexual or physical abuse-victimization and predatory behavior and/or sexual offenses.
 - j. Review of history of suicidal or violent behavior.
 - k. Review of history of cerebral trauma or seizures.
 - l. Assessment of drug and alcohol use or addiction.
 - m. Use of additional assessment tools, as indicated.
 - n. Referral to treatment, as indicated.
 - o. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.
5. When an inmate is assigned a Mental Health Classification Code of MH-2 or higher, and has received previous mental health treatment services, the Mental Health Clinician must request recent and pertinent mental health records from the appropriate psychiatric hospitals, Community Services Boards (CSB), community mental health practitioners, etc.
 6. Based on the results of the *Mental Health Appraisal* and clinical documentation, the Mental Health Clinician will determine if further assessment is needed to address mental health issues. When clinically indicated, the Mental Health Clinician should consider testing or other appropriate interventions before the inmate is transferred from the Reception and Classification Center. When testing is utilized, the results will be documented on the *Psychological Summary 730_F23* within 60 days of the inmate's admission to the institution.
 7. All original mental health documentation, including information received from outside agencies as well as testing data, will be filed in Section IV of the inmate's health record. The original *Mental Health Appraisal 730_F17* will be filed, in its entirety, in Section IV of the inmate's health record.
 8. Clinical decisions involving these inmates awaiting transfer to a permanent institution will be the responsibility of the mental health and wellness services staff at the reception center until the actual transfer. Upon transfer, the receiving institution will review the inmate's record in accordance with this operating procedure.

IV. Intrasystem Transfers: Inmates Transfer from One DOC Facility to Another

- A. All inmates will receive a medical and mental health screening by health-trained staff or qualified health care personnel upon arrival to a facility; see *Transfer Screening* section of this operating procedure.
- B. If mental health concerns arise from the screening, qualified healthcare personnel will follow Attachment 1, *Guidelines to Access Emergency Mental Health and Wellness Services*.
- C. Record review and screening interview completed by the Mental Health Clinician (Institutions only)
 1. The receiving institution Mental Health Clinician will review the inmate's health records for all intrasystem transfers and conduct an interview as indicated by the inmate's Mental Health Classification Code.
 - a. The Mental Health Clinician's record review must be completed and documented within three working days of the inmate's admission to the institution.



- b. Inmates with a Mental Health Classification Code of MH-2 or above will be interviewed by a Mental Health Clinician and documented on a *Mental Health and Wellness Services Screening 730_F12*, within five working days of the inmate's admission to the institution.
 - c. The Mental Health Clinician will use a *Mental Health and Wellness Services Screening 730_F12* or licensure approved form for screening at the time of transfer.
 2. If the newly received inmate has a Mental Health Classification Code of MH-0, assigned within the past 12 months, no further review or evaluation by the Mental Health Clinician is required when the code remains the same.
 - a. If a staff member (e.g., health services staff or Case Management Counselor) believes that the MH-0 is not accurate, the staff member will contact the Mental Health Clinician to request a review of the Mental Health Classification Code.
 - b. The Mental Health Clinician will review the inmate's health record to determine the accuracy of the current Mental Health Classification Code and based on results of their review, the Mental Health Clinician may conduct a face-to-face interview with the inmate.
 - c. The Mental Health Clinician will determine if the assigned Mental Health Classification Code reflects the current mental health status and needs of the inmate, or if it requires updating.
 - d. The results of this review will be documented on the *Mental Health Coding Classification Review/Update 730_F18*.
 3. If a newly received inmate has a Mental Health Classification Code of MH-1, the Mental Health Clinician will review the inmate's health record to determine the accuracy of the current Mental Health Classification Code.
 - a. Based on the results of the record review, the Mental Health Clinician may conduct a face-to-face interview with the inmate.
 - b. The Mental Health Clinician will determine if the assigned Mental Health Classification Code reflects the current mental health status and needs of the inmate, or if it requires updating.
 - c. The results of this review will be documented on a *Mental Health Coding Classification Review/Update 730_F18* even if the Mental Health Classification Code remains the same.
 4. If a newly received inmate has a Mental Health Classification Code of MH-2, MH-2S, MH-3S, or MH-4S, the Mental Health Clinician will review the inmate's health record and conduct a face-to-face interview with the inmate to determine the accuracy of the current Mental Health Classification Code.
 - a. Based on the inmate's behavior, review of the record, and any additional information obtained since the last Mental Health Classification Code assignment or review, the Mental Health Clinician will determine if the assigned Mental Health Classification Code reflects the current mental health status and needs of the inmate or if it requires updating.
 - b. The results of this review will be documented on a *Mental Health Coding Classification Review/Update 730_F18* even if the Mental Health Classification Code remains the same.
 5. If a newly received inmate has not been assigned a Mental Health Classification Code, the Mental Health Clinician will review the inmate's health record, conduct a *Mental Health Appraisal*, and determine the appropriate Mental Health Classification Code in accordance with the *Intersystem Transfer, Mental Health Appraisal* section of this operating procedure.
 6. When an inmate refuses to cooperate with the face-to-face interview, the Mental Health Clinician will, at a minimum, directly observe the inmate, review available records, and document findings on the *Mental Health Appraisal 730_F17* or *Mental Health Coding Classification Review/Update 730_F18*, as appropriate.
- D. Transfer of inmates to obtain mental health and wellness services - If an inmate requires mental health and wellness services not available at the institution, a transfer will be initiated in accordance with Operating Procedure 730.3, *Mental Health and Wellness Services: Levels of Care*.

V. Evaluations and Assessments

- A. In addition to assessment and screening procedures set forth in this operating procedure, an outside evaluation or assessment referral of an inmate may be submitted at any time as considered necessary by the Senior Mental Health Clinician.
- B. For challenging cases, Mental Health Clinicians will seek consultation, supervision, and when warranted refer for an evaluation.
- C. If a referral for an outside evaluation is needed:
1. All assessment referrals should be reviewed and approved by the Senior Mental Health Clinician.
 2. The Senior Mental Health Clinician will review the referral with the Mental Health Clinical Supervisor (MHCS).
 3. If approved, the Senior Mental Health Clinician will get the *Consent for Release of Confidential Health and/or Mental Health Information 701_F8* signed and send along with the *Referral for Psychological Evaluation 730_F35*, and the *Mental Health Serious Mental Illness Determination 730_F34*, if applicable, to the Mental Health Initiatives Administrator (MHIA).
 4. The MHIA will review and forward to the vendor.
 - a. The Senior Mental Health Clinician will schedule the appointment, set up the area, make any unit notifications and arrangements, and will communicate directly with the vendor.
 - b. Any changes in the scope or nature of the evaluation must be approved by the MHIA.
 5. Within 90 days, the vendor will send the report to the MHIA who will forward the report to the Senior Mental Health Clinician and copy the MHCS.
 6. After consultation with the MHCS, the Senior Mental Health Clinician will discuss the results of the evaluation with the inmate.
- D. All inmates designated as a High Risk Sexual Aggressor (HRSA) or High Risk Sexual Victim (HRSV) are referred to Mental Health Clinician staff for assessment and follow-up in accordance with Operating Procedure 810.1, *Inmate Reception and Classification*, and Operating Procedure 810.2, *Transferred Inmate Receiving and Orientation*.
1. The Mental Health Clinician should review the inmate's most recent *Classification Assessment* in VACORIS and any other relevant information to determine if the inmate's designation is appropriate or if an override is warranted.
 - a. Relevant information includes but is not limited to:
 - i. Completion of relevant treatment
 - ii. Demonstrated period of stability
 - iii. Completion of monitoring period with no evidence of mental health issues or symptoms related to abuse/victimization history
 - iv. Extended amount of time has elapsed since abuse or victimization event without current symptoms or behavior related to the event
 - b. When the inmate is a "known" victim or "known" aggressor and there is sufficient data to support an override, the Mental Health Clinician may indicate that further monitoring is warranted and the inmate may be stepped down to a "potential" designation.
 - c. The Mental Health Clinician must document the use of an override on the *Prison Rape Elimination Act Mental Health Clinician Follow-Up 730_F28* and update the inmate's designation on the *Classification Assessment*.
 2. In institutions, within 14 days of completion of the *Classification Assessment*, the Mental Health Clinician will notify those inmates, identified as HRSA or HRSV, of the availability for a follow-up meeting with a mental health practitioner and inform the inmate of available relevant treatment and programming. Notification will be documented on the *Prison Rape Elimination Act Mental Health*

Clinician Follow-Up 730_F28. (§115.81[a, b])

- a. Any information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. (§115.81[d])
 - b. Before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18, the Mental Health Clinician must obtain informed consent from the inmate (*Consent for Release of Information 050_F14* or *Consent for Release of Confidential Health and/or Mental Health Information 701_F8*). (§115.81[e])
3. HRSA and/or HRSV codes must be documented in the mental health section of the inmate's health record and reviewed annually thereafter by a Mental Health Clinician at the assigned facility.
- a. Mental health and wellness services staff will pull a custom report in VACORIS in the month of January in order to complete an annual follow-up to monitor and assess current level of functioning, risk, and needs for inmates who are designated HRSA or HRSV.
 - b. The Mental Health Clinician will meet with the inmate upon their request, upon referral by the staff, and/or annually to offer available services, encourage participation in relevant programming, and monitor progress for a period of no less than one year.
 - i. These individuals may or may not have a documented mental health diagnosis, but demonstrate behavior or report complaints that may be appropriate for mental health monitoring or intervention.
 - ii. During that time, the inmate's Mental Health Classification Code will be determined by a Mental Health Clinician as is clinically appropriate. (Institutions only).
4. An inmate's risk level must be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. (§115.41[g], §115.241[g])
- a. The Mental Health Clinician will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an inmate when it is determined that the inmate is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization. (§115.62, §115.262)
 - b. Mental Health Clinicians will attempt to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate. (§115.83[h], §115.283[h])
 - i. Other than routine monitoring (e.g., in Restorative Housing Unit), mental health and wellness services are not automatically offered to the alleged/founded perpetrator of the sexual assault.
 - ii. If mental health and wellness services are provided, e.g., if the alleged/founded perpetrator requests such services, a Mental Health Clinician other than the Mental Health Clinician who assessed and/or provided services to the alleged/founded victim of the assault should follow up.
- E. In institutions, all inmates will be screened before the inmate's placement or within in one working day after placement in Restorative Housing so any "at risk" inmates may be identified and monitored as provided in Operating Procedure 730.5, *Mental Health and Wellness Services: Behavior Management*.
- F. Sexual Assault Assessment
1. All incidents or alleged incidents of sexual assault on an inmate/probationer/parolee assigned to a DOC facility must be reported and investigated, to include notification to a facility Mental Health Clinician; see Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.
 2. Any Mental Health Clinician, who has knowledge, suspicion, or information regarding an incident or alleged incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff

- neglect or violation of responsibilities that may have contributed to an incident or retaliation, must immediately notify the Facility Unit Head of the allegation, unless the referral is from the Facility Unit Head. (§115.61[a], §115.261[a])
3. Mental Health Clinicians may be made aware of the incident or alleged incident from health services staff, investigators, a MHCS, directly from the inmate/probationer/parolee, inmate/probationer/parolee family members, PREA Hotline, or other contacts and facility staff. (§115.82[a], §115.83[a], §115.282[a], §115.283[a])
 - a. If the incident or alleged incident is a recent sexual assault (i.e., having occurred within the past two weeks), the Mental Health Clinician will immediately notify the facility medical department unless the referral is from health services.
 - b. The Mental Health Clinician will initiate contact with the victim as soon as possible but no later than two working days after receiving notification of the incident or alleged incident (unless the inmate/probationer/parolee is unavailable, e.g., hospitalized).
 - i. The evaluation and treatment of the victim will include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. (§115.83[b], §115.283[b])
 - ii. The Mental Health Clinician should offer services and, based on the inmate's/probationer's/parolee's mental and physical status, set an initial time as soon as possible to meet with the inmate/probationer/parolee.
 - iii. If, prior to seeing the inmate/probationer/parolee, the Mental Health Clinician learns that the inmate/probationer/parolee has been transported to another DOC facility, the Mental Health Clinician will contact the Senior Mental Health Clinician at the receiving facility to ensure follow up.
 - c. If indicated, the examining Mental Health Clinician will offer the inmate/probationer/parolee information on ways to avoid or reduce the probability of sexual victimization to include providing the inmate a copy of the *Zero Tolerance for Sexual Abuse and Sexual Harassment* attachment to Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.
 - d. The Mental Health Clinician will conduct a *Sexual Assault Assessment 730_F25* and recommend subsequent services as indicated. The *Sexual Assault Assessment* may be conducted by any Mental Health Clinician identified by their immediate Supervisor as competent to conduct such assessments. (§115.83[a], §115.283[a])
 - i. Before beginning the *Sexual Assault Assessment*, the Mental Health Clinician will advise the inmate/probationer/parolee of the Practitioner's duty to report, and the limitations of confidentiality and that such information may be available to the facility administration in the context of an investigation in accordance with Operating Procedure 730.6, *Mental Health and Wellness Services: Confidentiality*. (§115.61[c], §115.261[c])
 - ii. The *Sexual Assault Assessment* involves a clinical interview which will be conducted in as confidential a setting as possible. Ideally, such assessments will not be conducted at a cell door and will not be conducted in the direct presence of non-Mental Health Clinician staff.
 - iii. At facilities with no assigned Mental Health Clinician, the Facility Unit Head will notify the MHCS of the allegation and the MHCS will coordinate the assessment of the inmate/probationer/parolee.
 - iv. The Mental Health Clinician will file the *Sexual Assault Assessment* in Section IV of the inmate/probationer/parolee health record.
 4. If the alleged victim of sexual assault refuses to speak to the Mental Health Clinician or refuses to cooperate with the assessment interview, at least one additional attempt to conduct the assessment will be made by a different Mental Health Clinician within two working days of the inmate's/probationer's/parolee's initial refusal.
 - a. If the inmate/probationer/parolee continues to refuse, they will be reminded of the availability of mental health and wellness services upon request.

- b. These attempted interventions will be documented in Section IV (Mental Health and Wellness Services) of the inmate/probationer/parolee health record.
 5. Results of the *Sexual Assault Assessment* will determine the nature and extent of recommended follow-up mental health and wellness services offered to the inmate/probationer/parolee. §115.83[a], §115.283[a])
 - a. The Mental Health Clinician provides victims with follow up mental health and wellness services consistent with the community level of care. (§115.83[c], §115.283[c])
 - b. If the inmate/probationer/parolee refuses recommended follow up services, the Mental Health Clinician will advise the inmate/probationer/parolee that they can change their mind at any time and that the Mental Health Clinician will check back with them (within a week) to monitor their status.
 - c. If the inmate/probationer/parolee agrees to accept services, the Mental Health Clinician will follow up and provide services to the inmate/probationer/parolee as deemed appropriate.
 6. The DOC will attempt to make a victim advocate available from a rape crisis center. If a rape crisis center is not available to provide victim advocacy services, the DOC must make these services available by a qualified staff member from a community-based organization or a qualified agency staff member. (§115.21[d], §115.221[d])
 7. All case records associated with claims of sexual abuse, including medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling become part of the inmate's/probationer's/parolee's health record and are retained in accordance with schedules referenced in Operating Procedure 025.3, *Public Records Retention and Disposition*.
- G. Screening for inmate participation in Victim/Offender Dialogue (VOD)
1. If an inmate agrees to participate in a VOD, the institutional Senior Mental Health Clinician will meet with the inmate to determine suitability. If there is no Senior Mental Health Clinician on site, the MHCS will determine who will complete the screening. The screening will:
 - a. Determine whether the inmate accepts responsibility for the offense and document the inmate's response to the proposed VOD.
 - b. Determine if the inmate is compliant with medication, programs, and other treatment.
 - c. Determine if the inmate has a mental illness and their diagnosis to include their Mental Health Classification Code, current mental status, and Clinician's opinion as to whether the information gathered in the screening will have an adverse impact on the inmate's current level of stability.
 - d. Determine if the inmate has a history of predatory or stalking behavior.
 2. The screening will be emailed to the Facility Unit Head and victimservices@vadoc.virginia.gov, with a printed copy of the screening filed in section IV of the inmate's health record.
 3. If the inmate declines to participate in a VOD, or the screening determines that the inmate is not appropriate at this time, the Mental Health Clinician who completed the screening will notify the VOD Coordinator.
- H. In addition to assessment and screening procedures set forth in this operating procedure, an evaluation or assessment of an inmate/probationer/parolee may be completed at any time as considered necessary by the Mental Health Clinician.
- I. DOC and Virginia Parole Board staff may request an assessment by forwarding a *Referral: Mental Health Status Update 730_F26* to the appropriate institutional Senior Mental Health Clinician, or Mental Health Residential Treatment Unit Director. The receiving Mental Health Clinician will determine the appropriate means to address the referral.
- J. Inmates admitted to a Mental Health Residential Treatment Unit will receive a comprehensive evaluation by a Mental Health Clinician; see Operating Procedure 730.3, *Mental Health and Wellness Services:*

Levels of Care. The evaluation will be completed within 15 working days of admission to the Mental Health Residential Treatment Unit and include at least the following:

1. Review of mental health screening and appraisal data.
2. Direct observation of behavior.
3. Collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities.
4. Compilation of the inmate's mental health history.
5. Development of an overall treatment or management plan with appropriate referral to include transfer to mental health facility for inmates whose mental health and wellness services needs exceed the treatment capability of the institution.

VI. Mental Health Classification Coding System (Institutions Only)

- A. In DOC institutions, the Mental Health Classification Coding system provides a standard approach through which the mental health status and services needs of individual inmates may be examined.
1. Such classification provides information regarding inmates who have special treatment needs or who may present special management concerns.
 2. This classification system provides information that can be used for program planning and administrative purposes, as well as in the allocation of current and future resources.
 3. CCAP probationers/parolees are not assigned a Mental Health Classification Code.
- B. When a Mental Health Classification Code is assigned, it should reflect the inmate's current mental status and services needs and not be based solely on a history of treatment (which may include psychotropic medication) for:
1. Substance use
 2. Sleep disturbance
 3. Medical conditions
 4. Psychotropic medication prescribed for medical conditions (i.e., pain management)
 5. Sex offenses
- C. The Mental Health Classification Coding system criteria are as follows:

MH-4S Severe Impairment

The inmate is seriously mentally ill and is considered a danger to self or to others or may be substantially unable to care for self. The inmate may be prescribed psychotropic medication.

Inmates coded as MH-4S must have a documented significant Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis with Serious Mental Illness (SMI) designation or diagnosis of a severe personality disorder that is manifested with breaks with reality, or perceptions of reality, that lead the individual to experience significant functional impairment or has consistently demonstrated dysfunctional or disruptive social interactions including withdrawal, bizarre or disruptive behavior etc., as a consequence of any diagnosis set out in the definition of SMI.

Assignment to an acute care mental health treatment unit is required.

Inmates who have been designated as SMI will also have an individual treatment plan as needed for their level of care.

MH-3S Moderate Impairment

The inmate has an on-going mental disorder and may be chronically unstable. The inmate typically cannot function in the general population for extended periods of time and requires on going mental

health monitoring or mental health monitoring and treatment. The inmate may be prescribed psychotropic medication.

This category typically includes:

- Inmates previously coded as MH-4S who have been stabilized and are discharged from an acute care treatment unit, or
- Inmates assigned to a designated DOC Mental Health Residential Treatment Unit
- Inmates whose level of disturbance is such that admission to an Acute Care Unit or other designated DOC mental health unit is a probable periodic occurrence.

Inmates coded as MH-3S must have a documented significant DSM diagnosis with SMI designation or diagnosis of a severe personality disorder that is manifested with breaks with reality, or perceptions of reality, that lead the individual to experience significant functional impairment; or has consistently demonstrated dysfunctional or disruptive social interactions including withdrawal, bizarre or disruptive behavior etc., as a consequence of any diagnosis set out in the definition of serious mental illness.

Inmates coded as MH-3S will be assigned to institutions with full time mental health and wellness services staff.

Inmates who have been designated as SMI will also have an individual treatment plan as needed for their level of care.

MH-2S Substantial Impairment

The inmate must have a documented significant DSM diagnosis that meets SMI criteria which requires monitoring by a Mental Health Clinician and may require medication intervention.

- Inmates coded as MH-2S must be assigned to institutions with full time mental health and wellness services staff.
- Inmates whose level of disturbance is such that admission to an Acute Care Unit or other designated DOC mental health unit is a probable periodic occurrence.
- A *Mental Health Serious Mental Illness Determination 730_F34* is completed upon reception into the DOC, upon transfer to each new institution, at the annual MH Classification Code review, and upon assignment to the Restorative Housing Unit and Secure Diversionary Treatment Program if the *Mental Health Serious Mental Illness Determination 730_F34* is more than one year old.

Inmates who have been designated as SMI will also have an individual treatment plan as needed for their level of care.

MH-2 Mild Impairment

The inmate must have a documented significant DSM diagnosis or diagnosis of a personality disorder with symptoms that are usually mild to moderate but stable. The individual can typically function satisfactorily in a general population setting for extended periods. Monitoring by a Mental Health Clinician may be necessary. The inmate may be prescribed psychotropic medication.

Inmates coded as MH-2 will be assigned to institutions with full time mental health and wellness services staff.

Inmates for whom treatment services are recommended or treatment needs are anticipated will be coded at least MH-2 to ensure assignment to an institution with full time mental health and wellness services staff.

MH-1 Minimal Impairment

The inmate does not currently require mental health treatment but has a history of self-directed violence, suicidal gestures or attempts, or mental health treatment within the past two years. The inmate is not prescribed psychotropic medication and can function satisfactorily in a general population setting. Inmates coded as MH-1 may be assigned to any institution.

This code is the minimum code assigned to an inmate with a diagnosis of Gender Dysphoria. Higher codes may be assigned based on level of associated symptomatology and behavior.

MH-0 No Mental Health and Wellness Services Needs

The inmate has no documented history of mental health treatment within the past two years (this does not include treatment for alcohol or substance use alone, nor for evaluation purposes alone). There is no documented or reported behavior that currently indicates any mental health and wellness services needs. No monitoring or treatment by a Mental Health Clinician is currently required.

Inmates coded as MH-0 may be assigned to any institution.

MH-X Designated Field Unit and Work Center

This category includes inmates on psychotropic medications housed in designated Field Units and Work Centers who have been screened and approved in accordance with Attachment 3, *Designated Field Unit and Work Center-Psychiatric Services Guidelines*.

D. Changing the Mental Health Classification Code

1. When a change occurs in an inmate's mental health status or mental health and wellness services needs, the current assigned Mental Health Classification Code will be reviewed by a Mental Health Clinician and updated as necessary. When this change in code occurs while an inmate is assigned to a reception center the Mental Health Clinician should check VACORIS for any pending transfer and contact the Senior Mental Health Clinician at Central Classification Services if the Mental Health Classification Code is no longer compatible with the pending institutional assignment.
2. Any time an inmate's Mental Health Classification Code is changed, the Mental Health Clinician will complete a *Mental Health Coding Classification Review/Update 730_F18*. The original *Mental Health Coding Classification Review/Update* will be filed in Section IV of the inmate's health record.
3. Mental Health Classification Codes may be reduced one level at a time (i.e., MH-3S to MH-2S and MH-2 to MH-1, but not MH-3S to MH-1). The following guidelines apply when lowering a Mental Health Classification Code:
 - a. Inmates coded as MH-4S are eligible to have their code lowered to MH-3S when they have been stabilized or discharged from an Acute Care Unit. Symptomatology and level of functioning are key factors that must be considered prior to the code being changed.
 - b. Inmates coded as MH-3S are eligible to have their code lowered to MH-2S if they have demonstrated six months of stability. Symptomatology and level of functioning are key factors that must be considered prior to the code being changed. A Mental Health Clinician must have interviewed the inmate within the past 30 days prior to lowering the code from MH-3S to MH-2 S.
 - c. Any changes to the *Mental Health Serious Mental Illness Determination 730_F34* and classification resulting in removal of SMI status should result from local and licensed Clinicians working in collaboration with the assigned Psychiatric Provider to determine the best classification for the inmate. The *Diagnostic Agreement 730_F47* is available to facilitate this process. The process to change a code from SMI now includes use of a comprehensive case conceptualization meeting, facilitated by the regional Mental Health Clinical Supervisor or designee, including review of the documentation covering the historical perspective of the case. A licensed Clinician must review and co-sign all SMI determination forms, in consultation.
 - d. Inmates coded as MH-2 are eligible to have their code lowered to MH-1 when they have demonstrated six months of stability or when clinically justified, as determined by the Senior Mental Health Clinician at that site. Symptomatology and level of functioning are key factors that must be considered prior to the code being changed. A Mental Health Clinician must have interviewed the inmate within the past 30 days prior to lowering the code from MH-2 to MH-1.
 - e. Inmates coded as MH-1 are eligible to have their code lowered to MH-0 if there has been no documented history of mental health treatment within the past year or when clinically justified, as determined by the Senior Mental Health Clinician at that site. If the Mental Health Clinician can

demonstrate that the current Mental Health Classification Code was assigned in error, the Senior Mental Health Clinician at that site can authorize correction of the code outside of the time periods noted above with the reasons noted in the health record.

4. If an inmate has been previously designated as SMI during their current incarceration and another change in SMI status is recommended, the Mental Health Clinical Supervisor or designee must be notified and in agreement with the change in status to co-sign the *Mental Health Serious Mental Illness Determination 730_F34*.

E. Annual review of the Mental Health Classification Code (Institutions only)

1. Inmates who have a Mental Health Classification Code of MH-1 or greater, and who are assigned to an institution with Mental Health Clinicians, will have their health record reviewed at least one time per year at the time of the scheduled annual review.
2. When the inmate is due for their annual review, the Mental Health Clinician will complete a record review verifying the correct Mental Health Classification Code.
 - a. The results of the review will be documented on the *Mental Health Coding Classification Review/Update 730_F18*.
 - b. If the Mental Health Clinician is considering lowering the Mental Health Classification Code, the guidelines in the *Changing the Mental Health Classification Code* section of this operating procedure will be followed.
3. Inmates who have a Mental Health Classification Code of MH-0 do not have to be reviewed by a Mental Health Clinician at the time of the inmate's annual review.
 - a. If the inmate's Case Management Counselor questions the accuracy of a current Mental Health Classification Code of MH-0, the Case Management Counselor will send a written request to the Senior Mental Health Clinician for a review of the Mental Health Classification Code.
 - b. When such a request is received, a Mental Health Clinician will complete a record review verifying or updating the current Mental Health Classification Code and document the results of the chart review on the *Mental Health Coding Classification Review/Update 730_F18*.

F. Mental Health Classification Codes for Parole Eligible Inmates (Institutions only)

1. Upon written request from a Parole Examiner or Case Management Counselor, the Mental Health Clinician will complete a record review verifying that the current Mental Health Classification Code is accurate or requires updating for an inmate being reviewed for parole.
2. The results of the chart review will be documented on the *Mental Health Coding Classification Review/Update 730_F18*.
3. If the Mental Health Clinician is considering lowering the Mental Health Classification Code, the guidelines in the *Changing the Mental Health Classification Code* section of this operating procedure will be followed.

VII. Mental Health Classification Coding System (Community Corrections and CCAP Only)

- A. The District Mental Health Clinicians (DMHC) or Regional Mental Health Clinicians (RMHC) will review each probationer/parolee released from a facility, jail, or sentenced directly to community supervision from the Court to identify the probationer's/parolee's mental health status and services needs and assign a Community Mental Health Classification Code.
- B. The Community Mental Health Classification Coding system criteria are as follows:

CMH-4S Severe Impairment

The probationer/parolee has a DSM diagnosis that may include SMI designation and/or is considered a danger to self or to others or may be substantially unable to care for self. The probationer/parolee requires inpatient hospitalization and may be prescribed psychotropic medication. This status includes



probationers/parolees who tend to be chronically unstable, marginally compliant with treatment and/or supervision, and at risk in the community.

CMH-3S Substantial Impairment

The probationer/parolee has a DSM diagnosis that may include SMI designation with significant impairment and/or chronic instability. The probationer/parolee typically cannot function in the community for extended periods of time and requires ongoing mental health monitoring or mental health monitoring and treatment. The probationer/parolee may be prescribed psychotropic medication. This category typically includes probationers/parolees previously coded as CMH-4S who have been stabilized and are discharged from a hospital or inmates whose level of disturbance is such that admission to a hospital is a probable periodic occurrence. General guidelines for assigning this code include:

- Currently in a hospital or transferred between hospitals (i.e., state or private hospitalizations).
- Recently released from hospital and/or receiving intensive community services, such as Program Assertive Community Treatment or mental health skill building.
- Receiving or history of receiving disability for mental health issues, including intellectual disability or traumatic brain injury.
- Mental health issues severe enough to interfere with amenability to supervision.
- Requires assistance with daily living due to mental health issues.
- History of at least one psychiatric hospitalization/commitment.
- History of a suicide attempt within the past six months.

CMH-2S SMI with Moderate Impairment

- Probationer/parolee meets the functional criteria for a coding of CMH-2 and also meets the diagnostic criteria for a SMI.
- Probationer/parolee can maintain stability for extended time but may periodically require crisis stabilization or inpatient hospitalization to maintain safety in the community.

CMH-2 Mild to Moderate Impairment

The probationer/parolee may have a DSM diagnosis with symptoms that are usually mild to moderate but stable. The individual can typically function satisfactorily in a community setting for extended periods. Monitoring by a DMHC may be necessary and the probationer/parolee may be prescribed psychotropic medication. Probationers/Parolees for whom treatment services are recommended or treatment needs anticipated will be coded at least CMH-2. General guidelines for assigning this code include:

- May be taking psychotropic medication prescribed during incarceration.
- Receiving mental health and wellness services or programming from external provider (e.g., CSB Case Manager, Psychiatrist, mental health clinic, Primary Care Physician (PCP)).
- Receiving or history of receiving disability for mental health issues, including intellectual disability.
- Dually diagnosed with mental health and substance use issues with fluctuations in stability or amenability to supervision.
- Diagnosed with intellectual disability or traumatic brain injury with moderate functional impairment.
- Chronic suicidal ideation or recent suicidal thoughts without plan or intent.
- Recent situational stressor causing a disruption in functioning and/or treatment adherence.

CMH-1 Minimal Impairment

The probationer/parolee may or may not require mental health treatment currently but has a history of self-directed violent behavior, suicidal gestures or attempts, or mental health treatment within the past two years. General guidelines for assigning this code include:

- May be referred for or receiving services from an external provider (e.g., CSB Case Manager, Psychiatrist, mental health clinic, PCP) and has been functioning well for the past six months.
- May be referred for or receiving substance use disorder treatment services from an external provider and has been functioning well for the past six months.
- May have history of mental health and wellness services but no treatment for the past six months.
- Maintaining stability on psychotropic medications with no significant functional impairment.
- Mental health issues do not substantially interfere with amenability to supervision.

CMH-0 No Mental Health and Wellness Services Needs

There is no documented or reported behavior that currently indicates any mental health and wellness services needs. No monitoring or treatment by a DMHC is currently required.

- No referral to RMHC/DMHC, CSB, treatment program, or other outside provider.
- No known history of mental health and wellness services in the past year.
- Stable in the community for the past six months.
- Probationer/parolee may have adjustment or mood disturbance associated with substance use but has no other mental health and wellness services needs.

C. Changing the Community Mental Health Classification Code

1. When a change occurs in a probationer's/parolee's mental health status or mental health and wellness service needs, the current assigned Community Mental Health Classification Code will be reviewed by a DMHC and updated as necessary.
2. Any time a probationer's/parolee's Community Mental Health Classification Code is changed, the DMHC will document this change in a VACORIS note.
3. Community Mental Health Classification Codes may be reduced one level at a time (i.e., CMH-3S to CMH-2S and CMH-2 to CMH-1, but not CMH-3S to CMH-1). The following guidelines apply when lowering a probationers/parolees Community Mental Health Classification Code:
 - a. CMH-4S are eligible to have their code lowered to CMH-3S when they have been stabilized or discharged from a hospital. Symptomatology and level of functioning are key factors that must be considered prior to the Community Mental Health Classification Code being changed.
 - b. CMH-3S are eligible to have their Community Mental Health Classification Code lowered to CMH-2S if they have demonstrated six months of stability. Symptomatology and level of functioning are key factors that must be considered prior to the Community Mental Health Classification Code being changed. A DMHC must have interviewed the probationer/parolee within the past 30 days prior to lowering the Community Mental Health Classification Code from CMH-3S to CMH-2S.
 - c. CMH-2 are eligible to have their Community Mental Health Classification Code lowered to CMH-1 when they have demonstrated six months of stability or when clinically justified, as determined by the DMHC. Symptomatology and level of functioning are key factors that must be considered prior to the Community Mental Health Classification Code being changed. A DMHC must have interviewed the probationer/parolee within the past 30 days prior to lowering the Community Mental Health Classification Code from CMH-2 to CMH-1.
 - d. CMH-1 are eligible to have their Community Mental Health Classification Code lowered to CMH-0 if there is no documented history of mental health treatment within the past year or when clinically justified, as determined by the DMHC.

VIII. Information Technology Code Entry

The Mental Health Clinician will enter the Mental Health Classification Code into VACORIS within two working days of the completion of the *Mental Health Appraisal 730_F17*, or *Mental Health Coding Classification Review/Update 730_F18*, as appropriate.



REFERENCES

Operating Procedure 025.3, *Public Records Retention and Disposition*
Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*
Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*
Operating Procedure 730.3, *Mental Health and Wellness Services: Levels of Service*
Operating Procedure 730.5, *Mental Health and Wellness Services: Behavior Management*
Operating Procedure 730.6, *Mental Health and Wellness Services: Confidentiality*
Operating Procedure 810.1, *Inmate Reception and Classification*
Operating Procedure 810.2, *Transferred Inmate Receiving and Orientation*

ATTACHMENTS

Attachment 1, *Guidelines to Access Emergency Mental Health and Wellness Services*
Attachment 2, *Mental Health Appraisal Instructions (Restricted)*
Attachment 3, *Designated Field Unit and Work Center-Psychiatric Services Guidelines*

FORM CITATIONS

Consent for Release of Information 050_F14
Consent for Release of Confidential Health and/or Mental Health Information 701_F8
Preliminary Medical Screening 720_F8
Intra-system Transfer Medical Review 720_F9
Health Screening – Health-Trained Staff 720_F10
Telehealth Electronic Device Control Record 720_F42
Mental Health and Wellness Services Screening 730_F12
Mental Health Appraisal 730_F17
Mental Health Coding Classification Review/Update 730_F18
Psychological Summary 730_F23
Sexual Assault Assessment 730_F25
Referral: Mental Health Status Update 730_F26
Prison Rape Elimination Act Mental Health Clinician Follow-Up 730_F28
Mental Health Serious Mental Illness Determination 730_F34
Referral for Psychological Evaluation 730_F35
Diagnostic Agreement 730_F47

