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  
MH-E-02:  Mental Health and Developmental Disability Screening and Assessment of Sexual Abuse and Abusiveness at Intake  

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 Behavioral Health Services (BHS) or whether the inmate needs an immediate referral to BHS.  

3.  Within fourteen (14) days of the date of admission, an Offender Profile Report will be completed by mental health staff.
4. Upon completion of the initial screening, the nurse determines whether the inmate needs to be seen immediately by a mental health treatment provider for a suicide risk screening and/or needs to be referred to BHS based on responses to questions in the Mental Health and PREA section of the Medical Receiving Screening form and the Intake Victimization Screening Tool.

5. The results of this interview are documented on a Medical Receiving Screening form and the Intake Victimization Screening Tool. A copy of the screener form and Intake Victimization Screening Tool is forwarded to a mental health treatment provider in Intake for a clinical review.

6. Referral to BHS 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) will be referred for interview by BHS 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 Medical 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 BHS 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.
2. Routine referrals to BHS 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. The BHS referral form will be used for situations when the MD, DO, NP, PA or RN observe symptoms/behaviors that may be related to a mental health concern. These should be completed and delivered to BHS. A copy of the referral form is maintained in the Mental Health section of the inmate’s health care record to further identify the observations and explain the request for assessment.

3. Emergency referrals after hours, on weekends or holidays, are to be made in accordance to the “Behavioral Health 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 BHS On-call listing is kept current and is available in Public Folders as “BHS On-Call.”

4. Inmates who require mental health services beyond that available at a particular correctional facility may be transferred at the request of BHS or Health Services staff to another correctional facility with the appropriate level of mental health services. BHS will be notified of the pending transfer. Following consultation with BHS staff, inmates requiring acute level mental health services may be transferred to a Mental Health Infirmary for further evaluation and possible treatment.

C. BHS written communications from inmates will be triaged as follows:

   1. Medical Services nursing staff will triage BHS communications from inmate patients when there is no BHS staff on site to triage the communications. The BHS manager OR designee will notify the Medical Services Manager OR designee prior to a when BHS is not scheduled for duty. This notification will trigger the medical staff triage of BHS inmate communications.

   2. For non-emergent situations, the inmate/patient communications will be date stamped and placed in a location jointly identified and used to receive BHS inmate/patient communications.
3. In emergent situations, nursing staff will follow the assessment and on-call provider notification procedure located in the Suicide Prevention Policy P-G 05.

Effective Date: ______________
Review date: November 2015
Supersedes P&P dated: August 2014
BHS REFERRAL FORM

REFERRAL FROM _____________________________(MD, DO, NP, PA, RN, HST)  DATE: ________________
(Please Print Name)

MH CODE: ______  DD CODE: ______

PRESENTING SYMPTOMS (Please check if present)

○ Observable anxiety
○ Observable signs of responding to visual or auditory hallucinations
○ Expressing odd or delusional thoughts
○ Reports victim of physical assault, sexual assault or sexual harassment
○ Reports sexual victimization of a child or adult
○ Reports sleep disturbance
○ Observed or reported depressed mood
○ Medication concerns (side effects, expiration dates, etc.) __________________________________________

____________________________________________________________________________________________

○ New transfer that needs follow-up ______________________________________________________________

○ Requests to see BHS (Please identify specific reason for request) ___________________________________

____________________________________________________________________________________________

○ Other ____________________________________________________________________________________

DURATION:  Symptoms have been occurring for the: (Please check)

○ Last 24 hours  ○ Last 7 days  ○ Last 14-28 day

DATE RECEIVED BY BHS: ________________________

ACTION TAKEN BY BHS (Please check)  ○ EMERGENT  ○ NON –EMERGENT

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Inmate Name: ________________________
Inmate SID: ________________________
DOB: ____________________________
Behavioral Health Services On-Call Schedule (Revised 10/8/15)

BHS ADMINISTRATORS ON CALL AFTER HOURS AND SUICIDE/CRISIS REPORTING:
Jana Russell: 503-932-6989  Claudia Fischer-Rodriguez: 541-561-6609
971-720-9250 (home)  Joyce Duval: 541-215-0542

Central Admin 2015 On-Call Schedule:
January – Christy  February – Jana  March – Claudia
April – Christy  May – Jana  June – Claudia
July – Christy  August – Jana (Joyce Duval 8/23-8/26)  September – Claudia
October – Christy  November – Jana  December – Claudia

After Hours/Weekends/Holidays:
When there is 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 (PMHNP) for your institution. If you cannot reach that person within 15 minutes, then you may contact the secondary on-call PMHNP for your institution. If you cannot reach either assigned PMHNP within 30 minutes, you may call any other PMHNP on this list.

Please do not call the backup or the next PMHNP until you have waited for the primary on-call PMHNP to return your call. They may simply be in a “dead spot” for cell phone coverage at the time you call. If you get their voice mail, make sure to leave a message, the time of your call, and also your call-back number. Remember that all they see on their phone is the facility phone number, as the DOC system does not allow extension numbers to appear on the recipient’s phone.

Regular Weekday/Daytime Work Hours:
In crisis situations, for assistance please contact a Mental Health Specialist, or BHS manager assigned to your institution.

For institutions without on-site BHS staff, contact Claudia Fischer-Rodriguez, Clinical Director, at 503 378-6376 (office) or 541 561-6609 (cell).

NOTE: Please do not contact the PMHNP during regular work hours. They have heavy patient schedules and must fulfill those responsibilities during their regularly scheduled work hours.
# BHS Prescriber On Call Schedule

## West Side Institutions

<table>
<thead>
<tr>
<th>Institution</th>
<th>Primary</th>
<th>Backup</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCIC (A-L)</td>
<td>Larissa Birndorf</td>
<td>Casey Dugan</td>
</tr>
<tr>
<td></td>
<td>Casey Dugan</td>
<td>Larissa Birndorf</td>
</tr>
<tr>
<td>(M-Z)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCF (SID ends odd)</td>
<td>Melanie Merriss</td>
<td>Melanie Parker</td>
</tr>
<tr>
<td>(SID ends even)</td>
<td>Melanie Parker</td>
<td>Melanie Merriss</td>
</tr>
<tr>
<td>CCCM</td>
<td>Scott Haynes</td>
<td>Casey Dugan</td>
</tr>
<tr>
<td>CRCI</td>
<td>Becki Sauer</td>
<td>Casey Dugan</td>
</tr>
<tr>
<td>OSCI</td>
<td>Barbara Miller</td>
<td>Casey Dugan</td>
</tr>
<tr>
<td>OSP</td>
<td>Barbara Miller</td>
<td>Becki Sauer</td>
</tr>
<tr>
<td>SCCI</td>
<td>Barbara Miller</td>
<td>Becki Sauer</td>
</tr>
<tr>
<td>SCI/MCCF</td>
<td>Barbara Miller</td>
<td>Scott Haynes</td>
</tr>
<tr>
<td>SFFC</td>
<td>Becki Sauer</td>
<td>Casey Dugan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanie Merriss</td>
<td>503-764-8595</td>
</tr>
<tr>
<td>Casey Dugan</td>
<td>503-572-5243</td>
</tr>
<tr>
<td>Scott Haynes</td>
<td>503-551-6939</td>
</tr>
<tr>
<td>Barbara Miller</td>
<td>503-887-1913</td>
</tr>
<tr>
<td>Melanie Parker</td>
<td>503-477-2842</td>
</tr>
<tr>
<td>Becki Sauer</td>
<td>503-510-2988</td>
</tr>
<tr>
<td>Larissa Birndorf</td>
<td>503-312-4189</td>
</tr>
</tbody>
</table>
## BHS Prescriber On Call Schedule

### East Side Institutions

<table>
<thead>
<tr>
<th>Institution</th>
<th>Primary</th>
<th>Backup</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRCI (E Units)</td>
<td>Rosanne Harmon</td>
<td>Rachel Fiocchi</td>
</tr>
<tr>
<td>(F Units)</td>
<td>Rachel Fiocchi</td>
<td>Rosanne Harmon</td>
</tr>
<tr>
<td>EOCI</td>
<td>Ted Chase</td>
<td>Trudy Evans</td>
</tr>
<tr>
<td>PRCF</td>
<td>Trudy Evans</td>
<td>Rosanne Harmon</td>
</tr>
<tr>
<td>SRCI</td>
<td>Trudy Evans</td>
<td>Rachel Fiocchi</td>
</tr>
<tr>
<td>TRCI</td>
<td>Ted Chase</td>
<td>Trudy Evans</td>
</tr>
<tr>
<td>WCCF</td>
<td>Rosanne Harmon</td>
<td>Rachel Fiocchi</td>
</tr>
</tbody>
</table>

### Provider

<table>
<thead>
<tr>
<th>Provider</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Fiocchi</td>
<td>541-325-6601</td>
</tr>
<tr>
<td>Ted Chase</td>
<td>541-240-4094</td>
</tr>
<tr>
<td>Trudy Evans</td>
<td>541-215-2699 (after hours: 541-566-2265)</td>
</tr>
<tr>
<td>Rosanne Harmon</td>
<td>541-279-7916</td>
</tr>
</tbody>
</table>

Revised 10/2015
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 BHS Case Manager.
- At SCI/MCCF notify BHS and arrange transfer to facility with BHS services.