



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.87

Page 1 of 11

Effective Date: February 1, 2022

Distribution: A

Supersedes: 113.87 (8/1/18)

Approved by: Lisa Helton

Subject: MENTAL HEALTH LEVELS OF CARE

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that appropriate levels and continuity of mental health care are available to accommodate inmate mental health care needs.
- III. APPLICATION: All TDOC employees including contracted health and mental health professionals and privately managed institutions.
- IV. DEFINITIONS:
  - A. Ancillary Programmatic Services: Mental Health services presented in a psycho-educational format which are not clinical in nature.
  - B. Behavioral Health Administrator (BHA): A licensed or qualified mental health professional appointed by the Warden/Superintendent/designee or contractor to assume the responsibility of coordinating the delivery of behavioral health services.
  - C. Crisis Stabilization Placement: Transferring inmates in a mental health crisis to an infirmary or a designated location for monitoring and mental health seclusion/suicide precautions.
  - D. Level of Care: A numerical ranking that defines an inmate's level of functionality in general population and denotes a need for mental health services. The ascending number is related to the increase in mental health severity.
  - E. Mental Health Outpatient Services: Services provided to inmates in the general population to assist in their overall adjustment in the correctional environment and provide treatment for specific needs as identified in an individual treatment plan.
  - F. Mental Health Treatment Team: For purposes of this policy, a multi-disciplinary assessment and service planning team whose primary responsibility is to deliver mental health treatment to inmates with mental illness and assign appropriate Levels of Care.
  - G. Serious and Persistent Mental Illness (SPMI): A major mental illness with impaired reality testing or persistent behavior dysfunction resulting in a severe impairment in an inmate's ability to adjust to life within a correctional environment.
  - H. Serious Mental Illness (SMI): A substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the correctional environment and is manifested by substantial impairment or disability. Serious mental illness requires a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current *Diagnostic and Statistical Manual (DSM)* or *International Classification of Disease (ICD)* equivalent (and subsequent revisions) in accordance with an individualized treatment plan.

Effective Date: February 1, 2022	Index # 113.87	Page 2 of 11
Subject: MENTAL HEALTH LEVELS OF CARE		

- I. Supportive Living Unit (SLU): Intermediate care mental health housing designed to serve the needs of the seriously mentally ill inmate who is unable to live and function effectively in the general prison population due to the nature of his/her mental illness.
  
- V. POLICY: The BHA, in cooperation with the Warden/Superintendent, shall develop a mental health care delivery program that ensures inmates' access to the appropriate level of care for their mental health needs.
  
- VI. PROCEDURES:
  - A. Inmates' need for mental health services will be based on their ability to function in general population, as determined by the results of the Mental Health Intake Appraisal and Evaluation, CR-4180. The severity of their impairment results in the provision of appropriate services either as an outpatient living in general population, as a resident in a supportive living unit, or as a patient receiving crises stabilization services.
  
  - B. A licensed psychiatrist, advanced practice nurse (APN), and/or psychologist shall designate the appropriate level of care needed to effectively treat inmates with mental health problems.
  
  - C. The designation of level of care identified from the Mental Health Intake Appraisal and Evaluation, CR-4180, or any subsequent evaluation shall be recorded by a mental health service provider on the Major Conditions Problem List, CR-1894.
  
  - D. The offender management system (OMS) shall be used to document the level of care classification.
  
  - E. An inmate's level of care can only be reduced or increased after the Mental Health Treatment Team has reviewed the inmate's history and mental status. If the inmate is being treated with psychotropic medication, a psychiatrist or APN shall be part of the decision-making process. If the inmate is not being treated with psychotropic medication, a psychiatrist, APN, or a psychologist must be part of the decision-making process.
  
  - F. Levels of Care Designations are as follows:
    - 1. Level I: No mental health services are indicated for the inmate. Adjustment and function in the general population is not impaired by mental illness.
  
    - 2. Level II: Outpatient Services: Mental health outpatient services are indicated when an inmate's ability to function in general population is mildly impaired due to mental illness and/or mental retardation or if the inmate is not currently impaired but he/she needs monitoring due to:
      - a. A recent discontinuation of psychotropic medication
  
      - b. A recent discharge from either a supportive living unit (SLU), or crisis stabilization placement
  
      - c. A clinically significant history of self-injurious behavior or suicidal ideation; gesture; or attempt.

Effective Date: February 1, 2022	Index # 113.87	Page 3 of 11
Subject: MENTAL HEALTH LEVELS OF CARE		

3. Level II inmates can function productively in general population with outpatient mental health services that:
  - a. Maintain an inmate with or without the help of psychotropic medication
  - b. Stabilize an inmate whose problems are not severe enough to need a SLU or hospital placement, or
  - c. Transition an inmate from a SLU to general population or from receiving mental health services in general population to a discontinuation of those services.
  
- G. Level II Outpatient Staffing Composition: The treatment of mental health illnesses through outpatient programs will be based on a multi-disciplinary approach. The following disciplines will be involved in providing services:
  1. BHA
  2. Clinical Director and/or Clinical Psychologist
  3. Psychiatrist/APN
  4. Senior Psychological Examiner and/or Licensed Clinical Social Worker
  5. Licensed Professional Counselor or Master's Degree Counselor
  6. Therapeutic Recreational Therapist (in some designated facilities)
  7. Mental Health Behavior Specialist (in some designated facilities)
  8. Regional Case manager
  9. Licensed Alcohol and Drug Abuse Counselor
  10. Correctional Officer
  11. Mental Health Nurse
  
- H. Level III: Supportive Living Unit Services (SLU):
  1. Level III SLU services are indicated when an inmate's ability to function in general population is moderately impaired due to a serious mental illness. This designation reflects a tenuous mental status that is easily overwhelmed by everyday pressures, demands, and frustrations resulting in one or more of the following:
    - a. Disorganization
    - b. Impulsive behavior
    - c. Poor judgment

Effective Date: February 1, 2022	Index # 113.87	Page 4 of 11
Subject: MENTAL HEALTH LEVELS OF CARE		

- d. A deterioration of emotional controls
- e. Loosening of associations
- f. Delusional thinking
- g. Hallucinations

Inmates may also exhibit active symptoms of mental illness and appear to remain seriously mentally ill over time. They may be relatively stable but fragile and tend to decompensate in stressful environments such as that of a prison general population. The decision on whether to allow these inmates to participate in general population activities, such as a work detail, a psycho-educational group, school, gym call, and library call is based on their mental status and treatment plan goals.

2. Admission Criteria for Supportive Living Unit Placement:

- a. The inmate has a serious mental illness as defined above and, as a result, has experienced significant impairment in his/her ability to adjust and function satisfactorily within the general population. This is determined by the number, intensity, and frequency of mental health services needed, or if the inmate has stabilized at a higher level of care and can now function within the SLU.
- b. The inmate must also meet the following criteria:
  - (1) Absences of acute psychotic and/or affective symptomology requiring a higher level of care
  - (2) Absence of acute or chronic medical conditions, which require intensive or prolonged skilled nursing care or hospitalization
  - (3) Ability to participate in their treatment and attend treatment appointments. The inmate has been recommended for SLU placement by the mental health treatment team as part of the inmate's treatment plan or has been recommended for placement pending the outcome of a mental health evaluation.
- c. Admission for SLU shall be coordinated by the Behavioral Health Administrator, Clinical Director and Regional Clinical Director.
- d. An inmate may refuse treatment but shall not decline housing assignment to a SLU.

3. Level III Staffing Composition: Treatment on the SLU will be based on a multi-disciplinary approach to the treatment of mental illness. The following disciplines will be involved in providing services within the therapeutic environment:

- a. BHA
- b. Clinical Director and or Clinical Psychologist

Effective Date: February 1, 2022	Index # 113.87	Page 5 of 11
Subject: MENTAL HEALTH LEVELS OF CARE		

- c. Psychiatrist/APN
  - d. Senior Psychological Examiner and or Licensed Clinical Social Worker
  - e. Licensed Professional Counselor or Master's Degree Counselor
  - f. Therapeutic Recreational Therapist
  - g. Mental Health Behavior Specialist (in some designated facilities)
  - h. Regional Case manager
  - i. Licensed Alcohol and Drug Abuse Counselor
  - j. Correctional Officer
  - k. Mental Health Nurse
4. General Operating Procedures of the Level III SLU: The SLU will provide a structured environment designed to assist seriously mentally ill inmates in functioning psychosocially and vocationally at the highest possible level within the correctional setting. A broad spectrum of therapeutic activities and groups will be available and utilized as needed based on the specific treatment needs of each inmate as identified in the inmate's treatment plan.
- a. Inmates housed in the SLU will have daily access to mental health staff.
  - b. Inmates placed on Level III care will be seen at least twice a month by a licensed/qualified mental health professional. Documentation shall be recorded on Problem Oriented Progress Record, CR-1884, and on OMS.
  - c. Inmates should be engaged in therapeutic programming a minimum of four hours per day. This programming may include work, education, structured therapeutic activities or programs, individual or group therapy and/or psychiatric/psychological appointments.
  - d. The assigned mental health practitioners to the Level III program(s) will be responsible for developing, implementing, and overseeing any therapeutic programs in the SLUs. All aspects of the designed therapeutic program shall be reflected in the inmate(s) treatment plan.
  - e. These units are separate housing units from general population. Interaction with general population and movement within the institution is based on individual mental health treatment needs and functional level. When appropriate, reintegration with general population is important. These units offer a therapeutic milieu with a spectrum of programming designed to support and treat the mentally ill inmate based on his/her individual treatment plans.

I. Level IV Supportive Living Unit Services

Effective Date: February 1, 2022	Index # 113.87	Page 6 of 11
Subject: MENTAL HEALTH LEVELS OF CARE		

1. Level IV SLU services are indicated when an inmate's ability to function in general population is severely impaired due to serious and persistent mental illness. This level reflects active positive and/or negative symptoms of a major mental illness with impaired reality testing, or persistent behavioral dysfunction as demonstrated by severely impaired judgement, impulse control, and/or recent episodes of serious self-injurious behavior. These inmates are unable to attend most treatment or recreational groups in traditional settings and thus require ancillary programmatic services to be provided in the residential unit.
2. Admission Criteria for Level IV SLU
  - a. The inmate has a serious mental illness or behavioral dysfunction as defined above and as a result of such has experienced severe impairment in his/her ability to adjust and function satisfactorily within the general population as determined by the number, intensity and frequency of mental health services needed.
  - b. The inmate's ability to participate in treatment and attend scheduled treatments is limited by their mental illness.
  - c. The inmate has been recommended for Level IV SLU placement by the mental health treatment team as part of the inmate's individual treatment plan or has been recommended for placement pending the outcome of a mental health evaluation.
  - d. Admission for SLU placement shall be coordinated by the BHA, Clinical Director, and Regional Clinical Director.
  - e. An inmate may refuse treatment in the SLU but cannot decline a SLU housing assignment.
3. Level IV Staffing Composition: Treatment on the SLU will be based on a multi-disciplinary approach to the treatment of mental illness. The following disciplines will be involved in providing services within the therapeutic environment:
  - a. BHA
  - b. Clinical Director and or Clinical Psychologist
  - c. Psychiatrist/APN
  - d. Senior Psychological Examiner and or Licensed Clinical Social Worker
  - e. Licensed Professional Counselor or Master's Degree Counselor
  - f. Therapeutic Recreational Therapist
  - g. Mental Health Behavior Specialist
  - h. Regional Case manager
  - i. Licensed Alcohol and Drug Abuse Counselor

Effective Date: February 1, 2022	Index # 113.87	Page 7 of 11
Subject: MENTAL HEALTH LEVELS OF CARE		

- j. Correctional Officer
- k. Mental Health Nurse

4. General Operation Procedures of Level IV SLU: The SLU will provide a structured environment designed to assist persistent and seriously mentally ill inmates in functioning psychosocially and vocationally at the highest possible level within the correctional setting. A broad spectrum of therapeutic activities and groups will be available and utilized as needed based on the specific treatment needs of each inmate as identified in the inmate's treatment plan. Due to limitations in the Level IV inmate's ability to interact in social settings, treatment interventions may be individually based. In-cell treatment activities will supplement individual and group interventions.
5. Program services in a Level IV SLU will be delivered in the least restrictive manner possible with consideration for staff and inmate safety and institutional security.

J. Level V: Crisis Stabilization Placement

1. Crisis Stabilization Placement is indicated when:
  - a. An inmate's ability to function is severely impaired due to acute serious mental illness.
  - b. It would facilitate diagnostic clarification.
  - c. There is a need for more intensive psychopharmacological interventions and/or
  - d. There is a need for continued observation.
2. Placement in mental health seclusion or use of therapeutic restraint devices, which are Level V crisis stabilization options shall follow policies and procedures as outlined in #113.88 and #506.07, respectively.
3. General Operations Procedures for Level of Care V Placement
  - a. The inmate shall have daily access to Mental Health staff.
  - b. Individual and group therapy services shall resume upon discharge from the Level V stabilization placement.
  - c. A Behavioral Management Plan shall be implemented on the Level V placement, as clinically indicated.
  - d. Only the psychiatrist/APN or licensed psychologist with Health Service Provider designation can discharge an inmate from Level V care.
  - e. Prior to discharge from a Level V placement, the psychiatrist/APN or licensed psychologist with Health Service Provider designation shall assess the inmate to determine the need for transitional care placement.

Effective Date: February 1, 2022	Index # 113.87	Page 8 of 11
Subject: MENTAL HEALTH LEVELS OF CARE		

K. Transitional Care Placement: Transitional care placement is indicated when an inmate, has been stabilized on Level V placement. Although the inmate is no longer in need of crisis stabilization, the ability to adjust to his/her housing unit, and/or the sending institution continues to be compromised.

1. Inmates shall remain on transition care placement for at least 60 days before discharge.
2. When the treatment team is considering reducing an inmate's Level of Care within 60 days of its previous Level V assignment, then an independent psychiatrist or psychologist must evaluate the inmate to determine whether or not to follow the treatment team recommendation. The evaluation must contain:
  - a. A review of the inmate's mental health history, medication compliance diagnosis and mental status.
  - b. A statement justifying either agreement or disagreement with the treatment team's recommendation.

VII. ACA STANDARDS: 5-ACI-6A-28, 5-ACI-6A-31, 5-ACI-6A-32, 5-ACI-6A-33, and 5-ACI-6A-37.

VIII. EXPIRATION DATE: February 1, 2025





TENNESSEE DEPARTMENT OF CORRECTION  
PROBLEM ORIENTED – PROGRESS RECORD

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

DATE	TIME	

**Do Not Write on Back**



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
MAJOR PROBLEM LIST**

\_\_\_\_\_  
INSTITUTION

Name: \_\_\_\_\_ TDOC ID: \_\_\_\_\_  
                                 Last  First  Middle

Date of Birth: \_\_\_\_\_ Gender:  M  F Race: \_\_\_\_\_

Allergies: \_\_\_\_\_

PROBLEM NUMBER*	DATE IDENTIFIED/ RECORDED	MAJOR CLINICAL CONDITIONS/PROBLEMS	RESOLVED <i>(Please check "√" if resolved)</i>	RESOLVE DATE

Conservator Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

- \* Major medical problems considered medical or surgical in nature are identified by Roman numerals, i.e., **I** – Diabetes, **II** – Laminectomy.
- \* Psychiatric, or serious psychological problems, are identified by capital letters, i.e., **A** – Schizophrenia, **B** – Self-Mutilative Behavior.



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH INTAKE APPRAISAL AND EVALUATION**

**INSTITUTION**

NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of TDOC Arrival: \_\_\_\_\_

**I. BEHAVIORAL OBSERVATION / MENTAL STATUS**       INITIAL EVAL     UPDATED EVAL     DATE OF INITIAL EVAL \_\_\_\_\_

Mood & Affect	Thought Content	Orientation	Memory	Judgment & Insight	General Appearance	Speech
<input type="checkbox"/> Appropriate <input type="checkbox"/> Incongruent <input type="checkbox"/> Flat Affect <input type="checkbox"/> Sad Mood <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxiety/Panic <input type="checkbox"/> Manic <input type="checkbox"/> Labile/Swings <input type="checkbox"/> Euphoric <input type="checkbox"/> Impulsive <input type="checkbox"/> Hostile	<input type="checkbox"/> Normal/Appropriate <input type="checkbox"/> Poor Focus/Inattentive <input type="checkbox"/> Negative/Pessimistic <input type="checkbox"/> Indecisive/Confused <input type="checkbox"/> Paranoid/Suspicious <input type="checkbox"/> Loose Assoc <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Racing Thoughts <input type="checkbox"/> Expansive <input type="checkbox"/> Suicidal/Self-Harm <input type="checkbox"/> Homicidal/Assaultive	<input type="checkbox"/> Oriented X1, 2, 3, 4 _____ <input type="checkbox"/> Disoriented <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations  Loss specific to <input type="checkbox"/> Trauma <input type="checkbox"/> TBI / Stroke <input type="checkbox"/> Other _____	<b>JUDGMENT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor  <b>INSIGHT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled  <b>EYE CONTACT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Normal <input type="checkbox"/> Hesitant <input type="checkbox"/> Low/Quiet <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial <input type="checkbox"/> Rambling <input type="checkbox"/> Perseverating <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Threatening <input type="checkbox"/> Other _____ <input type="checkbox"/> Appropriate <input type="checkbox"/> Slowed <input type="checkbox"/> Mumbling <input type="checkbox"/> Loud <input type="checkbox"/> Tangential <input type="checkbox"/> Slurred <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Angry

**Observations/Comments:**  Cooperative     Pleasant     Reluctant     Withdrawn     Uncooperative     Bizarre Behavior: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. EDUCATION HISTORY**

**High School:**  Highest Grade Completed: \_\_\_\_\_  GED     High School Diploma     Enrolled in Special Ed Classes     Special Ed Diploma  
**College/Vocational:** Years Completed: \_\_\_\_\_ Area of Study: \_\_\_\_\_ Degree Received: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**III. WORK HISTORY**

Never Worked     Years of Military Service: \_\_\_\_\_  Deployed in Combat Zone     Receiving Disability Prior to Incarceration for: \_\_\_\_\_  
 Last Job Held in Free-World: \_\_\_\_\_  Longest Held Job: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**IV. FAMILY AND TRAUMA HISTORY**

Parent(s) Deceased:  Mother     Father     No, Both Living      Routine contact with:  Mother     Father     Siblings     Other Family Members  
 Parental Divorce:  No     Yes: Age at time of divorce: \_\_\_\_\_ Raised by: \_\_\_\_\_  Adopted  
 Childhood Trauma:  None     Abuse/Neglect     Poor/Absent Parenting     Parental Death     Foster Care/Group Home     Arrest/Detention  
 Describe: \_\_\_\_\_  
 Family history of substance abuse:  No     Yes: \_\_\_\_\_  
 Family history of mental health problems/treatment:  No     If yes, who: \_\_\_\_\_  
 Describe issues/treatment: \_\_\_\_\_  
 Trauma as adult:  No     Yes: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**V. SIGNIFICANT OTHER, CHILDREN AND SOCIAL SUPPORT**

Currently Married/Significant Other:  No     Yes, Supportive Relationship     YES, BUT:  Estranged     No Contact     Divorcing/Separating  
 Prior Marriages/Divorces:  No     Yes, #: \_\_\_\_\_ Children:  No     If yes, # and ages: \_\_\_\_\_  
 Custody of children:  No     Yes     N/A      Contact Frequency with Children:  None     Minimal     Occasional     Frequent     Visitation  
 Caregiver to Children:  No     Yes      Permanent Loss of Custody to:  Custodial Parent     Adoption     Foster Care     Relative     Other

NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_ DATE: \_\_\_\_\_

Supportive family members you feel closest to NOW: \_\_\_\_\_

Support System:  Spouse/Partner  Family  Friends  Describe contact: \_\_\_\_\_

Recent Loss/Stressors: \_\_\_\_\_ Comments: \_\_\_\_\_

**VI. SUBSTANCE USE HISTORY & TREATMENT**

Inmate Denies Prior Substance Use/Abuse Issues

Name of Substance	Use Frequency	Abuse	Dependence	First Use	Last Use	While Incarcerated?
Opioids:		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Stimulants:		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Cannabis/THC:		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
ETOH:		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Hallucinogens:		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Inhalants:		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Sedative/Hypnotic/Anxiolytic:		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Other:		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> No <input type="checkbox"/> Yes

Substance Use Treatment:  None  Yes, Outpatient (# \_\_\_\_\_)  Yes, Inpatient (# \_\_\_\_\_) How many completed: \_\_\_\_\_

Age of First Treatment: \_\_\_\_\_ Age of Last Treatment: \_\_\_\_\_ Comments: \_\_\_\_\_

How many prior overdoses with medical attention needed: \_\_\_\_\_ How many medical hospitalizations due to substance use: \_\_\_\_\_

Comments: \_\_\_\_\_

**VII. CRIMINAL HISTORY AND ASSAULTIVE/VIOLENT BEHAVIORS**

Violence:  Yes, Last Date: \_\_\_\_\_  No History

Current conviction(s): \_\_\_\_\_ Sentence (Yrs): \_\_\_\_\_ @ \_\_\_\_\_ %

Responsibility:  Admits  Denies  Shows Remorse  Victim Stance: \_\_\_\_\_

Juvenile convictions: \_\_\_\_\_

Physical Assault:  Without weapon  With weapon Sexual Assault:  Adult victim  Child victim (Age \_\_\_\_\_)  Both Child & Adult

Terroristic threats or acts:  No  Yes /  Homicide, manslaughter or other assault resulting in victim's death: \_\_\_\_\_

History Supports Potential for Violence:  No  Yes  Noted Antisocial Traits Adjustment to Incarceration:  WNL  Fair  Poor  Needs Help

Comments: \_\_\_\_\_ Prior Adjustment:  WNL  Fair  Poor

**VIII. MEDICAL CONCERNS**

No Reported Medical Concerns

Seizures:  No  Yes  On Anticonvulsive Meds Head Trauma:  No  Yes, with loss of consciousness  Yes, but no loss of consciousness

General Medical Conditions: \_\_\_\_\_

Current Pregnancy \_\_\_\_\_ Wks Other Medical Concerns: \_\_\_\_\_

Poor Appetite: \_\_\_\_\_  Weight Loss: \_\_\_\_\_  Eating Disorder: \_\_\_\_\_  Sleep Deficits: \_\_\_\_\_

Past Surgeries/Other Comments: \_\_\_\_\_

**IX. SUICIDAL IDEATION AND SUICIDE ATTEMPTS**

Last suicide attempt:  Never Age: \_\_\_\_\_ Method: \_\_\_\_\_ Medical attention needed:  Yes  No

Number of prior suicide attempts: \_\_\_\_\_ Method(s): \_\_\_\_\_ Medical attention needed:  Yes  No

Identified triggers for suicidal thoughts/behaviors: \_\_\_\_\_

Suicide attempts while incarcerated?  No  Yes: \_\_\_\_\_ Suicide attempts while intoxicated/high?  No  Yes \_\_\_\_\_

History supports suicide potential:  No  Yes  Immediate need for suicide risk assessment:  MH provider and security notified

Comments: \_\_\_\_\_

Place on Clinical Alert Log

NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_ DATE: \_\_\_\_\_

**X. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (NSSIB)**

Last self-injury episode:  Never Age: \_\_\_\_\_ Method: \_\_\_\_\_ Medical attention needed:  Yes  No

Type of NSSIB:  Cutting  Head Banging  Non-Cosmetic Burning  Self-Mutilation  Object Insertion  Other: \_\_\_\_\_

NSSIB while incarcerated?  Yes  No NSSIB while intoxicated or high?  Yes  No  Placed on High Risk Log

Comments: \_\_\_\_\_

**XI. MENTAL HEALTH TREATMENT HISTORY**

Records Available  Records Not Available  Records Requested

**OUTPATIENT TREATMENT**

No History of Outpatient Treatment

Last outpatient treatment:  Never Age: \_\_\_\_\_ # of Sessions: \_\_\_\_\_ Reason for treatment: \_\_\_\_\_

Prior outpatient treatment:  Never Age: \_\_\_\_\_ # of Sessions: \_\_\_\_\_ Reason for treatment: \_\_\_\_\_

Prior outpatient facilities: \_\_\_\_\_

Prior diagnoses: \_\_\_\_\_

Comments: \_\_\_\_\_

**INPATIENT TREATMENT**

History of Hospitalization Related to Suicide Threat

No History of Inpatient Treatment

Last inpatient treatment:  Never Age: \_\_\_\_\_ How long: \_\_\_\_\_ Reason hospitalized: \_\_\_\_\_

Last inpatient facility: \_\_\_\_\_ Number of inpatient stays: \_\_\_\_\_ Longest stay: \_\_\_\_\_

Working diagnoses: \_\_\_\_\_

Age of 1<sup>st</sup> Psychiatric Hospitalization: \_\_\_\_\_ Age of Last Psychiatric Hospitalization \_\_\_\_\_ Age of longest treatment duration: \_\_\_\_\_

Comments: \_\_\_\_\_

**PSYCHOTROPIC MEDICATIONS**

No History of Psychotropic Medications

Current medications (or within last 2-4 weeks): \_\_\_\_\_  None

Yes, prescribed in county jail  Date last dose received: \_\_\_\_\_ Generally med compliant?  Yes  No

Current meds intended to treat: \_\_\_\_\_

Psychotropic meds previously prescribed: \_\_\_\_\_  None

AIMS Completed

Treatment Compliance:  Always  Usually  Sometimes  Infrequently  Primarily When Incarcerated  Likely Confounded with Substance Use

Age first prescribed meds: \_\_\_\_\_ Age last prescribed meds: \_\_\_\_\_  Arrived on meds Allergies: \_\_\_\_\_

**XII. MENTAL HEALTH DIAGNOSTIC CHECKLIST**

**(To be completed by a licensed mental health professional only)**

SYMPTOMS CONSISTENT WITH ANXIETY, PHOBIAS, OBSESSIVENESS & TRAUMA			
<input type="checkbox"/> Poor Focus / Concentration	<input type="checkbox"/> Obsessive Behaviors / Thoughts	<input type="checkbox"/> Flashbacks or Dissociation	<input type="checkbox"/> Mental Confusion / Amnesia
<input type="checkbox"/> Anxiety / Excessive Worry	<input type="checkbox"/> Noted CNS Hyperarousal	<input type="checkbox"/> Sleep: Insomnia / Hypersomnia	<input type="checkbox"/> Social Avoidance / Withdrawal
<input type="checkbox"/> Panic Attacks	<input type="checkbox"/> Jumpy / Easily Started	<input type="checkbox"/> Elevated Noise Sensitivity	<input type="checkbox"/> Inability to Trust Others
<input type="checkbox"/> Excessive Fear or Phobias	<input type="checkbox"/> Nightmares or Night Terrors	<input type="checkbox"/> Elevated Touch Sensitivity	<input type="checkbox"/> Paranoid / Suspicious
MOOD-RELATED SYMPTOMS, BEHAVIORAL PROBLEMS & SUICIDALITY/SELF-INJURY			
<input type="checkbox"/> Chronic Irritability	<input type="checkbox"/> Loss of Interest in Activities	<input type="checkbox"/> High Impulsivity	<input type="checkbox"/> Prior Suicidal Ideation
<input type="checkbox"/> Angry Outbursts	<input type="checkbox"/> Poor / Inconsistent ADL's	<input type="checkbox"/> Chronic Relationship Losses	<input type="checkbox"/> Prior Suicide Attempts
<input type="checkbox"/> High Hostility / Aggression	<input type="checkbox"/> Mood Swings / Lability	<input type="checkbox"/> Gross Social Deficits	<input type="checkbox"/> Borderline PD Traits
<input type="checkbox"/> Sadness / Depression	<input type="checkbox"/> Manic / Hypo-Manic Symptoms	<input type="checkbox"/> Suspected Cognitive Deficits	<input type="checkbox"/> Antisocial PD Traits
<input type="checkbox"/> Fatigue / Lethargy	<input type="checkbox"/> Racing Thoughts	<input type="checkbox"/> Self-Injury / Self-Mutilation	<input type="checkbox"/> Highly Dangerous / Homicidal

NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUDITORY / VISUAL HALLUCINATIONS & DELUSIONS**

<input type="checkbox"/> <b>Delusions:</b> <input type="checkbox"/> Grandiose <input type="checkbox"/> Persecutory <input type="checkbox"/> Religious <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Somatic	<input type="checkbox"/> <b>Visual Hallucinations:</b> <input type="checkbox"/> N/A _____ _____	<input type="checkbox"/> <b>Auditory Hallucinations:</b> <input type="checkbox"/> N/A _____ _____ Type →	<input type="checkbox"/> Olfactory <input type="checkbox"/> Tactile <input type="checkbox"/> Threatening <input type="checkbox"/> Commands to hurt: __Self __Others	<input type="checkbox"/> Hostile <input type="checkbox"/> Demeaning <input type="checkbox"/> Accusing
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**OTHER SYMPTOMS & STRESSORS**

<input type="checkbox"/> Poor appetite <input type="checkbox"/> Weight Loss <input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Bizarre Behavior <input type="checkbox"/> Fecal / Blood Smearing <input type="checkbox"/> Suspected Gender Dysphoria	<input type="checkbox"/> Stress: Health Concerns <input type="checkbox"/> Stress: Family Concerns <input type="checkbox"/> Stress: Recent Losses	<input type="checkbox"/> Stress: Current/Future Sentencing <input type="checkbox"/> Other: _____
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Comments: \_\_\_\_\_

**XIII. DIAGNOSTIC IMPRESSIONS (DSM-5):** **(To be completed by a licensed mental health professional only)**

F-CODE	COMPLETE DIAGNOSTIC LABEL	MODIFIERS
F	1.	
F	2.	
F	3.	
F	4.	
F	5.	
F	6.	
F	7.	
F	8.	

Comments: \_\_\_\_\_

Rule-out diagnoses to be considered by treating provider(s) and therapist during ongoing treatment: \_\_\_\_\_

Additional comments/concerns/observations (continued from prior pages): \_\_\_\_\_

**XIV. MENTAL HEALTH TREATMENT RECOMMENDATIONS**

- No mental health treatment/treatment plan currently indicated (based on presenting symptoms).
- Inmate refusing mental health services due to: \_\_\_\_\_
- Pharmacotherapy indicated and referral placed. -OR-  Psychotropics prescribed: \_\_\_\_\_
- Inmate referred for psychotherapy:  Individual  Group  TCOM  GRTH  TC/PC  Veteran's  SLU  Other: \_\_\_\_\_
- Level of care of assigned:  I  II  III  IV  V (Immediate placement on Suicide Precaution/Mental Health Seclusion)
- Inmate referred to medical for: \_\_\_\_\_
- Other recommendations/considerations: \_\_\_\_\_

Qualified Mental Health Provider (Completing Sections I – XI Only)	Staff Title	Date	Time
Licensed Mental Health Signature	Staff Title	Date	Time