

Appendix 2 MENTAL HEALTH WORKFLOW

This workflow can be modified at any time, at the discretion of the DOC Health Services Administrator or designee.

BOOKING

- Security will complete the Columbia Suicide Severity Rating Scale at booking.
- The results of the scale will be shared with the health professionals responsible for the Mental Health Screening and Evaluation (PE-05) as per NCCHC.
- Positive response to one of the “Development Services Questions?” If yes, an alert is sent to DOC to verify. If verified, the patient will be automatically designated as SFI. The Contractor will submit the “SFI Referral/Designation Form” indicating that the patient will be designated as SFI for the duration of their episode in DOC.

RECEIVING SCREENING (within 4 hours)

- Will include, at a minimum, the compliance indicators of NCCHC P-E-02.
- Will include the Texas Christian University 5 substance use screen (TCU5).

INITIAL HEALTH ASSESSMENT

- Will include screening for dementia/ neurologic disorders using the Short-Blessed Test (SBT). A referral to medical provider for further assessment will be made if the inmate screens positive.

MENTAL HEALTH SCREENING AND EVALUATION

- The Mental Health screening and evaluation shall include, at a minimum, the compliance indicators of NCCHC P-E-05.
- Mental Health Screening is performed as soon as possible but no later than 14 calendar days after admission.
- Mental health screening and assessment will be conducted by qualified mental health professionals (QMHPs) per NCCHC definition and VT Statue.
- The Mental Health Screening shall include the “Correctional MH Screening for Men” or the “Correctional MH Screening for Women.”

- Inmates who screen positive on the above screening tools will be referred to QMHPs for a mental health evaluation. Mental Health Evaluations will be completed within 30 days of admission.
- The HELPS Brain Injury Screening Tool (or other EBT as approved by DOC) will be administered. If screening indicates need for further assessment, a provider will be notified for ongoing assessment.
- A screening for intellectual functioning (GAMA or another tool approved by DOC) will be administered. If screening indicates need for further assessment a provider will be notified for ongoing assessment.

Mental Health Evaluation will include:

- The administration of the SCID-5
- The administration of the Level of Care Utilization System (LOCUS) to determine the appropriate level of resource intensity for the inmate.
- The administration of the General Ability Measure for adults (GAMA) for inmates suspected of having low cognitive functioning.
- The administration of an Adverse Childhood Experiences (ACE) questionnaire, using the tool specified by the DOC Health Services Administrator. Inmates with high scores on the ACE who are also placed on the mental health caseload shall be provided treatment interventions that are intended to promote resiliency factors.
- The administration of the Personality Inventory for DSM-5 – Brief Form (PID-5-BF).
- The Corrections Modified Global Assessment of Functioning (CM-GAF)
- QMHPs shall consider inmates for SFI designation in accordance with the DOC Interim Memo or its successor Directive.
- A data field will be developed to indicate if the patient had been previously designated as SFI. If “yes,” then an alert/pop-up will be created to notify staff. A referral will be automatically generated for a Mental Health Evaluation.

Disposition of Mental Health Evaluation:

- Treatment Recommendations will be developed by the QMHP based on the Mental Health Evaluation diagnostic impressions and provided to the patient orally and in writing. Psychoeducation about a menu of treatment and recovery options will also be provided.
- The patient will need to decide to pursue behavioral health treatment, or pharmacotherapy or both. All treatment options should be made available, and the patient must be provided consent. If the patient does not consent, this should be documented.
- If the patient elects and consents to behavioral treatment, a patient centered treatment plan addressing the patient identified problem and the menu of treatment and recovery options will be developed (see contract).

- If the patient elects and consents to pharmacotherapy the QMHP will refer them to a qualified provider.
- If the results of the mental health evaluation indicate that the patient has a mental illness the patient will be added to the MH caseload and a treatment plan will be developed within 14 days.

FOLLOW UP TIMFRAME

- Follow-up timeframes shall be indicated in days or weeks and be clinically indicated (LOCUS/ASAM/ Diagnostic Impression). Follow up timeframes shall NOT be indicated as “PRN” or “at the request of the individual” or “through sick call” unless the inmate has been discharged from the mental health caseload.

INITIAL PSYCHIATRIC PROVIDER EVALUATION

- Will include a review of the Initial Health Assessment, Mental Health Screening and Mental Health Evaluation.
- The prescription of psychiatric medications as clinically indicated.

FOLLOW UP TIMFRAME

- Follow-up timeframes shall be clinically indicated and NOT be indicated as “PRN” or “at the request of the individual” or “through sick call” unless the inmate has been discontinued from all psychiatric medications.