Operating Procedure

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Supersedes Operating Procedure 730.2 (6/1/13)	
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Subject MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION	**ACA/PREA Standards** 4-4305, 4-4370, 4-4371; §115.21, §115.41, §115.42, §115.61, §115.62, §115.81, §115.82, §115.83, §115.221, §115.241, §115.242, §115.261, §115.262, §115.282, §115.283
Incarcerated Offender Access Yes ☒ No ☐ / **FOIA Exempt** Yes ☐ No ☒ / **Attachments** Yes ☒ #3 No ☐	**Office of Primary Responsibility** Chief of Mental Health Services

I. 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 offenders incarcerated in Department of Corrections facilities.

II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

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

Community Corrections Facility - A residential facility operated by the Department of Corrections to provide Community Corrections Alternative Programs

Facility - Any Community Corrections facility or institution

Health Trained Staff - A DOC employee, generally a Corrections Officer who has been trained to administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency.

High Risk Sexual Aggressor (HRSA) - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender at high risk of being sexually abusive

High Risk Sexual Victim (HRSV) - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender 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 offender from one distinct correctional system into another i.e., from a jail or out-of- state institution into a DOC institution

Intra-system Transfer - Transfer of an offender from one institution to another, from an institution to a Community Corrections Alternative Program facility, or for transfer from one Community Corrections Alternative Program facility to another within the Virginia Department of Corrections

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

Mental Health Residential Treatment Unit - A designated treatment unit where mental health services are provided to offenders who are unable to function in a general population setting due to mental disorder but who typically do not meet the criteria for admission to an Acute Care unit.

Offender with Serious Mental Illness (SMI) - Offender diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, PTSD or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse 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 professional(s)

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

Qualified Mental Health Professional (QMHP) - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, Psychiatrist, Social Worker (Masters level) or Registered Nurse or 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

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

IV. PROCEDURE

A. Transfer Screening (4-4370)

1. Each offender will receive an initial mental health screening at the time of admission to a DOC facility to identify those with mental health service needs. (4-4305)
2. For intersystem transfers, an intake mental health screening shall be performed by health-trained or qualified health care personnel upon the offender's arrival at a DOC facility. All findings will be recorded on the *Preliminary Medical Screening* 720_F8.
3. For intra-system transfers, all offenders will receive a medical and mental health screening by health trained or qualified health care personnel upon arrival at a facility.
    a. All data collected by qualified health care personnel on admission to the facility will be recorded on *Intra-system Transfer Medical Review* (DOC 726-B) 720_F9.
    b. Facilities without 24-hour health care staff will have corrections officers trained to screen offenders when the qualified health care personnel are absent. These health trained staff will complete the *Health Screening - Health-Trained Staff* 720_F10 immediately upon the arrival of the offender to the facility. The screener will send the form to the facility medical staff for review by health care staff and inclusion into the Health Record.
4. Mental health screening will include:

    Inquiry into:

    a. Whether the offender has present suicide ideation
    b. Whether the offender has a history of suicidal behavior
    c. Whether the offender is presently prescribed psychotropic medication
    d. Whether the offender has a current mental health complaint
    e. Whether the offender is being treated for mental health issues
    f. Whether the offender has a history of inpatient or outpatient mental health treatment
    g. Whether the offender has a history of treatment for substance abuse

    Observation of:

    h. General appearance and behavior
    i. Evidence of abuse or trauma
    j. Current symptoms of psychosis, depression, anxiety, or aggression

Disposition of offender:

k. To the general population

l. To the general population with appropriate referral to mental health care service

m. Referral to appropriate mental health care service for emergency treatment

B. Intersystem Transfers: Intake at Reception and Classification Centers, Parole Violator Units, and Community Corrections Facilities

1. An intake mental health screening will be performed by health-trained staff or qualified health care personnel upon the offender's arrival at a Reception and Classification Center (see *Transfer Screening* above).

2. If mental health concerns arise from the screening, institutional nursing staff will follow the *Guidelines to Access Emergency Mental Health Services* (see Attachment 1). Community Corrections facilities will contact the appropriate Community Corrections QMHP (see Attachment 3, *Community Corrections QMHP Contact Information* to Operating Procedure 730.3, *Mental Health Services: Levels of Service*).

3. Mental Health Appraisal (Institutions only) (4-4371) -

   a. 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 Qualified Mental Health Professional (QMHP).

   b. Offenders will be interviewed within the following time frames:

      i. A newly received offender who is prescribed psychotropic medication for a mental disorder will be interviewed by the QMHP within one working day of admission to a Reception and Classification Center or Parole Violator Unit.

      ii. Offenders who are not prescribed psychotropic medication will be interviewed by the QMHP within 14 days of admission to the Reception and Classification Center or Parole Violator Unit.

   c. The QMHP will document the results of the mental health appraisal on the *Mental Health Appraisal* (DOC MH 17) 730_F17 and assign the offender a Mental Health Classification Code. Instructions for completing the *Mental Health Appraisal* (DOC MH 17) can be found in Attachment 2. 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 QMHP. The mental health appraisal includes:

      i. Assessment of current mental status and condition

      ii. Assessment of current suicidal potential and person-specific circumstances that increase suicide potential

      iii. Assessment of violence potential and person-specific circumstances that increase violence potential

      iv. Review of available historical records of inpatient and outpatient psychiatric treatment

      v. Review of history of treatment with psychotropic medication

      vi. Review of history of psychotherapy, psycho-educational groups, and classes or support groups

      vii. Review of history of drug and alcohol treatment

      viii. Review of educational history

      ix. Review of history of sexual abuse-victimization and predatory behavior

      x. Assessment of drug and alcohol abuse or addiction

      xi. Use of additional assessment tools, as indicated

      xii. Referral to treatment, as indicated

      xiii. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

   d. When an offender is assigned a Mental Health Classification Code of **MH-2 or higher**, and has received previous mental health treatment services, the QMHP will request recent and pertinent mental health records from the appropriate psychiatric hospitals, Community Services Boards, community mental health practitioners, etc.

e. Based on the results of the mental health appraisal, the QMHP will determine if further assessment is needed to address mental health issues. When clinically indicated, the QMHP should consider testing or other appropriate interventions before the offender is transferred from the Reception and Classification Center. When testing is utilized, the results will be documented on the *Psychological Summary* (C&R 8) 730_F23 within 60 days of the offender's admission to the facility.

f. All original mental health documentation, including information received from outside agencies as well as testing data, will be filed in Section IV of the Health Record. The original *Mental Health Appraisal* (DOC MH 17) 730_F17 will be filed in its entirety in Section IV of the Health Record.

C. Intra-system Transfers: Offenders Transfer from One DOC Facility to Another

1. All offenders 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* above).

2. If mental health concerns arise from the screening, institutional nursing staff will follow the *Guidelines to Access Emergency Mental Health Services* (see Attachment 1). Community Corrections facilities will contact the appropriate Community Corrections QMHP (see Attachment 3, *Community Corrections QMHP Contact Information* to Operating Procedure 730.3, *Mental Health Services: Levels of Service*).

3. Record Review and Screening Interview Completed by the QMHP (Institutions only)

a. The QMHP at the receiving facility will review the records for all intra-system transfers and complete an interview as indicated below. The QMHP's record review will be completed and documented within three working days of the offender's admission to the facility and the interview completed and documented within five working days of the offender's admission to the facility.

b. If the newly received offender has a Mental Health Classification code of **MH-0** that has been assigned within the past 12 months, no further review or evaluation by the QMHP is required if the code remains the same. However, if a staff member (e.g., medical staff or counselor) believes that the MH-0 is not accurate, the staff member will contact the QMHP to request a review of the code. In this case, the QMHP will review the Health Record to determine the accuracy of the current code. Based on results of the record review, the QMHP may conduct a face-to-face interview with the offender. The QMHP will determine if the assigned Mental Health Classification Code reflects the current mental health status and needs of the offender, or if it requires updating. The results of this review will be documented on the *Mental Health Coding Classification Review/Update* (DOC MH 18) 730_F18.

c. If a newly received offender has a Mental Health Classification Code of **MH-1**, the QMHP will review the Health Record to determine the accuracy of the current code. Based on the results of the record review, the QMHP may conduct a face-to-face interview with the offender. The QMHP will determine if the assigned Mental Health Classification Code reflects the current mental health status and needs of the offender, or if it requires updating. The results of this review will be documented on a *Mental Health Coding Classification Review/Update* (DOC MH 18) 730_F18 even if the Mental Health Classification Code remains the same.

d. If a newly received offender has a Mental Health Classification Code of **MH-2**, **MH-2S, MH-3,** or **MH-4**, the QMHP will review the Health Record and conduct a face-to-face interview with the offender to determine the accuracy of the current code. Based on the offender's behavior, review of the record, and any additional information obtained since the last Mental Health Code Assignment or review, the QMHP will determine if the assigned Mental Health Classification Code reflects the current mental health status and needs of the offender or if it requires updating. The results of this review will be documented on a *Mental Health Coding Classification Review/Update* (DOC MH 18) 730_F18 even if the Mental Health Classification Code remains the same.

e. If a newly received offender has not been assigned a Mental Health Classification Code, then the QMHP will review the 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, above.

f. For offenders who refuse to cooperate with the face-to-face interview, the QMHP will, at a minimum, directly observe the offender, review available records and document findings on the appropriate form - *Mental Health Appraisal* (DOC MH 17) 730_F17 or *Mental Health Coding Classification Review/Update* (DOC MH 18) 730_F18.

D. Evaluations and Assessments

1. High Risk Sexual Aggressor (HRSA) or High Risk Sexual Victim (HRSV)

a. All offenders designated as High Risk Sexual Aggressor (HRSA) or High Risk Sexual Victim (HRSV) by the *Classification Assessment* shall be referred to QMHP staff for assessment and follow-up. (see Operating Procedure 810.1, *Offender Reception & Classification*, and Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*)

b. An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. (§115.41[g], §115.241[g])

c. The QMHP should review the most recent *Classification Assessment* and any other relevant information to determine if an override of the offender's designation is warranted.

i. Relevant information includes but is not limited to:

(a) Completion of relevant treatment

(b) Demonstrated period of stability

(c) Completion of monitoring period with no evidence of mental health issues or symptoms related to abuse/ victimization history

(d) Extended amount of time has elapsed since abuse or victimization event without current symptoms or behavior related to the event

ii. When the offender is a "known" victim or "known" aggressor and it is determined by the QMHP that further monitoring is warranted but there is sufficient data to support an override, the offender may be stepped down to a "potential" designation.

iii. The QMHP should document the override on the *Prison Rape Elimination Act (PREA) QMHP Follow-Up* 730_F28 and update the offender's designation on the *Classification Assessment* in VACORIS.

d. In institutions, within 14 days of completion of the *Classification Assessment*, the QMHP will notify offenders identified as HRSA or HRSV of the availability of a follow-up meeting with a mental health practitioner and relevant available treatment and programming. Notification will be documented on the *Prison Rape Elimination Act (PREA) QMHP Follow-Up* 730_F28. (§115.81[a, b])

e. HRSA and/or HRSV codes will be documented in the mental health section of the offender's Health Record and reviewed annually thereafter by a QMHP at the assigned facility or office.

f. Mental Health staff shall 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 offenders who are designated HRSA or HRSV.

i. The QMHP will meet with the offender 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 1 year.

ii. During that time, the offender's Mental Health Code will be at least a 1 (Institutions only).

iii. 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.

g. Clinical decisions involving these offenders awaiting transfer to a permanent institution will be the responsibility of the mental health staff at the reception center until the actual transfer. Upon transfer, the receiving facility shall review the offender's record in accordance with this operating procedure.

h. Any information related to sexual victimization or abusiveness that occurred in an institutional

setting shall 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])

i. Medical and mental health practitioners shall obtain informed consent (*Consent for Release of Information* 050_F14 or *Consent for Release of Confidential Health and/or Mental Health Information* 701_F8) from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. (§115.81[e])

j. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the QMHP will provide relevant results of the screening to the classification office who will determine placement on a case-by-case basis to best ensure the offender's health and safety, consider what programming is available at each site, and whether the placement would present management or security problems. (§115.42[c], §115.242[c])

2. Sexual Assault Assessment

a. All allegations or occurrences of sexual assault of an offender assigned to a DOC facility will be reported and investigated, including notification of the allegation to a Qualified Mental Health Professional (QMHP). (See Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*)

b. A QMHP may be made aware of an allegation or occurrence of a sexual assault of an offender from Health Services, investigator, other staff, the Mental Health Clinical Supervisor, directly from the offender, offender family members, PREA Hotline, or other contacts.

c. Upon receipt of any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, the QMHP will immediately notify the Facility Unit Head of the allegation, unless the referral is from the Facility Unit Head. (§115.61[a], §115.261[a])

d. If the allegation is of a recent sexual assault (i.e., having occurred within the past two weeks), the QMHP will also immediately notify the Health Services Department unless the referral is from Health Services.

e. The QMHP will initiate contact with the alleged or actual assault victim as soon as possible but no later than within two working days of receiving the allegation (unless the offender is unavailable, e.g., hospitalized). The QMHP should offer services and, based on the offender's mental and physical status, set an initial time as soon as possible to meet with the offender.

f. Initially, the QMHP will conduct a *Sexual Assault Assessment* 730_F25 and recommend subsequent services as indicated. The *Sexual Assault Assessment* may be conducted by any QMHP identified by their immediate supervisor as competent to conduct such assessments.

g. 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-QMHP staff.

h. At facilities with no assigned QMHP, the Unit Head will notify the Mental Health Clinical Supervisor (MHCS) of the allegation and the MHCS will coordinate the assessment of the offender.

i. Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (§115.82[a], §115.282[a])

j. At the initiation of services, before beginning the *Sexual Assault Assessment*, the QMHP will advise the offender of the practitioner's duty to report, and the limitations of confidentiality (see Operating Procedure 730.6, *Mental Health Services: Confidentiality*) and that such information may be available to the facility administration in the context of an investigation. (§115.61[c], §115.261[c])

k. If indicated, the examining QMHP will offer the offender information on ways to avoid or reduce

the probability of sexual victimization including giving the offender a copy of the DOC Sexual *Assault Awareness and Prevention* brochure. (see Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*)

l. When staff learns that an offender is subject to a substantial risk of imminent sexual abuse, or is considered to be at risk for additional sexual victimization, the QMHP will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect the offender. (§115.62, §115.262)

m. If the alleged victim of sexual assault refuses to speak to the QMHP or refuses to cooperate with the assessment interview, at least one additional attempt to conduct the assessment will be made by a different QMHP, if indicated, within two working days of the offender's initial refusal. If the offender continues to refuse, they will be reminded of the availability of mental health services upon request. These attempted interventions will be documented in Section IV (Mental Health Services) of the Health Record.

n. The QMHP will file the *Sexual Assault Assessment* in Section IV of the Health Record.

o. Results of the *Sexual Assault Assessment* will determine the nature and extent of recommended follow-up mental health services that will be offered to the offender.

p. Ongoing medical and mental health care for sexual abuse victims and abusers

   i. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. (§115.83[a], §115.283[a])

   ii. The evaluation and treatment of such victims shall 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])

   iii. The facility shall provide such victims with medical and mental health services consistent with the community level of care. (§115.83[c], §115.283[c])

   iv. All prisons shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. (§115.83[h], §115.283[h])

q. The DOC shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DOC shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. (§115.21[d], §115.221[d])

r. If the offender refuses recommended follow up services, the QMHP will advise the offender that they can change their mind at any time and that the QMHP will check back with them (within a week) to monitor their status.

s. If the offender agrees to accept services, the QMHP will follow up and provide services to the offender as deemed appropriate.

t. If, prior to seeing the offender, the QMHP learns that the offender has been transported to another DOC facility, the QMHP will contact the Senior QMHP at the receiving facility to ensure follow up.

u. Other than routine monitoring (e.g., in Special Housing), mental health services are not automatically offered to the alleged/founded perpetrator of the sexual assault. If mental health services are provided, e.g., if the alleged/founded perpetrator requests such services, a QMHP other than the QMHP who assessed and/or provided services to the alleged/founded victim of the assault should follow up.

v. 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 Health Record are retained in accordance with schedules referenced in Operating Procedure 025.3, *Public Records Retention and Disposition*.

3. Screening for offender participation in Victim/ Offender Dialogue (VOD)

a. If an offender agrees to participate in a VOD, the institutional Senior QMHP will meet with the offender to determine suitability for the VOD. If there is no Senior QMHP on site, the MHCS will determine who will complete the screening. The screening will include:
   i. Determine whether the offender accepts responsibility for the offense, and document the offender's response to the proposed dialogue.
   ii. Determine if the offender is compliant with medication, programs and other treatment.
   iii. Determine if the offender has a mental illness and their diagnosis to include their MH code, current mental status, and clinician's opinion as to whether the information gathered in the screening will have an adverse impact on the offender's current level of stability.
   iv. Determine if the offender has a history of predatory or stalking behavior.

b. The screening will be emailed to the Facility Unit Head and the *Victim Services mailbox*, with a printed copy of the screening filed in section IV of the offender's health record.

c. If the offender declines to participate in a VOD, or the screening determines that the offender is not appropriate at this time, the QMHP who completed the screening will notify the VOD coordinator.

4. In addition to assessment and screening procedures set forth in this operating procedure, an evaluation or assessment of an offender may be completed at any time as considered necessary by the QMHP.

5. DOC and Virginia Parole Board staff may request an assessment by forwarding a *Referral: Mental Health Status Update* (DOC MH 12) 730_F26 to the appropriate institutional Senior QMHP, or Mental Health Residential Treatment Unit Director. The receiving QMHP will determine the appropriate means to address the referral.

6. Offenders admitted to a Mental Health Residential Treatment Unit will receive a comprehensive evaluation by a qualified mental health professional (see Operating Procedure 730.3, *Mental Health Services; Levels of Care*). The evaluation is to be completed within 15 working days of admission to the Mental Health Residential Treatment Unit and include at least the following:
   a. Review of mental health screening and appraisal data
   b. Direct observation of behavior
   c. Collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities
   d. Compilation of the offender's mental health history
   e. Development of an overall treatment or management plan with appropriate referral to include transfer to mental health facility for offenders whose mental health services needs exceed the treatment capability of the facility

E. Mental Health Classification Coding System (Institutions only)

1. In DOC institutions, the Mental Health Classification Coding system provides a standard approach through which the mental health status and services needs of individual offenders may be examined.
   a. Such classification provides information regarding offenders who have special treatment needs or who may present special management concerns.
   b. 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.
   c. Offenders in Community Corrections facilities are not assigned a Mental Health Classification Code.

2. When a Mental Health Classification Code is assigned, it should reflect the offender's current mental status and services needs and not be based solely on a history of treatment (which may include psychotropic medication) for:
   a. Substance abuse
   b. Sleep disturbance
   c. Medical conditions

d. Psychotropic medication prescribed for medical conditions (i.e. pain management)

e. Sex offenses

3. The Mental Health Classification Coding system criteria are as follows:

MH-4 Severe Impairment

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

Offenders coded as MH-4 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.

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

MH-3 Moderate Impairment

The offender has an on-going mental disorder and may be chronically unstable. The offender 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 offender may be prescribed psychotropic medication.

This category typically includes:

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

Offenders coded as MH-3 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.

Offenders coded as MH-3 will be assigned to facilities with full time mental health services staff**.**

MH-2S Substantial Impairment

The offender must have a documented significant DSM diagnosis that meets SMI criteria which requires monitoring by a QMHP and may require medication intervention.

- Offenders coded as MH- 2S must be assigned to facilities with full time mental health services staff.
- Offenders whose level of disturbance is such that admission to an acute care treatment unit or other designated DOC mental health unit is a probable periodic occurrence.
- A *Mental Health Serious Mental Illness (SMI) Determination* 730_F34 is to be completed upon reception into the DOC and upon transfer to each new institution, at the annual MH Classification Code review, and upon assignment to a Special Housing Unit or a Restrictive Housing Unit if the *Mental Health Serious Mental Illness (SMI) Determination* 730_F34 is more than one year old.

MH-2 Mild Impairment

The offender 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 QMHP may be necessary. The offender may be prescribed psychotropic medication.

Offenders coded as MH-2 will be assigned to facilities with full time mental health services staff.

Offenders for whom treatment services are recommended or treatment needs anticipated will be coded at least MH-2 to ensure assignment to a facility with full time mental health services staff.

MH-1 Minimal Impairment

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

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

This code is the minimum code assigned to an offender designated as High Risk Sexual Aggressor (HRSA) or High Risk Sexual Victim (HRSV) if mental health intervention is indicated.

MH-0 No Mental Health Services Needs

The offender has no documented history of mental health treatment within the past year (this does not include treatment for alcohol or substance abuse alone, nor for evaluation purposes alone). There is no documented or reported behavior that currently indicates any mental health services needs. No monitoring or treatment by a QMHP is currently required.

Offenders coded as MH-0 may be assigned to any facility.

MH-X Designated Field Unit and Work Center

This category includes Mental Health offenders on psychotropic medications housed in designated Field Units and Work Centers who have been screened and approved in accordance with Attachment 4, *Designated Field Unit and Work Center - Psychiatric Services Guidelines*.

F. Changing the Mental Health Classification Code (Institutions only)

1. When a change occurs in an offender's mental health status or mental health service needs, the current assigned Mental Health Classification Code will be reviewed by a QMHP and updated as necessary.
2. Any time an offender's Mental Health Classification Code is changed, the QMHP will complete a *Mental Health Coding Classification Review/Update* (DOC MH 18) 730_F18. The original DOC MH 18 will be filed in Section IV of the Health Record.
3. Mental Health Classification Codes may be reduced one level at a time (i.e. MH-3 to MH-2 and MH-2 to MH-1, but NOT MH-3 to MH-1). The following guidelines apply when lowering a Mental Health Classification Code:
    a. Offenders coded as MH-4 are eligible to have their code lowered to MH-3 when they have been stabilized or discharged from an acute care treatment unit. Symptomatology and level of functioning are key factors that must be considered prior to the code being changed.
    b. Offenders coded as MH-3 are eligible to have their code lowered to MH-2 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 QMHP must have interviewed the offender within the past 30 days prior to lowering the code from MH-3 to MH-2.
    c. Offenders 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 Psychology Associate Senior at that site. Symptomatology and level of functioning are key factors that must be considered prior to the code being changed. A QMHP must have interviewed the offender within the past 30 days prior to lowering the code from MH-2 to MH-1.
    d. Offenders 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 Psychology Associate Senior at that site.
    e. If the QMHP can demonstrate that the current Mental Health Classification Code was assigned in

error, the Psychology Associate Senior at that site can authorize correction of the code outside of the time periods noted above with the reasons noted in the medical record.

G. Transfer of Offenders to Obtain Mental Health Services - If an offender requires mental health services not available at the facility, a transfer will be initiated in accordance with Operating Procedure 730.3, *Mental Health Services; Levels of Care*.

H. Annual Review of the Mental Health Classification Code (Institutions only)

1. Offenders who have a Mental Health Classification Code of MH-1 or greater, and who are assigned to an institution with QMHPs, will have their Health Record reviewed at least one time per year at the time of the scheduled annual review. The Assistant Warden, or designee, will set up a means by which the QMHP at the facility is notified no less than 30 calendar days prior to the scheduled annual review of each offender.
2. Upon notification of the offenders who are due for their annual review, the QMHP will complete a record review verifying the correct Mental Health Classification Code. The results of the review will be documented on the *Mental Health Coding Classification Review/Update* (DOC MH 18) 730_F18. If the QMHP is considering lowering the Mental Health Classification Code, the guidelines outlined above under *Changing the Mental Health Classification Code* will be followed.
3. Offenders who have a Mental Health Classification Code of MH-0 do not have to be reviewed by a QMHP at the time of the offender's annual review. However, if the offender's Case Management Counselor questions the accuracy of a current mental health code of MH-0, the Counselor will send a written request to the Senior QMHP for a review of the code. When such a request is received, a QMHP 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* (DOC MH 18) 730_F18.

I. Mental Health Classification Codes for Parole Eligible Offenders (Institutions only)

1. Upon written request from a Parole Examiner or Case Management Counselor, the QMHP may complete a record review verifying that the current Mental Health Classification Code is accurate or requires updating for an offender being reviewed for parole.
2. The results of the chart review will be documented on the *Mental Health Coding Classification Review/Update* (DOC MH 18) 730_F18.
3. If the QMHP is considering lowering the Mental Health Classification Code, the guidelines outlined above under *Changing the Mental Health Classification Code* will be followed.

J. Information Technology Code Entry

The QMHP will enter the Mental Health Classification Code into the information technology system within two working days of the completion of the MH-17.

V. REFERENCES

Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)

Operating Procedure 025.3, *Public Records Retention and Disposition*

Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*

Operating Procedure 730.3, *Mental Health Services; Levels of Service*

Operating Procedure 730.6, *Mental Health Services: Confidentiality*

Operating Procedure 810.1, *Offender Reception & Classification*

Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*

VI. 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 (DOC 726-B) 720_F9

Health Screening - Health-Trained Staff 720_F10

Mental Health Appraisal (DOC MH 17) 730_F17

Mental Health Coding Classification Review/Update (DOC MH 18) 730_F18

Psychological Summary (C&R 8) 730_F23

Sexual Assault Assessment 730_F25

Referral: Mental Health Status Update (DOC MH 12) 730_F26

Prison Rape Elimination Act (PREA) QMHP Follow-Up 730_F28

Mental Health Serious Mental Illness (SMI) Determination 730_F34

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years from the effective date.

The office of primary responsibility reviewed this operating procedure in December 2016 and necessary changes have been made.

The office of primary responsibility reviewed this operating procedure in December 2017 and necessary changes have been made.

Signature Copy on File *10/15/15*

N. H. Scott, Deputy Director of Administration Date