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Mental Health Services Duties and Responsibilities

I. Duties and Practices of Mental Health Staff

The chief mental health officer (CMHO) will determine duties of mental health staff, consistent with job descriptions and procedures of the Oklahoma Department of Corrections (ODOC) and Office of Management and Enterprise Services (OMES). (2-CO-4E-01)

A. Definition of Mental Health Services

Mental health services include the observation, description, evaluation, interpretation and modification of human behavior by the application of psychological/psychiatric principles, methods and procedures for the purpose of preventing or eliminating symptomatic, maladaptive or undesired behavior and of enhancing personal effectiveness, behavioral health and mental health.

B. Minimum Components of Mental Health Services (2-CO-4E-01, 5-ACI-6A-28M, 4-ACRS-4C-15)

1. Screening for mental health problems upon intake with both intersystem and intrasystem transfers. (5-ACI-6A-28M b#1)
2. Access to appropriate levels of inpatient and outpatient mental health services, including crisis intervention, stabilization for prevention of deteriorating or harmful behavior, appropriate medications, available elective therapy treatment and follow up with inmates who return from an inpatient psychiatric facility. (5-ACI-6A-28M b#2,b#3, b#4, b#5, b#8, 4-ACRS-4C-15)
3. Obtaining and documenting informed consent and/or refusal for treatment when appropriate in accordance with [OP-140701](#) entitled "Informed Consent for Medical, Dental and Mental Health Care." (5-ACI-6A-28M b#7)
4. For those inmates whose mental health needs exceed the treatment capabilities of ODOC facilities, referrals for admission to an appropriate licensed mental health facility. (5-ACI-6A-28M b#6)
5. Continuity of care is provided from admission to discharge from the facility, including referrals to appropriate community-based providers, when indicated. Inmate health care records should be reviewed by the facility's qualified health care professional upon arrival from outside health care entities including those from inside the correctional system.

C. Service Priorities

The facility mental health authority in collaboration with facility administrators will annually develop a strategic plan for their individual facility that provides mental health services in the following order of priority:

1. Suicide Prevention/Crisis Intervention

Identifying inmates who are an imminent danger to self or others due to mental/emotional distress or disorder is the top priority of ODOC mental health services.

2. Identification and Treatment of Inmates with Serious Mental Illness

Provision of these services as outlined in Section I. D. item 1. of this procedure. (5-ACI-6A-28M b#2)

3. Other Services Based on a Needs Assessment of the Individual Facility

The facility mental health authority will perform a needs assessment to determine what services should and could be provided given the top two priorities are met, utilizing the "Facility Mental Health Services Needs Assessment and Strategic Plan Format" ([DOC 140201D](#), attached).

D. Service Recipients (2-CO-4F-01)

1. Mental health services will be provided by qualified mental health professionals (QMHPs), as clinically indicated, to the following recipients:

- a. Inmates experiencing or at high risk for psychological, behavioral, cognitive and/or emotional crisis, or at risk of suicide.

- b. Inmates experiencing a mental health disorder, as described in the most recent edition of the Diagnostic and Statistical Manual.

- c. Consultation with administrative, medical and facility security/support staff on matters related to inmate management and care.

- d. Staff members, when referred by the facility head, pursuant to [OP-110501](#) entitled "Line of Duty Severe Injury Death," or when a facility emergency has been declared by the facility head. If staff seeks mental health consultation for a personal crisis, they may be seen for an initial interview and then will be referred to the Employee Assistance Program (EAP) administrator.

2. Inmates may be referred for mental health services by staff, or inmates may submit a "Request for Health Services" in accordance with [OP-140117](#) entitled "Access to Health Care."

3. Inmates with serious acute mental health problems will be referred to a QMHP immediately. Urgent mental health problems may be evidenced by a sudden or rapid change in an inmate's behavior and/or affect, which may endanger themselves or others if not treated.
4. A QMHP will review submitted "Request for Health Services" forms upon receipt and schedule appointments with the QMHP or psychiatrist when clinically indicated. A written response will be returned to every "Request for Health Services" within three working days of receipt. If an in-person assessment is deemed clinically necessary by a QMHP, the inmate will be evaluated within three working days of the request at facilities designated as requiring services onsite three or more days a week by a psychiatrist or advanced practice nurse. For those facilities designated as needing less psychiatric coverage and if an inmate in-person assessment is deemed clinically necessary by a QMHP, the inmate will be evaluated within ten working days.

E. Duties and Responsibilities of Qualified Mental Health Professionals

The duties of a QMHP as defined in [OP-140140](#) entitled "Mental Health Administration and Organization" will include primary, secondary, and tertiary services/duties/responsibilities. Under special circumstances, exceptions to these services/duties/responsibilities may be requested to the chief mental health officer.

1. Primary Clinical Duties and Service Responsibilities

- a. Crisis and suicide prevention/intervention services; (5-ACI-6A-28M b#3)
- b. Mental health screening, evaluations and assessments required by policy;
- c. Individual treatment plan development and review; (5-ACI-6A-07)
- d. Monthly assessment contact with all inmates diagnosed with a major depressive disorder, bi-polar disorder, or psychotic disorder and all inmates prescribed anti-psychotic medication;
- e. Required restrictive housing unit reviews and every 30 day assessments;
- f. Individual and group psychotherapy; (5-ACI-6A-28M b#3)
- g. Specialized psycho-educational groups;

- h. Maintenance of documentation for services rendered in accordance with [OP-140106](#) entitled "Healthcare Record System," consistent with ODOC policy, procedure and professional ethics;
- i. Prescribing provider (e.g., psychiatrist, advanced practice nurse) assessment of inmates prescribed psychotropic medications a minimum of every 90 days, and assessment of inmates prescribed antipsychotic medication will also include a documented "Abnormal Involuntary Movement Scale (AIMS)" assessment ([DOC 140201C](#), attached) completed by the prescribing provider a minimum of every 90 days; and
- j. Required reviews of inmate disciplinary actions, as outlined in [OP-060125](#) entitled "Inmate/Offender Disciplinary Procedures."

2. Secondary Duties and Responsibilities

- a. Special mental health evaluation reports and treatment plans as required;
- b. Consultation with medical, support, administrative, and security staff on treatment and programming concerns;
- c. Development, implementation and coordination of special programs as determined by the CMHO;
- d. Requested screening, orientation and record reviews;
- e. Participation in professional development activities; and
- f. Provision of staff training in specialized and in-service mental health related topics. (5-ACI-5E-06)

3. Tertiary Duties and Responsibilities

- a. Supervision of volunteers and student interns as appropriate;
- b. Participation on work-related committees;
- c. Research participation and/or administration as appropriate and approved; and
- d. Participation in grant applications as appropriate and approved.

II. Services Provided by Qualified Mental Health Professionals

A. Screening/Testing/Evaluation/Assessment

Mental health screening, testing, evaluation and assessment will be carried out by QMHPs as appropriate to their professional scope, competency and training. Such functions may include behavioral observation and interviewing, as well as administering, scoring, and interpreting instruments for assessment, diagnosis, and treatment planning. Testing methods used will comply with professional standards and guidelines.

1. Mental Health Screening and Evaluation Upon Reception (5-ACI-6A-32M)

All inmates entering an ODOC assessment and reception center will undergo both a mental health screening and evaluation to determine mental health treatment needs, placement into mental health treatment programs and levels of risk of harm to self, including suicide risk, and risk to other inmates and/or staff. Screening and evaluation procedures will be administered on a phase system as described below. Phases I and II comprise screening, Phases III, and IV comprise more in-depth evaluation of all inmates. Inmates identified as needing mental health services at any phase of screening and evaluation will undergo more in-depth levels of assessment/evaluation as deemed appropriate.

a. Phase I

Phase I screening takes place when the inmate first arrives at the appropriate assessment and reception center and is the responsibility of the intake correctional officers who are trained to identify signs of potential mental health problems and immediately notify the mental health staff of their concerns.

b. Phase II (First day of reception)

(1) The inmate is administered questionnaires concerning the inmate's medical, mental health, substance abuse and suicide history in accordance with MSRM 140201.01 entitled "Mental Health Intake Screening and Evaluations."

(2) Intake documents and questionnaire results are reviewed and discussed in a personal interview with a qualified nurse to gather information about current medications (including dosages), past mental health treatment (including hospitalizations), current mental health problems and any history of and/or current

suicidal ideation or attempts, and substance abuse history. If appropriate, release of information forms will be signed and records requested at this time.

- (3) When history, behavioral observations, medications and/or verbal interview results indicate mental health concerns, the inmate is referred to a QMHP for assessment the same working day if there are indicators of imminent risk of danger, or by the next working day if the risk is assessed as not imminent.

c. Phase III (Second day of reception)

Based on a review of all documentation and records inventory, a QMHP will conduct one of two types of face-to-face interviews on day two of reception.

- (1) For those inmates who are identified as having potential mental health needs from Phases I-II, a QMHP will conduct an in-depth, in-person interview, including a discussion of mental health history, current mental health functioning and needs, substance use and treatment, relevant medical needs, significant life events, a mental status exam, and any other clinical issues as determined by the QMHP.
- (2) When applicable, the electronic mental health records provided by the Department of Mental Health and Substance Abuse Services (ODMHSAS) will be procured through the secure website.
- (3) For those inmates who report the current use of psychotropic medication and/or present with significant mental health needs, a referral to psychiatry will be made by a QMHP.
- (4) For those inmates with no indication of mental health needs based on the results of Phases I-II, a QMHP will conduct a brief, in-person interview, including a discussion of mental health history and current mental health functioning. A mental status exam will also be completed.
- (5) For those inmates whose special circumstances indicate the need for an interview before a review of available documents/records, the QMHP will document in the electronic health record (EHR) whether the inmate needs a follow-up interview for clarification or response.

- d. Based on the findings of the screening/evaluation process through Phase III, the QMHP will complete items (1) and (2) and, where appropriate, will complete items (3) and (4) below:
- (1) Determine whether the inmate is currently at risk for suicide. If a risk is determined, the QMHP will document the nature of the risk in the (EHR) utilizing a SOAP note format and notify the facility correctional health services administrator (CHSA), chief of security, and appropriate facility administrative staff. Additionally, the QMHP will determine if the inmate is able to function in the assigned correctional environment or should be placed on suicide watch in a safe cell. When an inmate has been determined to be at risk for suicide or has a history of suicidal behavior, an alert will be entered into (EHR) to indicate suicide risk and history.
 - (2) Determine a mental health service level classification in accordance with Section III. of this procedure and [OP-140113](#), entitled "Health Assessment for Inmate Transfers" and the level will be entered into the vital sign section of the EHR.
 - (3) Document any diagnoses determined into the EHR.
 - (4) Where appropriate, develop an initial treatment plan with recommendations for housing and facility designation. Any other applicable alerts (i.e., suicide attempt history, no keep on person medications, etc.) will be entered into the EHR.

2. Facility Mental Health Screening (5-ACI-6A-32M)

- a. All newly received inmates at each facility will be screened at the time of reception by a mental health trained staff member or qualified mental healthcare professional in accordance with [OP-140113](#) entitled "Health Assessment for Inmate Transfers."
- b. Those inmates referred by the intake screening will be given a mental health assessment based upon the urgency noted in the referral but at minimum within 14 days of admission to the facility. (5-ACI-6A-32M)
- c. If assessment indicates a current risk for suicide, the QMHP will document the nature of the risk in the EHR utilizing a SOAP note format, and the facility correctional health services

administrator (CHSA), chief of security, and appropriate facility administrative staff will be notified. Additionally, the QMHP will determine if the inmate is able to function in the assigned correctional environment or should be placed on suicide watch in a safe cell. When an inmate has been determined to be at risk for suicide or has a history of suicidal behavior, an alert will be entered into EHR to indicate suicide risk and history.

- d. For inmates who have a history of overdosing on medication, an alert for no kop medication will be entered into the electronic health record until a QMHP has determined and documented that the no kop medication alert is no longer appropriate.
- e. Results, including a treatment plan and/or referrals as deemed appropriate, will be recorded in the inmate's EHR. (5-ACI-6A-07)
- f. The inmate's mental health service level classification will be reviewed and confirmed or may be changed at this time in accordance with Section III. of this procedure.

B. Group and Individual Therapy

1. Group therapy should comprise the major focus of a facility's mental health therapy program. Group therapy will be provided based on the treatment needs of the facility's population. Groups will normally be offered for monitoring inmates receiving psychotropic medications and for inmates experiencing various problems that may include, but not be limited to problems with impulse control, sleep, hygiene, hypertension, coping with HIV, medication management for diabetics, asthma, and seizure disorder; headache and pain management; parent/child relationships, adjustment to prison, coping with grief and/or guilt, and other difficulties of mood, cognition, or adjustment.
2. Individual therapy will be available to inmates if warranted. Brief therapy models will be utilized to facilitate access to care. If demands for individual therapy exceed staffing limitations, group services will be provided to avoid waiting lists or otherwise denying access to care.

C. Restrictive Housing Unit Assessments

1. Mental health assessments of all inmates housed in restrictive housing units are to be carried out by a QMHP and will be based on in person interviews. Assessments will be carried out in accordance with the schedule outlined below or more frequently if prescribed by

the mental health authority, in accordance with [OP040204](#) entitled “Segregation Measures.”

- a. Within two working days of their placement in segregation and at least weekly thereafter, mentally ill inmates (MH-Levels B, C1, C2, or D) and/or inmates on psychotropic medications (antipsychotics, antidepressants, anxiolytics, and mood stabilizing agents) who are removed from general population and placed in restrictive housing will be seen by a QMHP to identify and prevent mental health deterioration and/or behavioral crisis. The “Mental Health Assessment for Restrictive Housing” ([DOC 140201B](#), attached) will be completed for the initial assessment, and the “Mental Health or Mental Status Review” ([DOC 140201A](#), attached) will be completed for follow-up reviews. All areas of assessment on the forms will be completed. Appropriate referrals or interventions will be initiated as required.
- b. MH-Levels O or A will be assessed at least once every two weeks (no more than 14 days between visits) by a QMHP for a screening to determine if their mental health is showing signs of psychological deterioration, or if they are entering a period of behavioral crisis using the “Mental Health or Mental Status Review” ([DOC 140201A](#), attached) or via a SOAP entry into the EHR. Appropriate referrals or interventions will be initiated.
- c. In accordance with [OP-040204](#) entitled “Segregation Measures,” any inmate remaining in restrictive housing/special management housing for more than 30 days will be personally interviewed by a QMHP who will prepare a written assessment of the inmate's mental health. A mental health assessment will be prepared by the mental health professional every 30 days for those inmates confined for extended periods of time or more frequently if recommended by the mental health authority. The “Mental Health Assessment for Restrictive Housing” ([DOC 140201B](#), attached) will be used and should include a narrative entry. Concerns regarding an inmate's adjustment to segregation will be communicated to the classification committee.

2. Therapeutic Seclusion

Mentally ill inmates who are placed in therapeutic seclusion will be seen at least daily during normal working days by a QMHP in accordance with [OP-140141](#) entitled “Therapeutic Restraints and Seclusion.”

D. Reports

In addition to those requests and referrals for mental health evaluations from within ODOC, such evaluations may be carried out in response to requests or orders from other legitimate bodies such as courts, the Parole Board, etc., in accordance with [OP-140108](#) entitled "Privacy of Protected Health Information," if approved by the CMHO or designee. It is not within the scope of employment for an ODOC QMHP to conduct competency evaluations for the purposes of criminal court procedures.

1. Reports of mental health evaluations will normally be completed within 14 calendar days of the request.
2. Reports will be written in language that is understandable to the requesting agency or official.
3. Reports will describe mental health history, current functioning, and other relevant behaviors.
4. Reports will make recommendations, as appropriate, for subsequent mental health care or for considerations based on findings of the mental health evaluation.

III. Mental Health Levels Classification System

A. Overview

The ODOC Mental Health Levels Classification System is a unique management classification system that incorporates both the acuity level (seriousness) of the inmate's mental illness, if any, and the level of mental health services that the inmate requires for appropriate care and treatment. This system was developed and refined by a multi-disciplinary workgroup of ODOC mental health professionals and correctional administrators. The criteria for the MH-Levels can be found in [Attachment B](#) entitled "Mental Health Service Levels Classification System Criteria" (attached).

B. Application

In addition to the requirement for designating MH-Levels in intake screening/evaluation procedures given in Sections II. A. 1. d. item (2) and Section II. A. item 1. above, the MH-Levels are required in various other policy/procedure stipulations including:

1. Designation of initial housing/facility assignments in accordance with [OP-140113](#) entitled "Health Assessment for Inmate Transfers;"
2. Determination of appropriateness of program assignment;
3. Disposition of inmates involved in incidents in accordance with [OP-060125](#) entitled "Inmate/Offender Disciplinary Procedures";

4. Allocation of ODOC resources;
5. Strategic planning for ODOC and community-based mental health services;
6. Performance outcome research; and
7. Approved scientific research.

C. Training (5-ACI-5E-06)

1. Qualified Mental Health Professionals
 - a. New QMHPs will receive formal training in the Mental Health Services Levels Classification System within three months of the start of employment.
 - b. All QMHPs will receive refresher training in the Mental Health Levels Classification System on an annual basis.

IV. Treatment/Management

A QMHP will respond to all referrals and requests from staff and inmates. Procedures for accessing mental health services will be in accordance with [OP-140117](#) entitled "Access to Health Care."

A. Priorities

Priority will be given to the most severe problem.

1. Ensuring the safety of both staff and inmates and the security of the facility is essential.
2. Crisis intervention by a QMHP will occur immediately. There will be an on-call system for management of crisis intervention.

B. Treatment Alternatives

A variety of treatment alternatives will be available to inmates as determined by the facility strategic service needs assessment plan, which is revised annually and approved by the CMHO.

1. Group psychotherapy and limited individual psychotherapy or counseling will be available to inmates where QMHP have expertise in the applied area of practice.
2. QMHPs will develop interventions to facilitate improved functioning of inmates and an enhanced facility environment.

3. Severely mentally ill inmates, who are, as a result of their mental illness, a danger to themselves or others, or those who are evaluated to be gravely disabled, will be considered for referral to inpatient mental health care in accordance with [OP-140127](#) entitled "Mental Health Units, Intermediate Care Housing Units and Habilitation Programs."
4. Inmates needing psychotropic medications will be referred to a psychiatric advanced practice nurse or psychiatrist. Psychotropic medications are to be used only for a diagnosable mental disorder/illness or symptoms for which such medication is accepted treatment.

C. Treatment Interventions

All treatment interventions by QMHPs will conform to accepted national professional standards.

D. Ethics

QMHPs will practice their profession in a manner that is consistent with the principles, guidelines, and codes relating to ethics including:

1. American Psychological Association Ethical Principles of Psychologists Code of Conduct;
2. American Association of Correctional Psychologists Standards for Psychological Services in Prisons and Jails; and
3. Oklahoma State Board of Examiners of Psychologists Code of Ethics.

E. Research

1. Requests for mental health related research will first be reviewed by the chief mental health officer and then, if approved, processed in accordance with [OP-021501](#) entitled "Procedures Regulating Research."
2. Research projects will be designed and implemented with the intention of benefiting ODOC and/or the practice of psychology in general.

F. Consultation

Qualified mental health professionals will consult with facility staff regarding an inmate's treatment program and management issues. Disclosure of confidential information may occur under the following circumstances:

1. In accordance with the provisions of [OP-140108](#) entitled "Privacy of Protected Health Information;"
2. In order to comply with requests from legal authorities, following notification of the chief mental health officer and consultation with ODOC General Counsel; or
3. Prevention of significant danger to the public, employees, the inmate, or other inmates.

V. Students, Interns and Volunteers

A. Orientation

All students, interns, and volunteers utilized by ODOC mental health services will practice within the guidelines and constraints of [OP-090211](#) entitled "Volunteer Services." In addition to the volunteer orientation, the facility's qualified mental health professionals will provide a facility specific orientation related to mental health duties and ethics.

B. Supervision

All students, interns, and volunteers engaged in mental health services will be under the direct supervision of the mental health authority or their designee at the respective facility.

1. All direct services will be supervised by the QMHP through a weekly face-to-face supervisory session of no less than one hour per every 40 hours of service.
2. All reports and documentation by students, interns, and volunteers will be counter-signed by a QMHP.
3. Evaluations of volunteers' performance will be conducted in accordance with [OP-090211](#) entitled "Volunteer Services" and for students and interns, in accordance with the requirements of their respective academic programs.
4. All pertinent records will be regarded as confidential and stored in a secured location as determined by the supervising QMHP.

VI. Documentation

A. Electronic Health Record Documentation

Documentation of mental health services rendered will generally be entered in the "SOAP" format in accordance with [OP-140106](#) entitled "Healthcare Record System" or other EHR template appropriate to the service rendered. Documentation will be completed on the day the service is rendered.

B. Delivery of Services

Delivery of mental health services at each facility will be individually tallied and reported on the "Medical Services Worksheet for Monthly Medical Activity Report" ([DOC 140107A](#)). This information will be forwarded to the CHSA, who will combine the data into a monthly report for each facility. Monthly activity reports are due to the CHSA on the first working day of the month for the previous month.

C. Mental Health Caseload

Each facility QMHP will maintain and update a list of inmates and the inmates' current mental health service level classification along with pertinent mental health information on a monthly basis. These mental health caseloads should be current and available upon request by the chief mental health officer or designee. Mental Health Services Classification Levels will be maintained in the EHR and updated annually.

VII. Evaluation of Mental Health Services

The evaluation of mental health services will be both qualitative and quantitative in nature.

A. Audits

Scheduled audits will be performed in two ways: performance improvement audits and peer reviews.

1. Certain aspects of mental health services will be evaluated by the Deputy Chief Mental Health Officer, or designee or performance improvement nurse managers, in accordance with agency audit standards and in accordance with [OP-140139](#) entitled "Performance Improvement Program."
2. The peer review process will be in accordance with [OP-140142](#) entitled "Peer Review."
3. Unscheduled audits/reviews may be ordered at any time by the CMHO.

B. Employee Evaluations

Mental health employees will be evaluated in accordance with [OP-110225](#) entitled "Performance Management Process" and [OP-140140](#) entitled "Mental Health Administration and Organization."

VIII. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-021501 entitled "Procedures Regulating Research"

OP-040204 entitled "Segregation Measures"

OP-060125 entitled "Inmate/Offender Disciplinary Procedures"

OP-090211 entitled "Volunteer Services"

OP-110225 entitled "Performance Management Process"

OP-110501 entitled "Line of Duty Severe Injury Death"

OP-140106 entitled "Healthcare Record System"

OP-140107 entitled "Medical Services Management System"

OP-140108 entitled "Privacy of Protected Health Information"

OP-140113 entitled "Health Assessment for Inmate Transfers"

OP-140117 entitled "Access to Health Care"

OP-140127 entitled "Mental Health Units, Intermediate Care Housing Units and Habilitation Programs"

OP-140139 entitled "Performance Improvement Program"

OP-140140 entitled "Mental Health Administration and Organization"

OP-140141 entitled "Therapeutic Restraints and Seclusion"

OP-140142 entitled "Peer Review"

OP-140701 entitled "Informed Consent for Medical, Dental and Mental Health Care"

MSRM 140201.01 entitled "Mental Health Intake Screening-Assessment and Reception"

43A O.S. § 1-103

American Association of Correctional Psychologists (1982), Standards for Psychological Services in Adult Jails and Prisons, Criminal Justice and Behavior, 7, 81-127

American Psychiatric Association (1994), Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Washington DC.

American Psychological Association (1987). General guidelines for providers of psychological services, American Psychologist, July 1987, 712-723

IX. Action

The chief mental health officer is responsible for compliance with this procedure.

The chief medical officer is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140201 entitled "Mental Health Services Duties and Responsibilities" dated November 30, 2020

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140201A	“Mental Health or Mental Status Review”	Attached
DOC 140201B	“Mental Health Assessment for Restrictive Housing“	Attached
DOC 140201C	“Abnormal Involuntary Movement Scale (AIMS)”	Attached
DOC 140201D	“Facility Mental Health Needs Assessment and Strategic Plan Format”	Attached
DOC 140107A	“Medical Services Worksheet for Monthly Medical Activity Report”	OP-140107
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment B	“Mental Health Service Levels Classification System Criteria”	Attached