

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: FEB 08 2012	POLICY NO.: COR.10.1G.16
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10.1G.16 & 03/10/2010	
	SUBJECT: MENTAL HEALTH TREATMENT PLANNING		Page 1 of 6

1.0 PURPOSE

To ensure that the treatment planning process and documentation meet recognized professional standards and result in effective, person-centered, collaborative and coordinated care of the inmate.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. Standards for Health Services in Prison, National Commission on Correctional Health Care, (2008).
- c. Department of Health, Adult Mental Health Division, Policy and Procedure Manual #60-601: Eligibility (07/2009)

.2 Definitions

- a. Serious Mental Illness (SMI): An objectively identified mental illness that significantly impairs the detainee's mental health functioning.
- b. Serious and Persistent Mental Illness (SPMI): Diagnostic and functional level eligibility criteria established by the Department of Health, Adult Mental Health Division (AMHD) (Attachment).
- c. Licensed Mental Health Professional (LMHP): A psychiatrist, a licensed or license eligible psychologist, an advanced practice nurse with a psychiatric clinical nurse specialist (APRN/CNS), a registered nurse with a psychiatric certification or an appropriately qualified physician whom has been provided training in the following policies and procedures: e.g. Suicide Prevention (Suicide and Safety Watch), Seclusion and Restraint, with a minimum of one year of experience working with people with mental illnesses.
- d. Qualified Mental Health Professional (QMHP): An appropriately qualified physician, psychiatrist, psychologist, counselor, therapist, social worker, or nurse who is competent, whether by education, training, licensure, or experience, to make a particular decision, or deliver the particular service, at

COR P&P	SUBJECT:	POLICY NO.: COR.10.1G.16
	MENTAL HEALTH TREATMENT PLANNING	EFFECTIVE DATE: FEB 08 2012
		Page 2 of 6

issue, with a minimum of one year of experience working with people with mental illnesses.

3.0 POLICY

- .1 The QMHP will develop a Preliminary Mental Health Treatment Plan (PMHTP) (DOC 0437) within one week (seven (7) business days) of identification of an inmate with a serious mental illness. However, inmates admitted to a Mental Health Treatment Module will have a PMHTP completed within one (1) business day, unless they were admitted on a watch status and subsequently cleared from that watch status during the one business day, with no current serious mental illness.
- .2 The Interdisciplinary Treatment Team will develop a Comprehensive Treatment Plan (CTP) (DOC 0438) within fourteen (14) business days of admission to a Mental Health Treatment Module for each inmate identified with a serious mental illness.
- .3 The inmate is considered part of the treatment team and shall be present at his or her treatment team meetings and be encouraged to participate actively. The inmate is the focal point of the interdisciplinary treatment process.
- .4 Inmates who have not been diagnosed with a SMI will not be placed in mental health module, with the exception of those individuals who are being stabilized for a perceived psychiatric crisis, inmates placed on suicide or safety watch prior to complete evaluation or inmates undergoing fitness examinations. Inmates placed in mental health modules who have not, as yet, received an SMI diagnosis will have a PMHTP, but may not be required to receive mental health programming.

4.0 PROCEDURES

The treatment plans consist of various components, including, but not limited to those described, as follows:

- .1 Preliminary Mental Health Treatment Plan (PMHTP) (DOC 0437)
 - a. May incorporate Mental Health Evaluation (DOC 0471), if completed.
 - b. Problem Identification
 - i. Related to diagnosis

COR P&P	SUBJECT:	POLICY NO.: COR.10.1G.16
	MENTAL HEALTH TREATMENT PLANNING	EFFECTIVE DATE: FEB 08 2012
		Page 3 of 6

- ii. Described in behavioral terms
 - c. Global Goal(s)
 - i. Related to the problem(s) identified
 - d. Short-term Objectives
 - i. Steps patient will take to achieve global goal(s)
 - ii. Target dates for achievement / review
 - e. Interventions
 - i. Actions/Activities taken by staff to support inmate in objective and goal attainment
 - ii. Frequency of actions or activities by staff
2. Comprehensive Treatment Plan (CTP) (DOC 0438)
The CTP is based upon Interdisciplinary planning with information elicited from multiple assessments, is individualized, inmate-focused, and incorporates the inmate's strengths, treatment goals and preferences.
- a. Incorporates Mental Health Evaluation (DOC 0471)
 - b. May incorporate PMHTP (DOC 0434)
 - c. Special Needs Considerations
 - i. Serious Mental Illness
 - ii. Medical Conditions
 - iii. Developmental Concerns
 - iv. Physical Disabilities
 - v. Other
 - d. Strengths
 - e. Problem Identification and Prioritization
 - i. The team creates a prioritized list of problems/needs based upon the goals of inmate and focus of treatment. The date the problem/need is identified and the date the problem/need is resolved also are indicated on the list. High-risk behaviors are identified and included in the plan, as needed. To assist in prioritizing the problems, the following sequence should be considered: Danger (including risk reduction), forensic (including fitness restoration), medical/organic (including substance use, and developmental disabilities), psychiatric, psychological, social (including daily living, education,

COR P&P	SUBJECT: MENTAL HEALTH TREATMENT PLANNING	POLICY NO.: COR.10.1G.16
		EFFECTIVE DATE: FEB 08 2012
		Page 4 of 6

occupation, family and community relations, leisure) and cultural issues. If a problem is not considered active, this is identified, with reasons.

- f. Measurable Long-term Treatment Goals (for each problem, at least one long-term goal is identified). This is objective, behavior-related, and framed in the inmate's own words or in words the inmate can understand.
- g. Measurable Short-term Objectives - At least one clear, objective, behavior-related short-term objective is selected.
 - i. Each short-term objective is measurable and includes the time frame for completion.
 - ii. Key indicators are used to define how the inmate's progress is measured
- h. Interventions based on identified strengths (At least one specific treatment intervention for each short-term objective).
 - i. All interventions described in the treatment plan shall be directed toward improving the inmate's level of function, and successful community reintegration.
 - ii. A brief statement and rationale for each intervention designed to achieve the specified short-and long-term goals and objectives specified in the plan.
 - iii. Start date, frequency, duration, and the name of the clinician(s) providing the intervention(s) are documented for all interventions on the treatment plan. Interventions are included on the inmate's weekly schedule.
- i. Discharge Plan (DOC 0452)
- j. Outcomes (evaluation of the inmates progress toward meeting goals on targeted dates),

.3 CTP Review and Modification

- a. The plan is revised as appropriate to reflect the inmate's current status, progress and treatment needs, but no less than every 30 days for the first 90 days of incarceration and every 90 days thereafter.
- b. At the treatment plan review, the team, including the inmate, considers and evaluates the inmate's progress toward each goal.

COR P&P	SUBJECT:	POLICY NO.:
	MENTAL HEALTH TREATMENT PLANNING	COR.10.1G.16
		EFFECTIVE DATE:
		FEB 08 2012
		Page 5 of 6

- c. Treatment plan review meetings are convened following any medically significant event. The treatment team is convened by the treatment team coordinator and, utilizing physician input, makes the determination as to whether any event is medically significant, based on such factors as medical urgency, medical risk, the need for assessment and treatment external to PSD, the impact on the inmate's psychiatric status and treatment, etc.
- d. A review of each problem, noting response to treatment, data supporting the change(s), and making necessary adjustments to the goals and interventions. (Note: If an inmate appears not to be meeting goals, the goals and/or interventions should be considered for change).
- e. New problems and associated CTP goals and objectives are documented in the progress notes and evaluated for possible inclusion in the treatment plan.
- f. If an inmate is frequently or consistently refusing treatment (e.g. medication, groups, etc), the team updates/changes the treatment plan. The team establishes a plan to address the refusals and considers initiating or offering alternate interventions.

.4 Responsibilities:

- a. The MHSA will designate either the psychologist or clinical social worker (considering clinical expertise and leadership experience) as the treatment team coordinator, for the purposes of convening the team and coordinating all clinical and program staff input.
- b. All members of the interdisciplinary team come prepared to the meeting and collaborate with the inmate to formulate the case, plan for treatment and follow-through on treatment interventions
- c. The psychologist or clinical social worker ensures that the treatment plan is the result of collaboration between the inmate's own expressed goals for treatment and the interdisciplinary treatment plan process and that the plan fully directs and integrates all care and treatment.
- d. The psychologist or clinical social worker ensures that the inmate and all the disciplines are involved in the treatment planning process as directed by each inmate's needs.
- e. The psychologist or clinical social worker is responsible and accountable for ensuring that the treatment plan is implemented.

COR P&P	SUBJECT:	POLICY NO.: COR.10.1G.16
	MENTAL HEALTH TREATMENT PLANNING	EFFECTIVE DATE: FEB 08 2012
		Page 6 of 6

- f. To facilitate the planning and documentation process, the psychologist or clinical social worker leads the team in deciding which members will be responsible for updating the various components of the treatment plan.
- g. The psychologist or clinical social worker ensures that performance improvement findings are conveyed to the MHSA and used to improve treatment planning.
- h. The interdisciplinary treatment team, at a minimum, consists of the following professional members: Psychiatrist, Social Worker, Nurses (as available), Psychologist, Occupational Therapy or Recreational Therapy (as indicated), the module Case Manager, the Adult Corrections Officers and the Community Case Manager, when assigned. Representatives from other disciplines providing treatment to the inmate may also attend meetings as needed or requested.
- i. Whenever possible, the treatment team has consistent and enduring staff assignments.
- j. To the extent clinically indicated, appropriate and required to secure pertinent information, family/significant others are invited and encouraged to participate (either in person or by telephone, as appropriate) in the treatment plan review meetings or have input into treatment planning with the consent of the inmate.

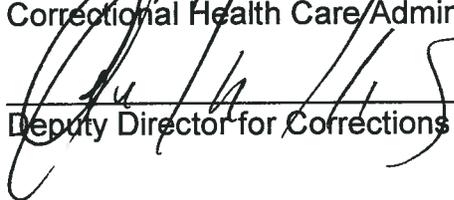
5.0 SCOPE

This policy and procedures applies to all correctional facilities and their assigned personnel.

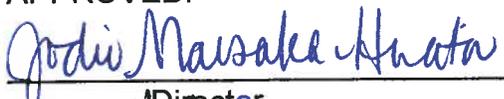
APPROVAL RECOMMENDED:

 1/20/12
 _____ Date
 Medical Director

 2/6/12
 _____ Date
 Correctional Health Care Administrator

 2/7/12
 _____ Date
 Deputy Director for Corrections

APPROVED:



 Director
 2/8/2012

 Date

FACILITY: _____ INITIAL MENTAL HEALTH TREATMENT PLAN DATE: _____

NAME: _____ SID: _____ DOB: _____

PROBLEM: Depression/Suicidal Thought/Suicidal Behavior/Self Mutilation

GOAL: Patient will maintain a stable, euthymic mood with congruent affect.

SHORT TERM GOALS:

TARGET DATE: _____

- Patient will explore, identify and verbalize feelings rather than acting them out.
- Patient will explore and utilize more effective coping mechanisms.
- Patient will develop abilities to be compliant with treatment.
- Patient will be housed in _____
- _____

INTERVENTIONS

FREQUENCY: _____

- Staff will encourage patient to explore and verbalize feelings.
- Staff will encourage and assist patient in discovering alternative coping mechanisms.
- Staff will encourage patient to participate in programming.
- Staff will assign resident to _____ for safety/observation.
- _____

PROBLEM: Schizophrenia/Psychosis NOS

GOAL: Patient will maintain optimal level of functioning despite difficulties related to disorganized thinking.

SHORT TERM GOALS:

TARGET DATE: _____

- Patient will distinguish between reality and delusion.
- Patient will identify situations that lead to increase in disorganization.
- Patient will develop abilities to be compliant with treatment.
- Patient will be compliant with medication without undue side effects.
- _____

INTERVENTIONS

FREQUENCY: _____

- Staff will encourage patient to explore and verbalize feelings.
- Staff will encourage and assist patient in discovering alternative coping mechanisms.
- Staff will encourage patient to participate in programming.
- Staff will administer medications as ordered-monitor for side effects and efficacy.
- _____

PROBLEM: Bipolar D/O - Mania

GOAL: Patient will show reduction of impulsive behaviors and improved judgment.

SHORT TERM GOALS:

TARGET DATE: _____

- Patient will demonstrate increased insight and verbalize a more realistic assessment of situations.
- Patient will demonstrate ability to focus attention and participate at an appropriate level of goal-directed activity.
- Patient will develop abilities to be compliant with treatment including medications.
- Patient will accept time out to decrease stimulation as needed.
- _____

INTERVENTIONS

FREQUENCY: _____

- Staff will encourage patient to explore behavior and the consequences of behavior.
- Staff will provide structured environment with consistent and routine rules.
- Staff will encourage patient to participate in programming.
- Staff will allow patient time out as needed – encourage cooperation.
- _____

FACILITY: _____ **INITIAL MENTAL HEALTH TREATMENT PLAN** DATE: _____

NAME: _____ SID: _____ DOB: _____

PAGE 2 CONTINUED

PROBLEM: Aggressive Behavior

GOAL: Patient will report a decrease in frequency and severity in anger/outburst/aggression.

SHORT TERM GOALS: _____ **TARGET DATE:** _____

- Patient will explore and identify feelings related to anger, aggression and acting out.
- Patient will explore coping mechanisms that help reduce anger and aggression.
- Patient will develop abilities to be compliant with treatment including medication
- Patient will participate in programming.
- Patient will accept time out to decrease stimulation as needed.
- _____

INTERVENTIONS _____ **FREQUENCY:** _____

- Staff will encourage patient to explore behavior and the consequences of behavior.
- Staff will provide structured environment with consistent and routine rules.
- Staff will encourage patient to participate in programming.
- Staff will allow patient time out as needed – encourage cooperation.
- _____

PROBLEM: _____

GOAL: _____

SHORT TERM GOALS: _____ **TARGET DATE:** _____

- _____
- _____
- _____
- _____
- _____
- _____

INTERVENTIONS _____ **FREQUENCY:** _____

- _____
- _____
- _____
- _____
- _____

TREATMENT PLAN DESIGNED BY (Name and Title): _____

Psychologist/Psychiatrist Note: _____

Name and Title: _____ Date: _____

Last Name:		First Name:		Birth Date:	
Gender: M F		SID Number:		Plan Date:	
Social Worker:		Psychiatrist:		Phone:	
Diagnosis			Medications		
Axis I:					
Axis II:					
Axis III:					
Axis IV:					
Axis V:			HCR 20-Date:		
Forensic Status: <input type="checkbox"/> Voluntary <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Supervised Release <input type="checkbox"/> Conditional Release <input type="checkbox"/> Jail Diversion Participant					
Probation/Parole Officer:				Phone:	
Special Needs Considerations For Discharge Plan					
<input type="checkbox"/> Developmental Disability		<input type="checkbox"/> Non-ambulatory			
<input type="checkbox"/> Chronic Homelessness		<input type="checkbox"/> Needs Interpreter			
<input type="checkbox"/> Transportation		<input type="checkbox"/> Limited Sight			
<input type="checkbox"/> Hearing Impaired		<input type="checkbox"/> No Special Needs			
<input type="checkbox"/> Other:					
<input type="checkbox"/> MI/SA Stages of Change:		<input type="checkbox"/> Determination			
<input type="checkbox"/> Pre-contemplative		<input type="checkbox"/> Action			
<input type="checkbox"/> Contemplative		<input type="checkbox"/> Maintenance			
Crisis Plan					
What are my triggers and warning signs?					
Actions I will take to prevent crisis: (Include names/numbers of my supporters/resources)					
1.				Name:	
				Phone:	
2.				Name:	
				Phone:	
3.				Name:	
				Phone:	

Referral Made/ Actions Taken:			
Mental Health Services		Referral Dates:	
<input type="checkbox"/> Access Line	<input type="checkbox"/> Care Hawaii	<input type="checkbox"/> Helping Hands	Contact:
<input type="checkbox"/> N. Shore M.H.	<input type="checkbox"/> CCS	<input type="checkbox"/> Waianae Comp.	Case Manager:
<input type="checkbox"/> HI State Hosp	<input type="checkbox"/> Kekela	<input type="checkbox"/> Kahi Mohala	Date of Adm:
<input type="checkbox"/> Comm. Emp. Srvc		<input type="checkbox"/> M.H. Kokua	Phone:
<input type="checkbox"/> Community Mental Health Center:			
<input type="checkbox"/> Other:			
Housing		Referral Dates:	
<input type="checkbox"/> Own Resid.	<input type="checkbox"/> Family/Relatives	<input type="checkbox"/> IHS	Name:
<input type="checkbox"/> Clean & Sober	<input type="checkbox"/> Group Home	<input type="checkbox"/> Care Home	Address:
<input type="checkbox"/> Crisis Shelter	<input type="checkbox"/> Other Homeless Shelter:		
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Substance Abuse Services /Hosp.		
<input type="checkbox"/> Section 8	<input type="checkbox"/> Other:		Phone:
Substance Abuse Services		Referral Dates:	
<input type="checkbox"/> Sand Island	<input type="checkbox"/> Hina Mauka	<input type="checkbox"/> Queen's Day Tx	Address:
<input type="checkbox"/> Po'ailani	<input type="checkbox"/> Victory Ohana	<input type="checkbox"/> Ho'omau Ke Ola	
<input type="checkbox"/> Salvation Army:	<input type="checkbox"/> ATS	<input type="checkbox"/> FTS	<input type="checkbox"/> VA
<input type="checkbox"/> Others:			Phone:
Health Care		Date of Application:	
<input type="checkbox"/> HMSA	<input type="checkbox"/> Aloha Care	<input type="checkbox"/> Kaiser	Date of Referral:
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA	
<input type="checkbox"/> IHS	<input type="checkbox"/> Queen's	<input type="checkbox"/> Waikiki Hlth.Ctr.	Date of Interview:
<input type="checkbox"/> Kalihi-Palama	<input type="checkbox"/> Other:		
Income & Benefits		Date of Applications:	
<input type="checkbox"/> Employment	<input type="checkbox"/> Pension	<input type="checkbox"/> Savings	Date of Interviews:
<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> GA	
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Other:		Total Amount:

COMPREHENSIVE TREATMENT PLAN (CTP)

NAME: _____

DIAGNOSES:

Facility: _____

Axis I: _____

Module: _____

SID: _____

DOB: _____

Axis II: _____

Date Treatment Plan Initiated: _____

Date Review Completed: _____

REASON FOR REVIEW:

Axis III: _____

Follow-up

Transfer

Change in Condition

Axis IV: _____

:

Axis V: Current: _____ **Highest (Past Year):** _____

SPECIAL NEEDS CONSIDERATIONS:

Serious Mental Health Need

- Severe and Persistent Mental Illness
- Suicidal Ideation/History
- Violent Behavior/History
- Substance Abuse/Dependence
- Sex Offense History
- Victim of Violence or Trauma

Medical Condition

- Chronic Disease
- Traumatic Brain Injury
- Terminal Illness
- End-stage Renal Disease
- Serious Communicable Disease
- Pregnant

Developmental Concern

- Intellectual Disability (< age 18)
- Adolescent
- Frail or Elderly

Physical Disability

- Visual Impairment
- Hearing Impairment
- Speech Impairment
- Mobility Impairment

Other(specify): _____

Known Drug Allergies: _____

Narrative

DOC 0438A (03/10)

COMPREHENSIVE TREATMENT PLAN (CTP)

STRENGTHS

- | | |
|--|---|
| <input type="checkbox"/> Motivated for Treatment | <input type="checkbox"/> Receptive to Treatment |
| <input type="checkbox"/> Adequate Support System | <input type="checkbox"/> Adherent with Staff Directions |
| <input type="checkbox"/> Medication Adherent | <input type="checkbox"/> Task Oriented |
| <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Narrative

IDENTIFIED PROBLEMS

- | | |
|---|---|
| <input type="checkbox"/> Suicidal Ideation/Depression | <input type="checkbox"/> Schizophrenia/Psychosis |
| <input type="checkbox"/> Self-Mutilation | <input type="checkbox"/> Substance Abuse/Dependence |
| <input type="checkbox"/> Violent/Aggressive Behavior | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Mania/Hypomania | <input type="checkbox"/> Other: |

Narrative

LONG TERM TREATMENT GOALS

- Complete incarceration safely and successfully.
- Stop illegal behaviors by using legal means to meet needs.
- Accept responsibility for decisions or behaviors that have resulted in incarceration.
- Decrease mental illness symptoms and/or eliminate substance use.
- Develop effective relapse prevention and risk management strategies.
- Reducing parasuicidal (e.g. engaging in risky behaviors, not using safety precautions) and self-injurious behaviors.
- Other: _____
- Other: _____

SHORT TERM TREATMENT OBJECTIVES	Status	INTERVENTIONS	Modality	Frequency	Staff Code
<ul style="list-style-type: none"> <input type="checkbox"/> Take psychotropic medications as prescribed. <input type="checkbox"/> Establish a regular pattern of sleep. <input type="checkbox"/> Reduce suicidal ideation, parasuicidal and/or other self-injurious behaviors. <input type="checkbox"/> Develop relapse prevention and risk management strategies. 		<ul style="list-style-type: none"> <input type="checkbox"/> Crisis / Trauma intervention services and relapse prevention. <input type="checkbox"/> Engagement / Orientation to decrease attention to internal stimuli and trivial external stimuli. Orient to reality and significant external stimuli. <input type="checkbox"/> Create Relapse Prevention Plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Group 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed 	<ul style="list-style-type: none"> 01 06 02 07 03 08 04 09 05 10
<ul style="list-style-type: none"> <input type="checkbox"/> Take psychotropic medications as prescribed. <input type="checkbox"/> Identify beliefs and other barriers to treatment adherence (e.g., medication, programming, evaluation). <input type="checkbox"/> Reduce altered thought processes. <input type="checkbox"/> Report side effects and effectiveness of psychotropic medication to mental health services staff. <input type="checkbox"/> Explore, identify, and verbalize thoughts and feelings related to mental illness. 		<ul style="list-style-type: none"> <input type="checkbox"/> Provide Medication Education about the use, expected benefits, and side effects of psychotropic medications (pre-contemplative intervention). <input type="checkbox"/> Provide Symptom Management, and Monitor medication adherence and effectiveness (motivational interviewing). <input type="checkbox"/> Psychiatric medication follow-up evaluation and/or treatment (Side Effects DVD). 	<ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Group 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed 	<ul style="list-style-type: none"> 01 06 02 07 03 08 04 09 05 10
<ul style="list-style-type: none"> <input type="checkbox"/> Accept redirection, time-out, and/or changes in housing placement to decrease stimulation as needed. 		<ul style="list-style-type: none"> <input type="checkbox"/> Provide a structured therapeutic environment with consistent rules and predictable daily routines 	<ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Group 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly 	<ul style="list-style-type: none"> 01 06 02 07 03 08 04 09 05 10
<ul style="list-style-type: none"> <input type="checkbox"/> Develop effective communication and coping skills to manage anger, stress, depression, anxiety, impulsivity, and/or other psychological symptoms and behaviors. <input type="checkbox"/> Maintain self-control and remain safe while incarcerated. <input type="checkbox"/> Develop a realistic sense of abilities and self-esteem. 		<ul style="list-style-type: none"> <input type="checkbox"/> Anger Management 	<ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Group 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly 	<ul style="list-style-type: none"> 01 06 02 07 03 08 04 09 05 10
<ul style="list-style-type: none"> <input type="checkbox"/> Establish and maintain appropriate hygiene, grooming, and other daily living skills. <input type="checkbox"/> Improve self-efficacy. 		<ul style="list-style-type: none"> <input type="checkbox"/> Social and independent living skills group training. 	<ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Group 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly 	<ul style="list-style-type: none"> 01 06 02 07 03 08 04 09 05 10

<input type="checkbox"/> Demonstrate ability to focus attention and participate at an appropriate level of goal-directed activity. <input type="checkbox"/> Actively participate in psychosocial treatment programming.	<input type="checkbox"/> Art / Therapeutic activities group <input type="checkbox"/> Structured Leisure & Recreational Activities <input type="checkbox"/> Psycho-education concerning mental illness and treatment	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	01 06 02 07 03 08 04 09 05 10
<input type="checkbox"/> Identify and explore behaviors and/or symptoms that have led to legal involvement. <input type="checkbox"/> Develop pro-social behaviors and avoid anti-social activities. <input type="checkbox"/> Develop a realistic sense of abilities and self-esteem. <input type="checkbox"/> Increase Relapse Prevention and Abstinence Skills	<input type="checkbox"/> Dual Diagnosis / Cognitive-behavioral group	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	01 06 02 07 03 08 04 09 05 10
Status Key: O = Outcome Met W = Worse NC = No Change I = Improvement DC = Discontinued				
Summary Narrative Regarding Primary Treatment Objectives:				

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

LMHP (print): _____		Date: _____	
I. PATIENT INFORMATION / PRESENTING PROBLEM / SUMMARY OF EVALUATION			
A. I/M Ethnicity: _____		Non-English Language: _____	Admission date: _____
Inmate Interviewed On: ___/___/___			
Consent for Release of Information on File: _____		Yes _____ No _____	Records Requested _____ Date: _____
Records obtained from: _____			
B. Reason for Evaluation: _____			
MH Screening Indicates Possible: Thought Disorder _____ Mood Disorder _____ Suicidality _____ Other: _____			
Staff Referral Indicates: MH History _____ Medication Review _____ Danger to Self _____ Danger to Others _____ Other _____			
Patient Self Referral Describe: _____			
C. FUNCTIONAL IMPAIRMENT Specify: 1=Mild 2=Moderate 3=Severe 4=None Apparent			
_____ Work/School	_____ Medical	_____ Behavioral control	
_____ ADL	_____ Interpersonal	_____ Mental Illness symptoms	
D. Current DSM DIAGNOSES _____ Treatment Team Diagnosis Approval Date: _____			
Axis I:	_____	_____	
Axis II:	_____	_____	
Axis III:	_____		
Axis IV:	_____		
Axis V:	GAF= _____	AIMS Score: _____	AIMS Date: _____
E. Behavioral Risks and/or Alerts: Suicidal _____ Self Injurious _____ Assaultive _____ Gravely Disabled _____ Other: _____			
Other Relevant Information: _____			
F. Recommendations/Conclusions			
<input type="checkbox"/> Does Not Meet Criteria for inclusion in the Mental Health Services <input type="checkbox"/> Meets Criteria for inclusion in the MHS <input type="checkbox"/> Axis I disorder of _____ Level of Care: Outpatient (General Population) Crisis / Infirmery / Evaluation Module Residential Rehabilitation Module Recommended Housing: Single cell Double cell Rationale: _____ No recommendation			
LMHP: _____		Signature: _____	Date: _____
Print Name			

MENTAL HEALTH EVALUATION (MHE)**INSTRUCTIONS**

The Mental Health Evaluation is to be used whenever an inmate is considered Severely Mentally Ill and placed in a Mental Health Module or whenever clinically indicated to support the Comprehensive Treatment Plan.

1. All items on the form must be filled in.
2. The handwriting must be legible. Print or type if necessary.
3. At the top of each page, enter the name of the facility, the name of the LMHP doing the evaluation, and date.

I. Patient Information/Presenting Problem Summary

- A. If inmate does not speak English, indicate primary language.
Admission Date= Arrival date for the current incarceration
Check all sources of information for evaluation.
Indicate if a "Consent for Release of Information" is on file, if records have been obtained, and from where.
- B. Indicate the reason the inmate is being seen for current evaluation.
MH Screening=Results of Reception Center or Ad Seg Mental Health Screening.
Patient Referral=Describe reason inmate wants to be seen as indicated on "Inmate Request for Interview" form.
- C. Functional Impairment - For each of the six categories, estimate whether impairment is mild, moderate, or severe.
- D. List all DSM diagnoses including number and name of diagnosis. Enter the date the diagnoses were approved by the Interdisciplinary Treatment Team. Axis V - Use information in section C to determine the Global Assessment of Functioning (GAF) score using scale in DSM manual.
- E. Indicate any behavioral risks, alerts or other relevant clinical information.
- F. Recommendations - Indicate the outcome of evaluation in Section and whether inmate meets criteria for inclusion in Mental Health Services. If inmate meets criteria, indicate level of care and placement recommendations. Indicate whether single or double cell housing is recommended.
- G. List current psychotropic medications with dosage and frequency of administration. List allergies. Indicate symptoms targeted
- H. Give a brief narrative clinical summary and the recommendation for continuing care. Describe need for follow-up indicating type and date. If additional space is needed, continue on add-a-page.
- I. Indicate the time frame for the next follow up meeting (e.g. one week, 30 days, 90 days)
- J. Indicate the date of the next medication follow up or re-order.

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

LMHP (print):	Date:
II. DEVELOPMENTAL AND SOCIAL HISTORY	
A. Family of Origin: Raised by _____ Siblings: _____	
Family Problems:	Mental Health Alcohol Drug Criminal
Describe: _____	
Childhood Trauma: Denied; No evidence If yes, describe: _____	
B. Education Standard Highest Grade Completed: _____	
Behavior Problems	Special Education/Learning Disability Developmental Disability
Comments: _____	
C. Marital: S / M / D / W Number of Marriages: _____ Longest Marriage: _____ Children: F ____ M ____	
Comments: _____	
D. Substance Abuse History	
Describe: _____	
E. Work History: Always Periodic Rarely Veteran: Reported Verified	
Income source:	Work Disability SSI Homeless Issues Adult years employed:
Occupation(s): _____	
Longest Period of Employment: _____	
Comments: _____	
F. Criminal History: No priors Juvenile History Gang Affiliation Adult Arrests/Convictions	
Describe: _____	
Current Offense(s): _____	
G. History of Violence: None Describe: _____	
H. Adjustment to Incarceration: Adequate Poor SHU Gangs Safety Concerns	
Describe: _____	

MENTAL HEALTH EVALUATION (MHE)**INSTRUCTIONS****II. Developmental and Social History**

- A. Indicate who raised the inmate and if there were any problems. Include family history of mental illness/treatment. Indicate if the inmate has a history of traumas including physical, sexual, or emotional abuse or neglect.
- B. Indicate the highest grade achieved by the inmate and whether the inmate had behavioral problems such as Attention Deficit Disorder or required Special Education classes. Indicate if the inmate was diagnosed as being developmentally disabled.
- C. Indicate current marital status, number of marriages, longest marriage, number of children.
- D. Indicate if inmate has a substance abuse history. Describe substances used and tried; and how it affected mental status.
- E. Describe source of income when inmate was arrested. Describe work history including primary occupation and any particular job skills.
- F. Indicate criminal history, including juvenile history, gang affiliations. List instant offense(s) by name (and Penal Code number, if known).
- G. Describe history of violence toward others. Include assaults, domestic violence, and sexual assault.
- H. Describe any special problems in adjustment to prison life.

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

II. HISTORY (continued)	
I. Medical History:	None reported or documented
Significant head trauma	
Allergies	
Coma/Loss of consciousness	
Seizures	
Other relevant medical problems:	
J. Mental Health History:	None reported or documented
Outpatient care	
Inpatient care	
While incarcerated	
K. Psychotropic Medication:	None
Current Psychotropic medications:	
Past Psychotropic medications and outcomes:	
Other Current medications:	

MENTAL HEALTH EVALUATION (MHE)

INSTRUCTIONS

II. History (Continued)

- I. **Medical History** – Describe any relevant medical history. If none, check box.
- J. **Mental Health History** – Describe past treatment. If possible, give dates and provider's name. Request a release of information to contact and get records from previous providers or inpatient programs. If no prior history, check box.
- K. **Psychotropic Medication** – List current and past psychotropic medications by name, dosage, dates of prescriptions, and benefits. List other current medications. If no medications, check box.

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

LMHP (print):	Date:			
III. MENTAL STATUS EXAMINATION				
A. Appearance:				
B. Behavior/Cooperation:				
C. Orientation:	WNL			
D. Speech:	WNL			
E. Affect	WNL			
F. Mood:	WNL			
G. Sleep/Appetite:	WNL			
H. Cognition:				
Fund of Information	WNL			
Intellectual Functioning	WNL			
Concentration	WNL			
Attention	WNL			
Memory	WNL			
I. Thought Processes:	WNL	Tangential	Circumstantial	Loose
J. Perception:				
Hallucinations	None			
K. Thought Content:				
Delusions	None			
Ideas of reference	None			
Obsessions	None			
Magical Thinking	None			
L. Insight				
Judgment	WNL			

MENTAL HEALTH EVALUATION (MHE)**INSTRUCTIONS****III. Mental Status Examination**

- A. **Appearance** – Describe inmate's appearance, including dress, grooming, body type, posture, nutritional status, hair color, and anything unusual.
- B. **Behavior/Cooperation** – Describe inmate's general behavior including reaction to interview, eye contact, psychomotor movements, unusual gestures, facial movements, abnormal movements, level of cooperation, estimate of truthfulness, and accuracy of information provided.
- C. **Orientation** – Indicate if inmate is oriented in all spheres; describe deficits.
- D. **Speech** – Note if there are any unusual speech patterns, speech disorders, (e.g. stuttering), problems of articulation, pressured speech, unusual phrasing and grammar, unusual use of words, neologisms.
- E. **Affect** – Describe emotional expression including range of feelings, appropriateness, intensity, and duration.
- F. **Mood** – Describe quality, stability, reactivity, intensity, and duration. If depressed explore past history of depressive episodes.
- G. **Sleep/Appetite** – Describe any problems with inmate's sleep patterns: hypersomnia, insomnia. If insomnia, inquire whether there is a problem falling asleep, staying asleep, or early morning awakening. Ask about nature of dreams. Indicate duration of problem. Describe increased or decreased appetite, weight gain or weight loss, duration of problem. Ask about eating disorders.
- H. **Cognition** – Describe in detail any abnormal cognitive processes. **Fund of information** – Indicate whether normal, impoverished, enriched. **Intellectual functioning** – In addition to information gained during the course of the interview, indicate results of intellectual screening/testing, TABE test, or school performance if available. Estimate whether intellectual ability lies in below average, average, or above average range.
- I. **Thought processes** – Include description of organization, and level of abstraction.
- J. **Perception: Hallucinations**. Describe any type of perceptual disturbances (e.g. auditory, visual, olfactory); when they started, whether present all the time, and how they are controlled.
- K. **Thought content: Delusions**. Describe content, meaning, type (e.g. grandiose, paranoid, guilt), and inmate's reaction.
- L. **Insight**: Describe level of awareness and understanding of symptoms and problems. **Judgment** – Describe inmate's ability to make socially appropriate decisions, set reasonable goals, cope effectively with problems of daily living, respect the rights of others.

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

LMHP (print): _____ Date: _____

III. MENTAL STATUS EXAMINATION (Continued)

M. Suicide History: Ideation Intent Plan Attempt Gesture

 Suicide Risk Assessment Checklist completed Date: _____

 Risk Factors: PC/SNY Family History History of Serious Attempt

Describe history, lethality, current risk, and protective factors: _____

N. Current violence risk factors:

O. Inmate strengths:

**IV. SUMMARY: List DSM criteria that justify the diagnosis
List differential diagnoses and rationale**

MENTAL HEALTH EVALUATION (MHE)

INSTRUCTIONS

III. Mental Status Examination (continued)

- M. Suicide History – Check appropriate box(es), describe in detail.
- N. Current violence risk factors – Include homicidal ideation, intent, and/or plan.
- O. Describe inmate's strengths that can be helpful in treatment.

IV. Summary: Give a brief narrative summary of inmate's history, current problems, and potential for benefiting from treatment. List DSM criteria that justify the diagnosis, as well as differential diagnoses and rationale for final diagnosis. Use add-a-page, if more space is needed.

MENTAL HEALTH EVALUATION (MHE)

INSTRUCTIONS

Add-a-Page

This page is to be used:

- When more space is needed for a particular section of either the Mental Health Evaluation or the Treatment Plan.
- To update a previous Mental Health Evaluation with additional information or details. If there is a substantial new history or other information for the Evaluation, use a new Mental Health Evaluation Form.

At the top of the page, check the box to indicate if this is additional information, an update, or corrections to a previous form.

The LMHP completing the form should sign at the bottom.

Fill in the two columns to indicate where the form is to be filed, either behind the page to which the addendum is to be added or on top of the previous form.