

**STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES**

**Health Care Policy
No. HC-37**



23 February 2018

MENTAL HEALTH SCREENING, APPRAISAL AND EVALUATION

1. **AUTHORITY:** Secretary of the Department of Public Safety and Corrections as contained in Chapter 9 of Title 36.
2. **REFERENCES:** ACA Standards 4-4305, 4-4370, 4-4371, 4-4372, and 4-4403; Department Regulation Nos. HC-13 "Health Screens, Appraisals, and Examinations," HC-39 "Transfer of Severely Mentally Ill and/or Severely Developmentally Delayed Offenders," C-05-001 "Activity Reports/ Unusual Occurrence Reports Operational Units," and C-05-004 "Basic Jail Guidelines."
3. **PURPOSE:** To provide guidelines for identifying intersystem transfer and intrasystem transfer offenders who have mental health needs and for referring offenders for mental health services.
4. **APPLICABILITY:** Deputy Secretary, Chief of Operations, Department's Medical/Mental Health Director, Department's Director of Nursing, Regional Wardens, Wardens and Director of Probation and Parole. Each Unit Head is responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this policy.
5. **POLICY:** It is the Secretary's policy that each DPS&C facility shall establish uniform procedures for the provision of mental health screenings, appraisals, and evaluations as well as for referring offenders for mental health services.
6. **DEFINITIONS:**
 - A. **Intersystem Transfers:** Transfers from one distinct correctional system to another.
 - B. **Intrasystem Transfers:** Transfers from facility to facility within a correctional system.
 - C. **Mental Health Appraisal:** The process of identifying offenders with psychological needs through the review of information obtained in the mental health screening along with any other information regarding the individual's mental health needs. This review may include a mental status exam, mental health evaluation, clinical interview, psychological testing, psychological observation, records review, and gathering of collateral information. The review of this information should be completed by a mental health care practitioner/provider/professional.

- D. **Mental Health Care Practitioner/ Provider/ Professional:** Mental health staff who are qualified to diagnose and treat patients with a mental illness, (for example, physicians, physician extenders, psychologists, licensed professional counselors, and social workers) in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.
- E. **Mental Health Evaluation (MHE):** A comprehensive assessment of an offender's presenting problem or referral question which formulates a diagnostic impression and identifies treatment/intervention needs which are formulated in the development of an individualized treatment plan. The evaluation includes documentation of historical information such as mental health treatment and psychosocial background, a diagnostic interview which should include a current mental status exam and an assessment of self-harm risk. Psychometric testing may be conducted to assess personality, intellectual, and coping abilities.
- F. **Mental Health Screening:** Review by a mental health care practitioner/provider/professional or mental health trained staff of any history of psychological problems and examination of any current psychological problems to determine, with reasonable assurances, that the individuals pose no significant risk to themselves or others.
- G. **Mental Health Services:** The sum of all actions taken for the mental well-being of the offender population including a range of diagnosis, treatment and follow up services. These may include the use of a variety of psychosocial, psychoeducational and pharmacological therapies either individually or in group settings to alleviate symptoms, attain appropriate functioning, prevent relapses and help the patient develop and pursue their personal recovery plan.
- H. **Mental Health Staff:** Individuals whose primary duty is to provide mental health services to offenders commensurate with their respective levels of education, experience, training, and credentials.
- I. **Mental Health Trained Staff:** Correctional officers or other correctional personnel who may be trained and appropriately supervised to carry out specific duties with regard to the administration of mental/behavioral health care.
- J. **Non-Correctional Facility:** A licensed mental health facility for continuation of care (E.g. Eastern Louisiana Health System's Feliciana Forensic Facility).
- K. **Psychotropic Medication:** Medications that are used to treat diagnosed mental disorders.
- L. **Treatment Plan:** A written assessment of individualized needs, required services and interventions, including short-term and long-term goals,

measurable outcomes, and the roles of healthcare and non-healthcare personnel for the purpose of providing necessary treatment and services in accordance with a patient's identified needs and problems areas.

7. PROCEDURES:

A. Mental Health Screening

- 1) All intersystem transfer and intrasystem transfer offenders shall receive a Mental Health Screening (Form HC-37-A) at the time of admission to a DPS&C facility by a mental health trained staff or mental health care practitioner/provider/professional.

NOTE: When mental health trained staff or mental health care practitioner/provider/professional is not available (weekends or afterhours), the immediate mental health needs of intersystem transfer and intrasystem transfer offenders shall be assessed in RDC Initial Intake Medical Screening (Form HC-13-A) and Intra-institutional Health Screening (Form HC-13-C), respectively. (See Department Regulation No. HC-13 "Health Screens, Appraisals, and Examinations" for more information.) All intersystem and intrasystem transfer offenders processed on weekends and afterhours shall receive the Mental Health Screening (Form HC-37-A) on the next day a mental health trained staff or mental health care practitioner/provider/professional is available.

- 2) The Mental Health Screening (Form HC-37-A) shall serve to identify offenders who have special needs due to mental health reasons (e.g. drug addicts, drug abusers, alcoholics, alcohol abusers, offenders who are emotionally disturbed or suspected of being mentally ill).

- 3) The Mental Health Screening (Form HC-37-A) shall include, but is not limited to the following:

- a. Inquiry into whether the offender:

- i. Has a present suicidal ideation;
- ii. Has a history of suicidal behavior;
- iii. Is presently prescribed psychotropic medication;
- iv. Has a current mental health complaint;
- v. Is being treated for mental health problems;
- vi. Has a history of inpatient and/or outpatient psychiatric treatment;
- vii. Has a history of treatment for substance use; and
- viii. Has a detoxification need.

- b. Observation of:

- i. General behavior;
- ii. General appearance;
- iii. Evidence of abuse and/or trauma; and
- iv. Current symptoms of psychosis, depression, anxiety and/or aggression.

c. Disposition of offender:

- i. To the general population;
- ii. To the general population with appropriate referral to mental health care service; or
- iii. Referral to appropriate mental health care service for emergency treatment.

B. Mental Health Appraisal

- 1) All intersystem transfer offenders shall receive a mental health appraisal by a mental health care practitioner/provider/professional within 14 days of admission to a DPS&C facility or if admitted directly to Death Row.

NOTE: If there is a documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal from the DPS&C is not required, except as determined by the Department's Medical/Mental Health Director.

- 2) The mental health appraisal shall be a more comprehensive assessment of the offender's mental health needs than the mental health screening.
- 3) The Mental Health Appraisal (Form HC-37-B) shall include, but is not limited to the following:
- a. Review of available historical records of inpatient and outpatient psychiatric treatment;
 - b. Review of history of treatment with psychotropic medication;
 - c. Review of history of psychotherapy, psycho-educational groups, and any other classes or support groups;
 - d. Review of history of drug and alcohol treatment;
 - e. Review of educational history;
 - f. Review of history of sexual abuse (victimization and predatory behavior);
 - g. Assessment of current mental status, symptoms, and condition;
 - h. Review of response to incarceration from Mental Health Screening (Form HC-37-A);
 - i. Assessment of current suicidal potential and person-specific circumstances that increase suicide potential;

- j. Assessment of violence potential and person-specific circumstances that increase violence potential;
 - k. Assessment of drug and alcohol abuse and/or addiction;
 - l. Use of additional assessment tool, as indicated;
 - m. Referral for treatment, as indicated; and
 - n. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment and program participation.
- 4) For offenders admitted directly to Death Row, the mental health appraisal shall also include, but is not limited to the following:
- a. Review of any behavioral incidents such as gestures, self-mutilation, manipulation, etc;
 - b. Individually administered standardized test of intelligence;
 - c. A standardized adaptive behavior scale (if the offender's IQ is below 70), which may be reassessed at a later date;
 - d. Mandatory referral for a mental health evaluation (see section 7.C. of this regulation for more information); and
 - e. Review of social history.

C. Mental Health Evaluation

- 1) Offenders referred for mental health treatment by mental health staff shall receive a comprehensive evaluation by a qualified mental health practitioner/provider/professional within 14 days of the referral request date.
- NOTE: See section 7.D. of this regulation for guidelines for referring offenders for mental health services.
- 2) The mental health evaluation shall include, but is not limited to:
- 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; and
 - e. Development of an overall treatment/management plan with appropriate referral to include transfer to a non-correctional facility for offenders whose psychiatric needs exceed the treatment capability of the institution (See Department Regulation No. HC-39 "Transfer of Severely Mentally Ill and/or Severely Developmentally Delayed Offenders" for more information").

D. Referral for Mental Health Services

1) Referrals by Mental Health Staff

- a. Mental health staff may refer an offender for mental health treatment based on data from the offender's mental health screening or mental health appraisal, or at any point during an offender's incarceration when there is reasonable expectation the offender may require mental health services.
- b. Offenders referred for mental health treatment by mental health staff shall receive a comprehensive evaluation by a qualified mental health practitioner/provider/professional within 14 days of the referral request date. (See section 7.C. of this regulation for more information on mental health evaluations.)

2) Referrals by Non-Mental Health Staff

- a. Non-mental health staff may refer an offender for mental health services at any point during an offender's incarceration either:
 - i. In writing by completing a Request for Mental Health Services (Form HC-37-C) and submitting it to mental health staff, or
 - ii. Verbally to mental health staff.
- b. Offenders referred for mental health services by non-mental health staff shall be triaged as clinically indicated to determine priority of need and the appropriate level of intervention.

3) All referrals for mental health services, whether written or verbal, shall be documented in the offender's medical record.

E. Privacy

Mental health screenings, appraisals, evaluations and any other mental health encounter, including interviews, examinations, and procedures, shall be conducted in a setting that respects the offenders' privacy.

8. MONITORING REQUIREMENTS/ REPORTS:

The Unit Mental Health Director shall ensure that data relative to mental health is submitted in accordance with Department Regulation No. C-05-001 "Activity Reports/ Unusual Occurrence Reports Operational Units."

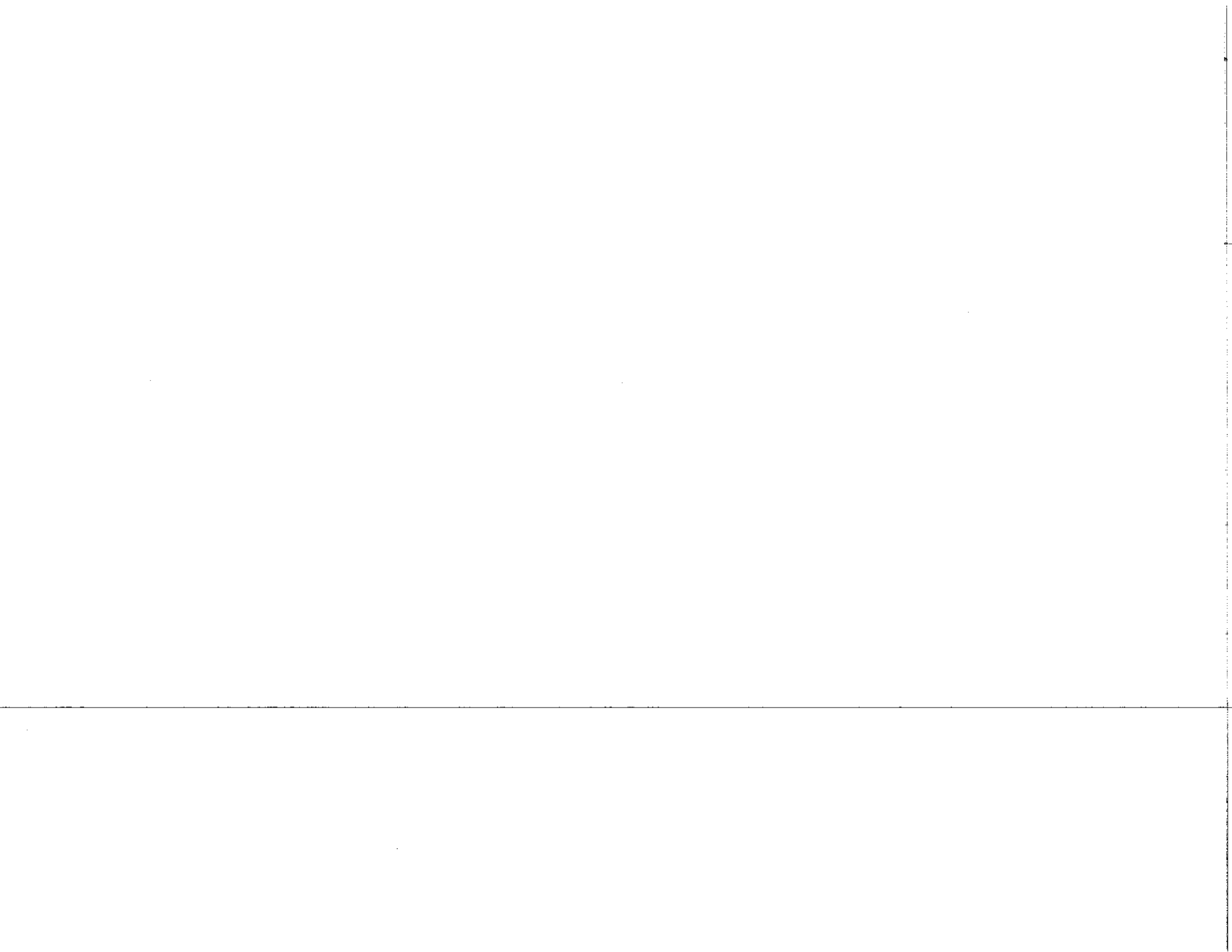
9. DPS&C OFFENDERS HOUSED IN NON-DPS&C FACILITIES:

Pursuant to Department Regulation No. C-05-004 "Basic Jail Guidelines," local facilities shall ensure that all state offenders receive a health screening upon intake that includes an inquiry into current mental health problems. (See Basic Jail Guideline IV-C-006 Health Screens for more information.)

s/James M. LeBlanc
Secretary

Forms	HC-13-A	RDC Initial Intake Medical Screening
	HC-13-C	Intra-institutional Health Screening
	HC-37-A	Mental Health Screening
	HC-37-B	Mental Health Appraisal
	HC-37-C	Request for Mental Health Services

This policy supersedes Health Care Policy No. HC-37 dated 01 August 2002.



MENTAL HEALTH APPRAISAL

Offender Name: _____ DOC#: _____

DOB/Age: _____

Sentence: _____ Release Date: _____

Service Codes: _____

SH _____

ID _____

SU _____

SX _____

DI _____

PM _____

LOC: _____

Current Mental Status, Symptoms, and Condition: _____

Review of Historical Records (Inpt. and Outpt. Psychiatric Tx): _____

Review of Hx of Psychotropic Medication Tx: _____

Review of Hx of Psychotherapy, Psycho-Educational Groups, and Other Classes/Support Groups:

Current Suicidal Potential and Person-Specific Circumstances that Increase Suicide Potential:

Violence Potential and Person-Specific Circumstances that Increase Violence Potential:

Review of Hx of Drug/Alcohol Abuse, Addiction, and/or Tx: _____

Review of Hx of Sexual Abuse (Victimization and Predatory Behaviors): _____

Educational Hx: _____

Use of Additional Assessment Tools, as Indicated: _____

Additional Assessment Findings: _____

Screening Impression: _____

Referral to Mental Health Tx, as Indicated: _____

Treatment Plan Recommendation (Including Housing, Job Assignment, and Program Participation):

Complete the Following Only for Offenders Admitted Directly to Death Row Housing:

Review of Any and All Behavioral Incidents (Gestures, Self-Mutilation, Manipulation):

Review of Social Hx: _____

Mental Health Care Practitioner/Provider/Professional (Print Name)

Mental Health Care Practitioner/Provider/Professional (Signature)

Title/Position

Date/Time

Distribution: Medical Chart (original)

REQUEST FOR MENTAL HEALTH SERVICES

TO: _____ **DATE:** _____
(Name, Title)

FROM: _____
(Name, Title)

OFFENDER NAME: _____ **DOC NUMBER:** _____

HOUSING: _____

Reason for Request: (Be specific. If possible, state the request in the form of a question.)

(Select One) Emergency: Routine: Other:

Summary of Assessment: _____

Clinical Impression: _____

Recommendations: _____

Disposition: _____

Additional Report to Follow? Yes: No:

If Yes, When? _____

Signature of Staff Member _____ Title/Position _____ Date/Time _____

Distribution: Medical Chart (Original)

MENTAL HEALTH SCREENING

Section A: Initial Screening (To Be Completed On All Transfers At The Time Of Admission) **Housing:** _____

Name: _____ **DOC#:** _____ **R/S:** _____ **Age/DOB:** _____

Instant Offense(s): _____

Violent Offense: No / Yes **Sex Offense:** No / Yes **Victim of Sex Offense:** No / Yes **Sexual Orientation:** Ho / Bi / He

Pb/PV: No / Yes **Next Release Date:** PE / GTPS / FT _____ **Prior HRDC:** _____

Has a Detoxification Need: No / Yes _____

Current Mental Health Complaints: *No / Yes* _____

Current Mental Health Symptoms (Psychosis, Depression, Anxiety, Aggression): *No / Yes* _____

Feelings About Future (Hopelessness, Fear): *No / Yes* _____

Emotional Response (Shame, Guilt, Worry) Over Arrest/Incarceration: *No / Yes* _____

Lack of Internal/External Resources: No / Yes _____

Suicidal Ideation *Current Suicide Thoughts: No / Yes* *Current Suicide Plan: No / Yes* _____

Prior Suicide Attempts: No / Yes **Prior Suicidal Ideation:** No / Yes **Family Hx of Suicide:** No / Yes

Feel Suicide is an Acceptable Option: *No / Yes* **Prior Suicide Watch:** No / Yes:

<p>General Appearance: ()Unremarkable ()Disheveled ()Poor Hygiene ()Alert ()Lethargic ()Frail ()Tremors ()Sweating () _____</p> <p>Mood: ()Level/Stable ()Elevated ()Depressed ()Anxious/Nervous ()Angry/Agitated ()Apathetic ()Expansive () _____</p> <p>Affect: ()Consistent with Mood ()Inappropriate to Situation ()Restricted ()Blunted ()Labile ()Serious ()Silly () _____</p> <p>Attitude/Behavior: ()Cooperative ()Uncooperative ()Guarded/Withdrawn ()Aggressive ()Manipulative/Demanding () _____</p> <p>Thought Process: ()Organized ()Confused ()Slowed ()Loose/Irrelevant ()Tangential ()Circumstantial ()Flight of Ideas () _____</p> <p>Thought Content: ()Appropriate to Situation ()Poverty of ()Paranoid ()Religiosity ()Grandiose ()Hallucinations ()Delusions () _____</p> <p>Evidence of Abuse and/or Trauma: ()Trauma Markings ()Bruises ()Lesions () _____</p> <p>Additional Observations/Notes: _____</p>
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Current Mental Health Treatment / Psychotropic Medications: No / Yes (Tx Facilities, Tx Times/Duration)

Hx Mental Health Treatment / Psychotropic Medication(s): No / Yes (Inpt, Outpt, Tx Facilities, Tx Times/Duration)

Hx of Substance Use Treatment: No / Yes _____

Recommended Disposition: ()General Pop ()General Pop with Psychiatric Referral ()Emergency Treatment Unit ()SSW

NOTE: *Endorsement of any of the italicized questions will result in placement on a mental health management order until cleared by the Mental Health Authority or higher.*

Mental Health Trained Staff or Mental Health Care Practitioner/Provider/Professional	Title/Position	Date/Time	am / pm
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Section B: Review of Initial Screening: The initial screening data has been reviewed and need for additional testing or assessment/consultation/treatment, if any, are indicated below.

Plan: _____

Unit Mental Health Director/Designee _____ **Date Reviewed** _____