

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: May 5, 2014	POLICY NO.: COR.10.1E.05
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10.1E.05 (02/08/12)	
	SUBJECT: MENTAL HEALTH ASSESSMENTS AND EVALUATIONS		Page 1 of 5

1.0 PURPOSE

The purpose of this policy is to ensure that all inmates with positive mental health screens receive a Post-Admission Mental Health Assessment (PAMHA), Mental Health Evaluations (MHE) (as appropriate) to determine the mental health history and status of the inmate, as well as Brief Mental Health Assessment (BMHA) (as indicated) for inmates in segregation. Those inmates with a positive screens or positive PAMHA's are referred to the appropriate mental health staff for further assessment and evaluation, if required. Inmates with positive findings on the BMHA will be referred for mitigation, if clinically indicated.

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 Prisons , National Commission on Correctional Health Care, (2008).
- c. Anno, B. Jaye, Prison health Care: Guidelines for the Management of an Adequate Delivery System, pp.125-6. Washington, DC: National Institute of Corrections (2001).
- d. Abram, Karen M. and Teplin, Linda A., "Co-Occurring Disorders Among Mentally Ill Jail Detainees." *American Psychologist*, pp.1036-45. October 1991.

.2 Definitions

- a. 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), or a registered nurse with a psychiatric certification. An appropriately qualified physician with a minimum of one year experience working with people with mental illness who has received additional training in mental health policies and procedures (particularly, Suicide Prevention, Seclusion and Restraint) may be authorized to perform specific assessments.

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- b. 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 issue.

3.0 POLICY

- .1 All inmates shall receive a Mental Health Screen upon admission in accordance with COR.10.1E.02.
- .2 The following inmates shall receive a Post-Admission Mental Health Assessment (PAMHA):
 - a. All inmates with a positive Mental Health Screen shall receive a Post-Admission Mental Health Assessment (PAMHA) by a QMHP within fourteen (14) days of admission to the facility.
 - b. Inmates admitted to the mental health modules will have a PAMHA within one (1) business day, unless they are placed on a watch status (suicide or safety); in which case the Suicide Risk Evaluation (SRE) will determine whether or not a PAMHA is required, or they have a pre-existing PAMHA from the current facility admission.
- .3 PAMHA's are not required for inmates who are cleared from watch status within the one (1) business day on the basis that they do not have a serious mental illness.
- .4 Inmates with positive assessments may be referred to an LMHP for further Mental Health Evaluation (MHE), as needed.
- .5 All inmates with serious mental illness residing on a Mental Health Treatment module shall have a Mental Health Evaluation and Comprehensive Treatment Plan (MHE/CTP) within fourteen (14) days.

4.0 PROCEDURES

- .1 The PAMHA includes a structured interview with inquiries into the history of:
 - a. psychotic thinking;
 - b. psychiatric hospitalization and outpatient treatment;
 - c. suicidal behavior;

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- d. violent behavior;
- e. victimization and/or physical trauma;
- f. referral for special education screening and placement;
- g. cerebral trauma or seizures;
- h. sex offenses;
- i. criminal History (number of arrests, violence of crime, charges, drug related, etc.);
- j. employment / unemployment (length & frequency of each);
- k. financial status (household income & sources);
- l. marital / partner / family (length of time, relationship of parents, etc.);
- m. living accommodations / homelessness (address changes in past year);
- n. leisure / recreational activities (probe for amount of free time);
- o. companions (who, criminal activities); and
- p. attitude / orientation (worst thing ever done to someone, justification for present sentence).

.2 The interview shall also include the current status of the inmate's:

- a. psychotropic medications ;
- b. suicidal ideation ;
- c. drug or alcohol use;
- d. orientation to person, place, and time; and
- e. emotional response to incarceration.

.3 Inmates who receive a positive PAMHA may be referred to the appropriate LMHP or educational professional for further evaluation, as needed.

.4 The PAMHA shall be documented on form DOC 0453.

.5 The PAMHA shall be documented on the Multidisciplinary Progress Notes in the medical record.

.6 Inmates with mental retardation, developmental disabilities and learning disabilities shall be referred to the Education Program. Mental Health staff shall share necessary information with the Education Program to ensure the proper placement and continued stability of the inmate.

.7 Further Mental Health Evaluations and Comprehensive Treatment Plans shall be documented on form DOC 0438 and shall include:

- a. Diagnoses;

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- b. Behavioral Alerts;
- c. Medication and Targeted Symptoms;
- d. Clinical Summary and Recommendations;
- e. Developmental History, including
 - 1. Family history and
 - 2. Familial mental illness;
- f. Trauma;
- g. Education;
- h. Marital Status;
- i. Substance Use and Abuse History;
- j. Work and Income History;
- k. Criminal History;
- l. History of Violence;
- m. Adjustment to Incarceration;
- n. Medical History;
- o. Mental Health History;
- p. Current and Past Medications and outcomes;
- q. Other Medications;
- r. Complete Mental Status Examination that includes risk of suicide' violence and patient strengths;
- s. Summary that links DSM criteria to diagnoses, as well as differential diagnoses and rationale;
- t. Level of functional Impairment;
- u. Final treating diagnoses, with concurrence of treatment team; and
- v. Final Recommendations

- .8 Evaluations of segregated inmates:
 - a. QMHP shall document rounds on DOC 0412 (Restricted Housing Log).
 - b. QMHP shall identify inmates requiring further evaluation by an LMHP and contact a LMHP to schedule the review.
 - c. Within 72 hours of notification by the QMHP, the LMHP shall conduct a face-to-face Mitigation Review and document the clinical findings on DOC 0434 (Brief Mental Health Assessment), document the summary of the evaluation recommendation(s) on DOC 0439 (Restricted Housing Placement Evaluation) and make recommendations to the Adjustment Hearing on DOC 0467 (Mental Health Facility Adjustment Hearing Review Report).
 - d. LMHP shall make a clinical determination whether or not an inmate is capable of serving any period in segregation. If the findings conclude that the inmate should or cannot serve the prehearing detention, the

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LMHP shall immediately notify the Mental Health Section Administrator (MHSA).

e. MHSA shall notify the Warden of findings, recommend immediate mitigation and appropriate disposition.

.9 Patients who require acute mental health services beyond those available at the facility shall be transferred to an appropriate facility or agency.

5.0 SCOPE

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

APPROVAL RECOMMENDED:

Dr. D. Karan MD 5/2/14
 Medical Director Date

[Signature] 5/2/14
 Correctional Health Care Administrator Date

[Signature] 5/5/14
 Deputy Director for Corrections Date

APPROVED:

[Signature]
 Director

5/5/14
 Date

MENTAL HEALTH ASSESSMENT & EVALUATION (Post-Admission)

NAME: _____ **SID:** _____ **FACILITY:** _____

DOB: ___/___/____ **PLACE OF BIRTH:** _____ **GENDER:** () Male () Female

Ethnicity: () Hawaiian/Part-Hawaiian () Pacific Islander () Asian () Native American Indian
 () Caucasian () African American () Hispanic () Mexican () Other _____

Current Offense: _____

Considerations For Interview: () None () English Not Primary Language () Hearing Impaired
 () Vision Impaired () Wheel Chair/Other Mobility Problems () Security Risk () Other _____

	QUESTIONS	YES	NO
1	Have you ever had an Emotional, Mental or Psychological problem(s)? If Yes,		
2	Did you receive any counseling, therapy or Treatment for your problem(s)? If yes,		
	What was it for?		
	When? Where?		
	From Whom?		
	What was it for?		
	When? Where?		
	From Whom?		
	What was it for?		
	When? Where?		
	From Whom?		
3	Have you ever taken medicine(s) prescribed for the above condition(s)? If yes,		
	Prescribed by (Name MD or Psychiatrist):		
	Name(s) of Current Psychotropic Medication(s)		
4	Have you ever been Hospitalized in a psychiatric unit or hospital? If yes,		
	Where? When? Why?		
	Where? When? Why?		
	Where? When? Why?		
5	Has any member of your Family ever had any mental problem(s)? If yes,		
	Who?		
	What problem?		
6	Have you ever had a severe Head Injury requiring treatment? If yes,		
	When?		
7	Have you ever had a Seizure(s) ? If yes,		
	When was your last Seizure?		
8	Have you ever tried to hurt yourself or Attempt to Commit Suicide ? If yes,		
	How? How many times?		
	Was medical attention required? If yes,		
	What treatment did your receive?		
9	Have you ever Hurt Yourself on Purpose when not trying to attempt suicide?		
10	Are you now thinking of Killing Yourself while in here?		
11	Current Status of Orientation:		
	Person?		
	Place?		
	Time?		
	Situation?		
12	Do you Hear Things other people do not hear? If yes,		
	Describe:		

MENTAL HEALTH ASSESSMENT & EVALUATION (Post-Admission)

13	Do you See Things other people do not see? If yes, Describe:		
14	Do you believe you have Special Powers that others do not have? If yes, Describe:		
15	Have you ever used or currently use Drugs, Including Alcohol ? If yes, check:		
	QUESTIONS	YES	NO
	() Alcohol () Cocaine () Heroin () Ice/Methamphetamine () LSD () Marijuana () Hallucinogens () Other:		
16	Highest Grade Completed in School: () Grade: _____ ; Graduated H.S./Yr:		
17	While in school, were you ever in Special Education Classes ? If yes, from When to When		
18	Other Developmental or Educational Difficulties (Describe)		
19	Were you ever placed in a Juvenile Detention Center or Boys'/Girls' Group Home?		
20	Employment / Unemployment: Total #'s of Jobs:___ (List last three) Special Skills:_____		
	Type of Job: _____ Length of Time: _____		
	Type of Job: _____ Length of Time: _____		
	Type of Job: _____ Length of Time: _____		
21	Financial (income and sources):		
22	Marital / Partner / Family Status (positive)		
23	Living Accommodations: (identify last three addresses): _____; _____; _____. If homeless indicate "No"		
24	Where do you consider home? _____	N/A	N/A
25	Leisure / Recreation: identify _____; If too much free time indicate "No"		
26	Companions (who & criminal activities): _____ _____ _____		
27	Attitude / Orientation: Worst thing ever done to someone: _____ Justification for present sentence: _____		
28	Criminal History - # of arrests ___; charges: _____ _____		
29	Have you ever been Convicted of a Sexual Offense ?		
30	Have you ever, with little or no provocation, experienced Loss of Control that resulted in serious Harm to Someone or Destruction of Property , if yes		
	When?		
	What did you do?		
	When?		
	What did you do?		
	When?		
	What did you do?		
31	Present Emotional Response to Incarceration (Describe)		
32	Have you ever been Victim of Criminal Violence ? If yes, Describe:		
33	Have you ever been a victim of physical abuse or trauma? Describe:		
34	Have you ever had nightmares about abuse/trauma or thought about it when you did not want to?		

MENTAL HEALTH ASSESSMENT & EVALUATION (Post-Admission)

35	Have you ever tried hard not to think about the abuse/trauma or went out of your way to avoid situations that reminded you of it?		
36	Are you constantly on guard, watchful, or easily startled?		
37	Have you ever felt numb or detached from others, activities, or your surroundings?		
38	Is Further Diagnostic Evaluation recommended? If yes,		
<p>Reasons(s) For Referral (Details Documented in Comment Section Below):</p> <input type="checkbox"/> Current Suicidal Ideation, Intent, Plan or Behavior(s) <input type="checkbox"/> Prior Suicidal Gestures or Attempts in Past 6 Months <input type="checkbox"/> Problematic Behavior(s), Confusion or Disorientation Resulting Directly from Current, Significant Psychiatric Symptoms <input type="checkbox"/> Current or Recent (within the past 6 months) Mental Health Treatment <input type="checkbox"/> Unusual Nature of the Offense <input type="checkbox"/> Standardized Psychological Intelligence Testing <input type="checkbox"/> Trauma History (Treatment, Seclusion & Restraint considerations) <input type="checkbox"/> Other: _____			
COMMENTS:			
Staff Print Name: _____	Staff Signature: _____	Date: _____	
Title: <input type="checkbox"/> MD; <input type="checkbox"/> PhD; <input type="checkbox"/> MSW/LCSW/PSW/HSP; <input type="checkbox"/> MA; <input type="checkbox"/> NP; <input type="checkbox"/> RN; <input type="checkbox"/> LPN; <input type="checkbox"/> Other _____			

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

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

Periodic Update

Axis IV: _____

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

List DSM criteria that justify the diagnoses (List differential diagnoses and rationale)

FUNCTIONAL IMPAIRMENT Specify: 1=Mild 2=Moderate 3=Severe 4=None Apparent

OTHER SPECIAL NEEDS CONSIDERATIONS THAT MAY EFFECT TREATMENT

- | | | |
|--|---|---|
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Terminal Illness | <input type="checkbox"/> Serious Communicable Disease |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Seizures | <input type="checkbox"/> Coma / Loss of Consciousness |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Frail or Elderly | <input type="checkbox"/> Victim of Violence or Trauma |
| <input type="checkbox"/> Sex Offense History | | |
| <input type="checkbox"/> Other (specify): _____ | | |
| <input type="checkbox"/> Known Drug Allergies: _____ | | |

Narrative

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

MENTAL STATUS EXAMINATION
(Appearance, Behavior/Cooperation, Orientation, Speech, Affect, Mood, Sleep/Appetite, Cognition, Thought Processes, Perception, Thought Content)

BEHAVIORAL RISKS AND/OR ALERTS: Suicidal Self Injurious Assaultive Gravely Disabled Other: _____
Suicide History: Ideation Intent Plan Attempt Gesture Suicide Risk Evaluation (most recent completed) Date: _____ Describe history, lethality, current risk, and protective factors: _____ _____ _____ _____
Self Injurious Behavior (Type, Frequency, estimated lethality):
Current violence risk factors:
MENTAL HEALTH HISTORY: None reported or documented
Outpatient care: _____ _____

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

Inpatient care:

DEVELOPMENTAL AND SOCIAL HISTORY (Family History, Childhood Trauma, Education, Marital Status, Substance Abuse History, Behavior Problems, Work History, Homelessness, Criminal History, Adjustment to Incarceration):

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:

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

SHORT TERM TREATMENT OBJECTIVES	Status	INTERVENTIONS	Modality	Frequency	Staff Code
<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.		<input type="checkbox"/> Crisis / Trauma intervention services. <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 or Safety Plan <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed	01 06 02 07 03 08 04 09 05 10
<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.		<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). <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed	01 06 02 07 03 08 04 09 05 10
List Medications (Dosage, Route Frequency): _____ _____ _____ _____ _____		List Target Symptoms, Compliance Duration _____ _____ _____ _____ _____			01 06 02 07 03 08 04 09 05 10
<input type="checkbox"/> Accept redirection, time-out, and/or changes in housing placement to decrease stimulation as needed.		<input type="checkbox"/> Provide a structured therapeutic environment with consistent rules and predictable daily routines	<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

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

<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.	List Group and Individual Therapies <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<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"/> Establish and maintain appropriate hygiene, grooming, and other daily living skills. <input type="checkbox"/> Improve self-efficacy.	<input type="checkbox"/> Social and independent living skills group training.	<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"/> 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"/> Criminal Thinking <input type="checkbox"/> Dual Diagnosis <input type="checkbox"/> Cognitive-behavioral group <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____	<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: OM = Outcome Met W = Worse NC = No Change I = Improvement DC = Discontinued				
Summary Narrative Regarding Primary Treatment Objectives:				

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH EVALUATION / COMPREHENSIVE TREATMENT PLAN

Patient:	Date:	Authorized Representative:	Date:
Psychiatrist (01):	Date:	Psychologist (02):	Date:
Psychiatric Social Worker (03):	Date:	MH Registered Nurse (04):	Date:
Recreation Specialist (05)	Date:	Substance Abuse Counselor (06)	Date:
Paramedical Assistant (07)	Date:	Residency Case Manager (08)	
Adult Corrections Officer (09):	Date:	Other (10):	Date:

STATE OF HAWAII

MENTAL HEALTH FACILITY ADJUSTMENT HEARING REVIEW REPORT

<p>Name of Inmate: _____ SID Number: _____</p> <p>Date: _____</p>
<p>Infraction:</p> <p>_____</p> <p>_____</p>
<p>Any Mental Health Mitigating Circumstances, Mental Health Assessment:</p> <p>Diagnoses: Axis I: _____</p> <p>Axis II: _____</p> <p>Cognition: _____</p> <p>_____</p> <p>Volition: _____</p> <p>_____</p> <p>Planning: _____</p> <p>_____</p>
<p>Mental Health Recommendations:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Committee Decision:</p> <p>_____</p> <p>_____</p>