



## MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-05.0	Subject: <b>Mental Health Screening and Evaluation</b>
Reference: NCCHC Standards P-E-05, M-E-04, and M-E-03	Page 1 of 4 and 3 attachments
Effective Date: November 1, 2010	Revised: June 1, 2017
Signature / Title: /s/ Tricia Ayers-Weiss, CSD Mental Health Bureau Chief	
Signature / Title: /s/ Medical Director	
Signature / Title: /s/	

### I. Purpose:

To establish procedures for mental health screening and assessment of all newly admitted inmates to identify inmates who have mental health needs and ensure timely referral to mental health services

### II. Definitions:

Intra-system transfer – an inmate who is being admitted into MSP from a contract facility.

Mental health staff - include qualified health care professionals and others who have received special instruction and supervision in identifying and interacting with individuals who need mental health services, e.g., mental health technicians.

Qualified mental health professionals – includes psychiatrists, psychologists, psychiatric social workers, licensed professional counselors, psychiatric nurses, or others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

### III. Procedures:

#### A. Structured Interview Screenings

##### 1. Level 1 Initial Mental Health Screening

- a. A qualified mental health professional or mental health staff will conduct an initial Level 1 mental health screening through a structured interview process (*see Intake Mental Health Screening [Level 1] form, attachment A*) on each newly admitted inmate, including inmates returning from contract facilities, within 14 days of admission.
- b. The person conducting the screening will obtain a signed *Disclosure and Consent for Services form* (*see attachment B*).
- c. The person conducting the screening will prepare the necessary documentation, sign it, and ensure it is filed in the inmate's mental health and infirmary records.
- d. The person conducting the screening will ensure:
  - 1) Each inmate with a positive screening for mental health problems is referred to qualified mental health professionals for further evaluation.
  - 2) Each acutely suicidal and/or psychotic inmate is placed in a setting where they are closely monitored until a Level 2 evaluation is completed by a qualified mental health professional. These inmates will be referred as an emergency Level 2 evaluation case.
- e. The Level 1 screen will include, but is not limited to the following:
  - 1) Psychiatric hospitalization, psychotropic medication (including the name of the prescriber, if known), and outpatient treatment, current and past

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mental illnesses, as well as gathering releases of information from other facilities

- 2) Hospitalization due to substance use
- 3) Suicidal behavior
- 4) Violent behavior
- 5) Victimization
- 6) Special education placement
- 7) Cerebral trauma or seizures
- 8) Sex offenses
- 9) The current status of mental health symptoms and psychotropic medications, substantiated or unsubstantiated diagnosis, with or without records review.
- 10) Suicidal ideation
- 11) Drug or alcohol use
- 12) Orientation to person, place, and time
- 13) Emotional response to incarceration
- 14) Screening for intellectual functioning

2. Level 2 Mental Health Evaluation

- a. Level 2 mental health evaluations will be conducted in accordance with the urgency of the problem identified from the Level 1 screen by a qualified mental health professional. The specific problem will determine the response time for the Level 2 evaluation, but in all cases the Level 2 evaluation must be conducted within 30 days of admission (*see [Clinical Intake Assessment \[Level 2\] form, link](#)*).
- b. The qualified mental health professional will review the mental health record, if it is available, before interviewing the inmate.
- c. Intra-system transfers:
  - 1) Qualified health professionals will review each transferred inmate's health record or summary within 12 hours of arrival if records or summaries accompany the inmate to MSP.
  - 2) All intra-system transfer inmates will receive a Level 1 screening within 14 days of admission.
  - 3) In the event of a positive Level 1, the qualified mental health professional will review the mental health record and interview the client using a Level 2 form.
  - 4) If the inmate was assessed by a qualified mental health professional at Montana State Prison within the past year, and has a current (within the past year) Level 2 in the mental health file, the qualified mental health professional can attach the old Level 2 with the new Level 2 and need only document changes in the assessment on the new Level 2. If, during the interview, it is found that there are no changes in each assessment item from the old Level 2, document "no change" on the new Level 2.
  - 5) Attention regarding medication continuity and new or recent changes in mental illness or diagnosis must be documented on the Level 2 form.
  - 6) The qualified mental health professional conducting the interview will prepare the Level 2, sign it, and ensure it is filed in the inmate's mental health and infirmary records.
- d. The Level 2 evaluation will include, but is not limited to the following:

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- 1) Reason for evaluation/chief complaint/current symptoms.
  - 2) History of present illness.
  - 3) Risk factors such as: suicide ideation, homicidal ideation, hallucinations, history of violence, recent chemical abuse.
  - 4) Prescribed medication, dosage, and prescribing physician.
  - 5) Legal history.
  - 6) Past psychiatric history.
  - 7) Alcohol and drug history.
  - 8) Medical history.
  - 9) Family medical and psychiatric history.
  - 10) Social and developmental history.
  - 11) Mental status exam.
  - 12) Assessment and summary.
  - 13) Plan of care, referrals, and information/patient instruction.
  - 14) Obtaining releases of information from pertinent facilities.
- e. The qualified mental health professional who conducts the Level II evaluation will prepare the necessary documentation, sign it, and ensure it is filed in the inmate's mental health and infirmary records.
- f. If an inmate came in on psychotropic medications or is assessed as having a serious mental illness or developmental disability the mental health professional will refer him for further evaluation and/or psychological testing by the psychiatrist or psychologist as appropriate.
3. Special Needs Treatment Plan
- a. Qualified mental health professionals will fill out the *MSP Treatment Plan/Special Needs Treatment Plan form (attachment C)* for all incoming inmates in MDIU.
  - b. Mental Health Technicians fill out the form after negative Level 1 screens are completed.
  - c. Qualified mental health professionals fill out the form after the Level 2 evaluations have been completed.
  - d. The completed form is to be given to a designated staff person in MDIU for placement in the custody file.
4. Psychosocial History
- a. In the event that an inmate did not require a Level 2 evaluation, as indicated by a negative Level 1 screening, and that inmate later during incarceration requires mental health evaluation and subsequent referral to the psychiatrist, a psychosocial history will be completed prior to the psychiatry visit. This psychosocial history will be completed by a qualified mental health professional and will include but not limited to:
    - 1) Current complaint
    - 2) Psychiatric history including hospitalizations and suicide attempts
    - 3) Medical history
    - 4) Current medications and drug allergies
    - 5) Substance abuse history
    - 6) Family history
    - 7) Narrative of objective findings during the interview
  - b. The psychosocial history will be documented in a DAP or SOAP type format and placed in the inmates permanent mental health record.

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**B. Intelligence Screening**

1. Mental health staff will conduct a screening for intellectual functioning during the Level 1 screening process
2. Mental health staff refer inmates for further evaluation by a qualified mental health professional whose education and credentials allow them to perform such evaluations as determined by the developer of the specific instrument used during the evaluation
3. Results of intelligence screening and evaluations are filed in the inmate's mental health file

**IV. Closing**

Questions concerning this operational procedure will be directed to the Mental Health Services Manager.

**V. Attachments:**

Intake Mental Health Screening (Level 1) form	attachment A
Disclosure and Consent for Services form	attachment B
MSP Treatment Plan/Special Needs Treatment Plan form	attachment C

No further follow-up needed: check here   
Level 2 needed:  Yes  No  
 Routine  Urgent  Emergency  
Transfer screen needed:  Yes  No

## INTAKE MENTAL HEALTH SCREENING (Level 1)

Mental Health Services - Montana State Prison

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Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ID number: \_\_\_\_\_

Intake date: \_\_\_\_\_ Time: \_\_\_\_\_ Status: \_\_\_\_\_ Type: \_\_\_\_\_

Screening date: \_\_\_\_\_ Time: \_\_\_\_\_

### Mental Health Screening, Assessment, and Evaluation:

1. Have you ever been diagnosed with a mental illness, mental condition, or emotional problem? Yes:  No:

If Yes, list the diagnosis, when they were diagnosed, and by whom?

Diagnosis: \_\_\_\_\_ When diagnosed: \_\_\_\_\_ Who diagnosed: \_\_\_\_\_

2. Have you ever been on medication for mental, emotional, or behavioral problems? Yes:  No:

If Yes, list medications, when they were prescribed, and by whom?

Medication: \_\_\_\_\_ When prescribed: \_\_\_\_\_ Who prescribed: \_\_\_\_\_

3. Did you bring psychiatric medicines with you? Yes:  No:

If Yes, name the meds: \_\_\_\_\_

4. Have you had outpatient mental health treatment including individual or group counseling? Yes:  No:

If Yes, what treatment have you had? \_\_\_\_\_

When? \_\_\_\_\_

Why? \_\_\_\_\_

5. Have you ever been a patient in a psychiatric or state hospital? Yes:  No:

If Yes, where? \_\_\_\_\_

When? \_\_\_\_\_

Why? \_\_\_\_\_

6. Have you ever attempted suicide or tried to harm yourself? Yes:  No:

If Yes, when was your last attempt? \_\_\_\_\_ How did you attempt? \_\_\_\_\_

7. Do you currently have any thoughts of killing or harming yourself? Yes:  No:

If Yes, fill out the Emergency Interview Form and attach to this paper.  Done.

8. Do you ever hear voices or sounds or see things which other people cannot or do not hear or see? Yes:  No:

If Yes, explain: \_\_\_\_\_

9. Do you have a history of violent behavior? Yes:  No:

If Yes, explain: \_\_\_\_\_

# Intake Mental Health Screening (Level 1)

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10. Are you presently experiencing withdrawal symptoms from drugs or alcohol? Yes:  No:   
If Yes, what drugs, and when was your last use?  
Illicit drug: \_\_\_\_\_ Alcohol: \_\_\_\_\_ Last use: \_\_\_\_\_

11. Are you currently experiencing thoughts or emotions which you feel are too difficult to deal with on your own? Yes:  No:   
If Yes, explain: \_\_\_\_\_

12. Have you abused medication, alcohol, or used illegal drugs? Yes:  No:   
If Yes, name of substance(s) and when was your last use?  
Medication: \_\_\_\_\_ Illicit drug: \_\_\_\_\_ Alcohol: \_\_\_\_\_ Last use: \_\_\_\_\_

13. Were you in special education classes in school? Yes:  No:

14. Have you had head trauma in the past? Yes:  No:   
If Yes, how many times? \_\_\_\_\_ Did you lose consciousness? Yes:  No:

15. Were you ever convicted of a sex offense? Yes:  No:   
If Yes, when? \_\_\_\_\_

16. Were you ever victimized? Yes:  No:   
If Yes, explain? \_\_\_\_\_

## Observations:

### General Appearance:

Good  Fair  Unkempt

### Behavior:

Cooperative  Uncooperative  Evasive  
 Suspicious  Hostile

### Eye Contact:

Appropriate  Staring  Glaring  
 Infrequent  None

### Speech:

Normal  Slow  Rapid  Loud  
 Soft  Pressured

### Body Movements:

Normal  Restless  Poor Balance  
 Abnormal Movements

### Affect:

Normal  Sad  Angry  Flat  
 Blunted

### Mood:

Normal  Sad  Anxious  Angry  Elevated

### Thinking: Level of Consciousness:

Alert and Oriented  Disoriented

### Quality of Thinking:

Logical  Paranoid  Delusional  
 Disorganized  Tangential

### Social Well-Being:

Normal  Isolates  Frequent Disciplinary Action

### Breathing problems:

Yes, explain: \_\_\_\_\_  
 No

### Skin abnormalities:

Yes, explain: \_\_\_\_\_  
 No



## DISCLOSURE AND CONSENT FOR SERVICES

Mental Health Services - Montana State Prison

Mental health services at Montana State Prison are provided by qualified mental health professionals. If necessary, you may receive services from a psychiatrist, a clinical psychologist, a mental health specialist, a psychiatric nurse, and/or mental health technician.

Mental health services available to you at Montana State Prison include:

- Mental health assessments
- Psychological testing
- Emergency mental health evaluations
- Psychiatric medication treatment
- Inpatient mental health treatment
- Outpatient mental health treatment
- Disciplinary segregation assessments
- Parole Assessments

You may participate in these services, depending on your individual needs. You have the right to refuse services at any time.

The information you provide to the mental health staff will be potentially available to all Montana State Prison staff members. The mental health staff have set up policies and procedures designed to keep the information confidential and only available to staff members with a need to know the information for treatment, classification, security, or parole purposes.

Mental health staff are obligated to break confidentiality and report any threat of harm to yourself, threat of harm to others, child abuse, elder abuse, or threat of escape.

The information you provide to mental health staff will be written down and kept in files. In general, the information will not be released to third parties without your written consent.

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**I have read or have had read to me, and understand, the above information. My questions about Mental Health Services have been answered. I consent to participation in Mental Health Services in Montana State Prison:**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOC/MSP #:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NAME/ID#

INITIAL CLASSIFICATION SUMMARY

\_\_\_\_\_  
LAST FIRST M.I. ID#

**MSP - Treatment Plan**

**Special Needs Treatment Plan**

Recommendations:

Mental Health Needs:

- No Significant Needs
- Moderate Needs
- Serious Needs
- Intellectual Impairment
- Cognitive Impairment
- Suicide/Self-harm Risk
- Other:

Services Recommended:

*(Participation is Voluntary)*

- None
- Mental Health Treatment Unit
- Outpatient Psychotherapy
- Outpatient Psychiatry
- Case Management
- Further Evaluation
- Rounds
- Discharge Planning
- Other:

Correctional Management

- None
- Single Cell Housing
- Double Cell Housing
- Disciplinary Hold
- Transfer Hold
- Behavior Management
- Other

**Comments:**

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\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

**Intelligence Testing**

Test Date: \_\_\_\_\_

- Above Average
- Average
- Below Average

**Comments:**

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\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

White – file

Canary – Counselor

Pink – inmate

Goldenrod – BOP