

Oklahoma Department of Correction
Qualified Mental Health Professional Peer Review Criteria

Attachment B
OP-140142

Date of Review: _____ Provider Reviewed: _____

Reason for Review:

- | | | |
|---|--|--|
| <input type="checkbox"/> Biennial | <input type="checkbox"/> Appropriateness of Care | <input type="checkbox"/> Adverse drug reaction |
| <input type="checkbox"/> Professional concern | <input type="checkbox"/> Critical Incident | <input type="checkbox"/> Utilization issues |
| <input type="checkbox"/> Other _____ | | |

Criteria (if related to assigned duties depending on facility):

1. Diagnosis is justified by history and current assessment?
 Yes No Comment: _____
2. Treatment plan is consistent with diagnosis?
 Yes No Comment: _____
3. Treatment plan is completed within required timeframe?
 Yes No Comment: _____
4. Treatment plan includes measurable goals?
 Yes No Comment: _____
5. Progress notes reflect changes in the inmate health/behavior/mental status and relate back to the problem(s) on the treatment plan?
 Yes No Comment: _____
6. Conducts appropriate screening/evaluation/appraisal according to OP-140201 entitled "Mental Health Services Duties and Responsibilities" within the specified timeframe?
 Yes No Comment: _____
7. Documents appropriate assessment of inmates on antipsychotic medications for the treatment of major depression, bi-polar, and psychotic disorders as directed in OP-140201 entitled "Mental Health Services Duties and Responsibilities" at least monthly or more often according to severity of symptoms?
 Yes No Comment: _____
8. Documents required segregated housing unit reviews and 30 day assessments?
 Yes No Comment: _____
9. Demonstrates appropriate intervention services in response to crises?
 Yes No Comment: _____
10. Updates mental health levels at least annually or as needed?
 Yes No Comment: _____
11. Makes appropriate referrals to MHU/ICHU/HP when necessary?
 Yes No Comment: _____
12. Makes appropriate referrals to psychiatry with supported documentation of symptoms?
 Yes No Comment: _____
13. Treatment interventions adhere to accepted national professional standards?
 Yes No Comment: _____

Signature of Reviewer: _____

(R 03/22)