

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-E-05**

SUBJECT: MENTAL HEALTH SCREENING AND EVALUATION

POLICY: Upon admission to the Oregon Corrections Intake Center at Coffee Creek Correctional Institution, inmates will be screened for the presence of mental disorders. The results of mental health screenings are maintained as part of the inmate's health care record. Inmates who, as a result of the screening, are identified as at risk for mental illness will be referred for further evaluation by mental health staff. Inmates with mental illness will be housed in a facility most appropriate for their treatment needs.

REFERENCE: NCCHC Standard P-E-05  
OAR: Transfer for Mental Health

PROCEDURE:

A. Intake Evaluation

1. On the day an inmate is received for admission, a nurse interviews each inmate during receiving screening to identify inmates who are mentally disordered or developmentally disabled. During the interview, the nurse observes and evaluates level of consciousness, mental status, behavior and appearance. Subjects addressed during the interview specific to mental health needs include treatment or hospitalization for mental illness, suicide attempts, current suicidal feelings or thoughts, and information about the recency, frequency and amount of drug, alcohol and tobacco use.
2. Upon completion of the receiving screening, the nurse makes the disposition decision as to whether the inmate can be released to General Population, be released to General Population with a referral to Counseling and Treatment Services (CTS) or whether the inmate needs an immediate referral to CTS.
3. Within fourteen (14) days of the date of admission, an Offender Profile Report will be completed. The Offender Profile Report is a computer generated report based upon data obtained from a personal interview and a battery of tests which may consist of: PAI, BASIS, USES Interest Inventory, Monroe Dyscontrol Scale, Buss-Durkee Hostility Inventory, MAST, DAST and drug and alcohol use self-report.

## Mental Health Screening and Evaluation

4. The nurse completes the interview portion of the Offender Profile Report which is completed no later than at the time of the baseline Health Assessment. Interview questions include mental health and substance abuse treatment history, history of suicidal thoughts and/or behavior, and a variety of symptom descriptions. The results of the interview are recorded on a questionnaire and forwarded to CTS staff that administers the other testing tools.
  5. The Offender Profile Report screens for suicide, victimization, violence potential, major mental illness and developmental disability. A copy of this report is maintained in the Mental Health section of the inmate's health care record.
  6. Referral to CTS is made in the following circumstances:
    - a. The receiving screening indicates that the inmate is at risk to a mental health problem including suicide, victimization, major mental illness or developmental disability.
    - b. The inmate requests mental health services.
    - c. Health care or other correctional staff request an evaluation based upon observed behaviors that indicate mental health services may be needed.
  7. Inmates who cannot read well enough to complete intake testing or who otherwise are suspected of being developmentally disabled (DD) are to be interviewed by CTS personnel who screen for low intellectual functioning and administer intellectual testing as necessary to determine the level of functioning. Inmates determined to be developmentally delayed or disabled are referred for DD services.
  8. Documentation of mental health evaluations and services is maintained in the Mental Health section of the inmate's health care record.
- B. Receiving Facility upon Completion of the Intake Evaluation
1. The Health Services Manager at each facility, with the institution Superintendent, is responsible for establishing a location to house inmates who are disturbed but not requiring 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.

## Mental Health Screening and Evaluation

2. Routine referrals to CTS are made using the "Request for Medical/Psychiatric Evaluation" form (Attachment 1) and may be made for the following circumstances:
  - a. Review of the intake mental health screening indicates the inmate is receiving psychotropic medication for mental health reasons or has a history of suicide attempts.
  - b. The inmate requests mental health services.
  - c. Health care staff request an evaluation based upon observed behaviors that indicate mental health services may be needed.

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

3. Emergency referrals after hours, on weekends or holidays, are to be made in accordance to the "Counseling & Treatment Services On-Call Schedule (Attachment 2). 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. The CTS On-call listing is kept current and is available in Public Folders as "CTS On-Call."
4. Inmates who require mental health services beyond that available at a particular correctional facility may be transferred at the request of CTS or Health Services staff to another correctional facility with the appropriate level of mental health services. CTS will be notified of the pending transfer. Following consultation with CTS staff, inmates requiring acute level mental health services may be transferred to a Special Management Unit for further evaluation and possible treatment.

Effective Date: \_\_\_\_\_

Revision date: April 2007

Supersedes P&P dated: March 2006

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 and Mental Health Treatment request
- \_\_\_\_\_ Medical Evaluation and Medical Treatment request
- \_\_\_\_\_ Other

Review request urgency

\_\_\_\_\_ Routine                      \_\_\_\_\_ 2-7 days                      \_\_\_\_\_ 24 hours

Nature of problem. \_\_\_\_\_

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Impression \_\_\_\_\_

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Mental Health Medications \_\_\_\_\_

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Other actions taken so far \_\_\_\_\_

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Institution \_\_\_\_\_ Location \_\_\_\_\_

Name _____
SID# _____
DOB _____

# “EXAMPLE”

## Counseling & Treatment Services On-Call Schedule

When you have a mental health crisis **after hours, on weekends or holidays**, please contact the person who is the primary on-call Psychiatric Mental Health Nurse Practitioner for your institution (PMHNP). If you cannot reach that person after paging twice, then contact the secondary on-call PMHNP for that institution. If you cannot reach either of them in a reasonable time, call any other on-call PMHNP.

**During regular working hours**, please contact the Mental Health Case Manager in crisis situations as usual. For institutions that do **not** have Mental Health Case Managers, contact Shari Melton, Mental Health Services Supervisor, at 503-378-8373, or cell 503-551-6699, or pager (503) 918-0889. Please do **not** contact the PMHNP during regular working hours. They have very heavy patient schedules and need to concentrate on those responsibilities during regular working hours.

Psychiatric Mental Health Nurse Practitioners:

Rosanne Harmon – Pager (503) 316-4915	Cell Phone (503) 881-5916*
Scott Haynes – Pager (503) 589-3855	Cell Phone (503) 551-6939*
BJ Meyer – Pager (503) 589-8338	Cell Phone (503) 510-2988*
Barbara Miller - Pager (503) 301-2135	Cell Phone (503) 887-1913*

*\*Page first as they cannot take cell phones into the institution.*

### Western Oregon Institutions

### Eastern Oregon Institutions

#### **CCCF Women-Medium**

Primary –BJ Meyer  
Secondary –Scott Haynes

#### **EOCI**

Primary – BJ Meyer  
Secondary – Rosanne Harmon

#### **CCCF Women-Minimum**

**CCCF Men**  
Primary – Scott Haynes  
Secondary – BJ Meyer

#### **PRCF**

Primary – Rosanne Harmon  
Secondary - BJ Meyer

#### **CRCI/SFFC**

Primary – Scott Haynes  
Secondary – Barbara Miller

#### **SRCI**

Primary – Rosanne Harmon  
Secondary – BJ Meyer

#### **OSCI**

Primary – Barbara Miller  
Secondary –Scott Haynes

#### **TRCI**

Primary – BJ Meyer  
Secondary – Rosanne Harmon

#### **OSP**

Primary – Barbara Miller  
Secondary – Scott Haynes

#### **SCCI**

Primary – Barbara Miller  
Secondary – BJ Meyer

#### **SCI/MCCF**

Primary – Barbara Miller  
Secondary – Scott Haynes

## **Addendum OSCI/SCI/MCCF**

Health Services Policy & Procedure P-E-05

Mental Health Screening & Evaluation

In order to assure that inmates housed at OSCI, SCI and MCCF, who have not had their initial Mental Health assessment completed, have this assessment done in a timely manner; upon transfer to the institution nurses will complete the following checklist within 12 hours of the inmate's arrival.

- Review Mental Health section of health care record for documentation of referral or Offender Profile report.
- Check Health Status for Mental Health referral need.
- Note if on any Mental Health medications.
- Complete Mental Health referral sheet if any of the above indicate a need for mental health follow-up or if no evidence in chart of initial Mental Health screening at Intake.
- At OSCI, forward the Mental Health referral sheet to the CTS Case Manager.
- At SCI/MCCF notify CTS and arrange transfer to facility with CTS services.