DEPARTMENT OF CORRECTIONS

Policy Number:	**500.303**
Title:	**Mental Health Assessment**
Effective Date:	**6/2/20**

PURPOSE: To provide standards and procedures for mental health assessments.

APPLICABILITY: Behavioral health services staff

DEFINITIONS:
Forensic assessments – assessments impacting the offender's/resident's legal situation, including life-sentence review/assessments and the assessment/diagnosis of criminal sexual conduct.

PROCEDURES:

A. Initiating a mental health assessment

1. Any department staff member may request a mental health assessment of an offender/resident using the Referral for Mental Health Review form (available on the Behavioral Health iShare site), which is submitted to mental health services and placed in the offender's/resident's mental health file.

2. Staff may make referrals by telephone in urgent situations, and must follow up with a written referral.

3. The offender/resident or other interested persons may also request a mental health assessment.

4. A qualified staff person must complete the Sexual Violence Prevention (PREA) Checklist as directed in DOC Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response" on an offender/resident each time the offender/resident arrives at a facility, and must enter it into the correctional operations management system (COMS).
   a) Staff must offer to make a referral for mental health review for an offender/resident with a potential sexual vulnerability
   b) Staff must forward the referral to mental health service if the offender/resident accepts the offer.
   c) Mental health staff must provide in-person follow-up services within 14 days of the referral date for offenders/residents who accept the offer for a review for potential sexual violence vulnerability issues.

B. Assessment purpose

Assessments may address a number of issues, including:

1. Health screenings

   All offenders/residents receive an admission health screening on the day of their intake to the department, performed by qualified nursing or mental-health-care-trained personnel. The screening includes:
   a) Inquiry into whether the offender/resident has suicidal ideation;
   b) Whether the offender/resident has a history of suicidal or self-injurious behavior;
   c) Whether the offender/resident is currently prescribed psychiatric medication;

d) Whether the offender/resident has a current mental health complaint;
e) Whether the offender is being treated for mental health problems;
f) Whether the offender/resident has an out/inpatient psychiatric history;
g) Whether the offender/resident has a recent history of substance abuse;
h) Observation of general appearance/behavior;
i) Evidence of abuse and/or trauma;
j) A determination of potential sexual vulnerabilities using the Sexual Violence Prevention (PREA) Checklist;
k) Current symptoms of psychosis, depression, anxiety, or aggression; and
l) Disposition: general population, referral to health care/psychiatric services, or emergency health care/psychiatric treatment.

2. Admission mental health screening
Within 14 days of admission to the department, all offenders/residents receive a thorough mental health appraisal by a qualified mental health provider (form available on the Behavioral Health private iShare site), to include:
a) Assessment of current mental status and condition, noting if the offender/resident is currently being treated for mental health issues;
b) Assessment of current suicide and self-injury potential and offender/resident-specific circumstances that increase the potential for suicide or self-injury;
c) Assessment of violence potential and offender/resident-specific circumstances that increase violence potential;
d) Review of available records of inpatient and outpatient psychiatric treatment, including any history of civil commitment;
e) Review of history of treatment with psychotropic medication;
f) Review of history of psychotherapy, psycho-educational groups, and classes or support groups;
g) Review of history of drug and alcohol treatment;
h) Review of educational history;
i) Review of sexual abuse victimization and predatory behavior;
j) If the offender/resident is a juvenile, review of history of emotional and physical abuse victimization;
k) Assessment of drug and alcohol abuse and/or addiction;
l) Use of clinical assessment tools, as indicated;
m) Referral recommendations for treatment, as indicated;
n) Development and implementation of a treatment plan including recommendations concerning housing, job assignment, and program participation; and
o) If applicable, follow up services for offenders/residents where a referral for a potential sexual violence vulnerability was received.

3. Crisis situations;

4. Mental health diagnosis (from the current Diagnostic & Statistical Manual of Mental Disorders) based upon a personal assessment interview;

5. Mental health level of care;

6. Restrictive housing reviews;

7. Offender's/resident’s capacity for discipline hearings;

8. Housing and programming assignments;

9. Psychiatric referrals;

10. Hunger strikes;

11. Force and restraints situations;

12. Suicide concerns;

13. Challenge Incarceration Program (CIP) screening;

14. Supervised release/release revocations decisions;

15. Life sentence reviews;

16. Forensic assessments;

17. Specialized assessments (e.g., neuropsychological); and

18. Follow-up on potential sexual violence vulnerabilities.

C. Informed consent

1. At the initial assessment meeting, the offender/resident is asked to provide informed consent for the assessment.

2. If the offender/resident refuses to sign a consent, the assessment may continue based upon observations and the collection of collateral information.

D. Process

The complexity of mental health assessments vary with the purpose of the assessment, the cooperation of the offender/resident, and the amount/type of information necessary for clinical confidence. All assessment information, including the date and type of assessment, the number of minutes, and any diagnoses must be entered and retained in COMS. Assessment reports must be retained in the offender's/resident's mental health file, and saved in a shared health services drive. Levels of assessment are:

1. File review
   Assessment consisting of only a mental health record review.

2. Brief assessment
   Assessment consisting of a mental health record review and an interview with the offender.

3. Intermediate assessment
   a) Assessment consisting of a mental health record review, an interview with the offender/resident, and collection of collateral data.
   b) Typically used when self-reported information is inadequate or unreliable.

4. Full assessment

a) Assessment consisting of a mental health record review, an interview with the offender/resident, collection of collateral data, and psychological testing.
b) Typically used when self-reported and collateral information is inadequate or unreliable.

5. Comprehensive multidisciplinary assessment
Assessment of an offender/resident who is experiencing pervasive problems requiring the involvement of a number of disciplines (typically psychology, psychiatry, health services/nursing, case management, and line staff), to be completed within 14 days of referral, and resulting in an overall treatment/management plan.

E. Format
1. Assessments utilize the forms and formats developed to address specific referral situations (available on the Behavioral Health iShare site).

2. Completed assessments are distributed to department staff with a need for the information, or as indicated on the specific form/format.

F. Forensic assessments
1. Offenders/residents admitted with sentences of life-with-parole-eligibility must eventually appear before the commissioner's advisory panel for a life sentence review.
a) This includes a review of all psychological reports completed on the offender/resident that were available to the court.
b) Therefore, at the time of admission to the DOC, behavioral health staff request all such reports from the sentencing court.
c) These reports may be released to the DOC without the offender's/resident's consent under Minn. Stat. § 13.84, subd. 5.

2. To avoid real or perceived conflicts of interest, lifer psychological assessments are conducted only by professionals who possess the requisite skill set to complete the evaluation, and who do not have a prior or current therapeutic relationship with the offender who is to be reviewed by the Commissioner's Advisory Panel.

3. Lifer psychological assessments are guided by the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct, and the Specialty Guidelines for Forensic Psychologists.

INTERNAL CONTROLS:

A. Assessment information, including date and type of assessment, number of minutes, and diagnosis are entered and retained in the correctional operations management system (COMS).

B. Assessment reports are retained in the offender's/resident's mental health file, as well as posted in a shared drive.

C. The Referral for Mental Health Review form is retained in the offender's/resident's mental health file.

D. The Sexual Violence Prevention (PREA) Checklist is retained in COMS.

ACA STANDARDS: 4-4256, 4-4368, 4-4369, 4-4370, 4-4371, 4-4372, 4-JCF-4D-02, 4-JCF-4D-03, and 2-CO-4E-01

REFERENCES: Minn. Stat. §§ 241.01, subd. 4; 241.021; 244.03; and 13.84, subd. 5
Policy 202.040, "Offender Intake Screening and Processing"
Policy 202.041, "Juvenile Facility Admissions"
Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response"
Policy 203.060, "Life Sentence Review Process"
Policy 204.060, "Challenge Incarceration Program – Phase I"
Policy 301.079, "Juvenile Restrictive Procedures"
Policy 301.081, "Use of Force and Restraints - Adult"
Policy 301.085, "Administrative Segregation"
Policy 303.010, "Offender Discipline"
Policy 500.300, "Mental Health Observation"
APA Ethical Principles of Psychologists and Code of Conduct
APA Rights and Responsibilities of Test Takers
Prison Rape Elimination Act (PREA), 28 C.F.R. §115 (2012)
Diagnostic & Statistical Manual of Mental Disorders, 4th Edition

REPLACES: Policy 500.303, "Mental Health Assessment," 11/19/18.
All facility policies, memos, or other communications whether verbal, written, transmitted by electronic means regarding this topic.

ATTACHMENTS: Referral for Mental Health Review form (available on the Behavioral Health iShare site)
Admission Mental Health Screening (available on the Behavioral Health private iShare site)

APPROVALS:
Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Operations Support
Assistant Commissioner, Criminal Justice Policy, Research, and Performance