**OREGON DEPARTMENT OF CORRECTIONS**
**Operations Division**
**Health Services Section Policy and Procedure #P-G-04**


SUBJECT:        MENTAL HEALTH SERVICES

POLICY:         The ODOC provides a comprehensive mental health program to
                meet the needs of all inmates.  The mental health program provides
                services for inmates with acute mental health crises, short term
                needs and long term needs, including co-occurring substance
                abuse issues and behavioral disorders.  Mental health services are
                coordinated through Counseling and Treatment Services (CTS).
                Substance abuse treatment is coordinated through the Transitional
                Services Division.

REFERENCE:      NCCHC Standard P-G-04
                Health Services Policy P-E-03, Transfer Screening
                Health Services Policy P-G-05, Suicide Prevention Program
                ODOC Rule #47
                Diagnostic and Statistical Manual – Fourth Edition – Text Revision
                (DSM-IV-TR)

DEFINITIONS:

**Treatment Provider**:  A Case Manager, Mental Health Counselor, Prescribing
Practitioner, or CTS clinical supervisory staff.

**MH-codes (previously called A codes)**:  A system of classification to determine the
allocation of mental health resources provided to inmates.  MH-codes also provide
information to other corrections staff about an inmate's need for services.  MH-codes
are:

**MH-0**  Assigned to an inmate who has been assessed by a CTS treatment
provider and does not meet criteria for a diagnosis that requires mental
health services.

**MH-1**  Assigned to an inmate who has been assessed by a CTS treatment
provider and, based on diagnosis with mild acuity, does not meet criteria
for mental health services (see table two).

**MH-R**  Assigned to an inmate who has been assessed by a CTS treatment
provider and meets diagnostic criteria for a code of MH-1 and is
prescribed psychotropic medications by a CTS prescriber or the inmate's
acuity level is assessed as moderate or severe.  The inmate will be
restricted to institutions where mental health services are available.

**MH-2**  Assigned to an inmate who has been assessed by a CTS treatment
provider and, based on diagnosis as outlined in table one, meets criteria
for mental health services (see table two).  The inmate will be restricted to
institutions where mental health services are available.

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> **MH-3** Assigned to an inmate who has been assessed by a CTS treatment provider and, based on diagnosis as outlined in table one, meets criteria for mental health services (see table two). The inmate will be restricted to institutions where mental health services are available.

**Acuity**: An individual's clinical presentation based on his/her current and past Global Assessment of Functioning (GAF) score as well as the CTS treatment provider's clinical judgment. The acuity levels are:

> Mild: GAF score of 61-100
>
> Moderate: GAF score of 31-60
>
> Severe: GAF score of 1-30

If an inmate has made a suicide attempt (as defined in the Suicide Prevention Procedure) within the previous three years, the acuity will be elevated to at least moderate until there has been a three year period with no attempts.

When an inmate has a significant medication change (including discontinuation of meds), the acuity will be elevated to at least moderate for 90 days to ensure that he stays at a facility with CTS services and that AIP placements are prevented without CTS clearance.

PROCEDURE:

A. The Health Services Manager, or designee, at each facility, with the institution Superintendent, is responsible for establishing a location to house inmates who are in need of Mental Health Services but do not require acute mental health services so that frequent observation can be maintained until CTS staff evaluates the inmate and establishes a treatment plan, releases the inmate from mental health observation or the inmate is transferred to another facility with the appropriate level of service.

Routine referrals to CTS:

1. Routine referrals to CTS are made using the "Request for Medical/Psychiatric Evaluation" form (attachment A) and may be made for the following circumstances:

   a. The inmate requests mental health services.

   b. Health care staff request an evaluation based upon observed behaviors that indicate mental health services may be needed.

2. A copy of the referral form is maintained in the Mental Health section of the inmate's health care record.

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3. Following consultation with a Mental Health Treatment Provider and SMU, inmates who are assessed as medically stable and who are requiring acute level mental health services may be transferred to a Special Management Unit.

Crisis intervention:

1. During regular working hours, contact the Mental Health Case Manager or when not available, another Mental Health Treatment Provider.

2. Emergency referrals on weekends, holidays or at facilities without regular mental health staff, are to be made in accordance with the CTS Mental Health On-Call Procedures. These types of referrals, in addition to any other pertinent information or outcomes, are to be documented on the progress notes of the inmate's health care record.

Transfer:

1. Inmates may be transferred to another facility for mental health care in consultation with the Health Services Manager or designee and CTS Manager or designee.

B. A code is assigned to an inmate based on the current DSM diagnosis. An acuity level (mild, moderate, or severe) is assigned based on the inmate's current Global Assessment of Functioning.

1. Initial Assessment: When an inmate is evaluated by a CTS treatment provider, a diagnosis will be determined and an MH-code with an Acuity level will be assigned. Diagnoses which determine an MH-code can be provisional but not rule-outs. Justification for the diagnosis should be noted. The MH-code is based on the most severe diagnosis. However, the most prevalent diagnosis will drive the treatment approach.

2. Discrepant Diagnoses: If one treatment provider disagrees with another treatment provider about a diagnosis, such as a prescriber and a case manager, there will be a consultation between the providers to determine which diagnosis will be assigned. If a consensus cannot be reached regarding diagnosis, the CTS Manager will make the determination.

3. Follow-up Assessment: Each time an inmate is seen for follow-up services, the diagnosis and acuity level will be reviewed.

4. Changing a diagnosis: If the inmate no longer meets criteria for his/her previous diagnosis, the new diagnosis and MH-code will be assigned with justification appropriately documented.

5. Changing Acuity Levels: Each time an inmate is seen by a CTS treatment provider, the acuity level will be changed to reflect the most current level of functioning. This will be documented in the progress note and entered into the CTS data system.

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6.  Treatment Services Schedule: Mental health services will be allocated according to an inmate's MH-code and Acuity level (see table two). Allocation of services for inmates with MH-1 and MH-R codes is as follows:

    Contractors can provide up to four individual and eight group therapy sessions with approval by the mental health case manager. The case manager may request additional individual and group treatment with the approval of the local CTS manager.

**Table One    MH-codes based on the current DSM diagnoses**

<table>
<tr><td colspan="2"><strong>MH-3</strong></td></tr>
<tr><td>298.9</td><td>Psychosis NOS</td></tr>
<tr><td>295.xx</td><td>Schizophrenia</td></tr>
<tr><td>296.xx</td><td>Bipolar Disorder</td></tr>
<tr><td>300.12</td><td>Dissociative Disorders</td></tr>
<tr><td>296.3</td><td>Major Depressive Disorder, Recurrent</td></tr>
<tr><td>295.70</td><td>Schizoaffective Disorder</td></tr>
<tr><td>295.40</td><td>Schizophreniform</td></tr>
<tr><td colspan="2"><strong>MH-2</strong></td></tr>
<tr><td>307.1</td><td>Anorexia</td></tr>
<tr><td>307.51</td><td>Bulimia</td></tr>
<tr><td>307.50</td><td>Eating Disorder NOS</td></tr>
<tr><td>301.83</td><td>Borderline PD</td></tr>
<tr><td>297.1</td><td>Delusional Disorder</td></tr>
<tr><td>294.xx</td><td>Dementia</td></tr>
<tr><td>299.80</td><td>Pervasive Developmental Disorders</td></tr>
<tr><td>296.2x</td><td>Major Depressive Disorder, Single Episode</td></tr>
<tr><td>301.22</td><td>Schizotypal PD</td></tr>
<tr><td>307.23</td><td>Tourette's</td></tr>
<tr><td>301.3</td><td>Cyclothymia</td></tr>
<tr><td>300.22</td><td>Agoraphobia</td></tr>
<tr><td>300.01</td><td>Panic Disorder</td></tr>
<tr><td>300.3</td><td>Obsessive-Compulsive Disorder</td></tr>
<tr><td>311.0</td><td>Depression NOS</td></tr>
<tr><td>296.90</td><td>Mood Disorder NOS</td></tr>
<tr><td>300.4</td><td>Dysthymic Disorder</td></tr>
<tr><td>301.0</td><td>Paranoid Personality Disorder</td></tr>
<tr><td>309.81</td><td>Post Traumatic Stress Disorder</td></tr>
<tr><td>298.8</td><td>Brief Psychotic Disorder</td></tr>
</table>

**Mental Health Services**

**MH-R**

799.9  Deferred Axis I diagnosis
Any MH-1 Diagnosis that is being treated with medication
Any MH-1 Diagnosis with a moderate or severe acuity level

**MH-1**

| | |
|---|---|
| 301.7 | Antisocial PD |
| 314.xx | ADHD |
| 309.xx | Adjustment Disorders |
| 300.23 | Social Phobia |
| 300.29 | Specific Phobia |
| 308.3 | Acute Stress Disorder |
| 300.02 | General Anxiety Disorder |
| 300.00 | Anxiety Disorder NOS |
| 301.6 | Dependent PD |
| 312.34 | Intermittent Explosive Disorder |
| 312.30 | Impulse Control Disorder NOS |
| 313.81 | Oppositional-Defiant Disorder |
| 312.33 | Pyromania |
| 312.xx | Conduct Disorder |
| 310.1 | Personality Change Secondary to Medical Cause |
| 300.81 | Somatoform |
| 301.50 | Histrionic PD |
| 301.20 | Schizoid PD |
| 301.81 | Narcissistic PD |
| 301.4 | Obsessive-Compulsive PD |
| 307.22 | Tic Disorder |
| 312.32 | Kleptomania |
| 301.82 | Avoidant PD |
| 312.31 | Pathological Gambling |
| 302.6 | Gender Identity and Sexual Disorders |
| 30.19 | Personality Disorder NOS |
| 292.91 | Substance abuse related disorders |
| 294.91 | Cognitive Disorder NOS |

**Mental Health Services**

**Table Two: Allocation of MH Services based on MH-code and Acuity level**

|  | Mild (GAF=61-100) | Moderate (GAF=31-60) | Severe (GAF=01-30) |
|---|---|---|---|
| **MH-3** | Recommended case mgmt contact at least every 90 days<br><br>Group | Recommended case mgmt contact at least every 30 days<br><br>Group<br><br>Individual | Recommended case mgmt contact at least weekly<br><br>Group<br><br>Individual |
| **MH-2** | Recommended case mgmt contact at least every 120 days<br><br>Group | Recommended case mgmt contact at least every 60 days<br><br>Group<br><br>Individual | Recommended case mgmt contact at least weekly<br><br>Group<br><br>Individual |
| **MH-R** | Prescriber only if referred through case mgr | Prescriber only if referred through case mgr<br><br>Group | Prescriber only if referred through case mgr<br><br>Group<br><br>Individual |
| **MH-1**<br>**MH-0** | No services |  |  |

Effective Date: _____
Revision date:  August 2007
Supersedes P&P dated: February 2007

ODOC Health Services/Counseling and Treatment Services

## REQUEST FOR MEDICAL/PSYCHIATRIC EVALUATION

Provider making the referral_____     Date_____

_____ Mental Health Case manager notification
_____ Mental Health Evaluation request
_____ Mental Health Evaluation <u>and</u> Mental Health Treatment request
_____ Medical Evaluation and Medical Treatment request
_____ Other

Review request urgency
_____ Routine          _____ 2-7 days          _____ 24 hours

Nature of problem. _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Impression _____
_____
_____

Mental Health Medications _____
_____
_____

Other actions taken so far _____
_____
_____
_____
_____

Institution_____ Location_____

Name_____
SID #_____
DOB_____