

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 11/5/2025	NUMBER: E-35.2  Page 1 of 3
	Replaces: 4/2025	
	Formulated: 10/02	
	Reviewed: 4/2025	
<b>MENTAL HEALTH EVALUATION</b>		

**PURPOSE:** To establish a mechanism to provide mental health evaluations of inmates identified as having potential mental health needs.

**POLICY:** Inmates with potential mental health needs will have a comprehensive mental health evaluation completed by a qualified mental health professional (QMHP) within 14 days of the referral, request and/or identification of mental health need.

**DEFINITIONS:**

MENTAL HEALTH EVALUATION (MHE) is an assessment of an inmate’s presenting problem or referral question which formulates a diagnostic impression and determination of treatment/intervention needs. This includes documentation of historical information such as mental health treatment and psychosocial background. It also includes a current mental status exam and suicide risk assessment. Psychometric testing may be conducted to assess personality, intellectual ability, and coping abilities.

CLINICAL INTERVIEW is a diagnostic interview conducted by a qualified mental health professional (QMHP) in order to assess mental status and determine the nature of the presenting problem. It is not as extensive as a mental health evaluation but does include a review of any prior mental health evaluations and will include a current mental status exam and suicide risk assessment.

MENTAL STATUS EXAMINATION (MSE) serves as the focal point of any mental health assessment. It involves questions, observations, objective findings, impressions and clinical judgment of the mental health professional, as well as the inmate’s response to the interview and interviewer. Commonly included in the MSE are observations of appearance, level of consciousness, speech and language, emotions, thoughts, perceptual alterations, orientation, dangerousness to self & others, memory, abstract thinking, intellectual ability, judgment, and insight.

**PROCEDURE:**

- I. Potential mental health needs may be determined by any of the following:
  - A. Results of Intake and Transfer Mental Health Screening
  - B. Results of the Intake Mental Health Appraisal
  - C. Mental Health Sick Call/Triage Interview
  - D. Staff Referral
  
- II. The mental health evaluation (MHE) must be performed by a Qualified Mental Health Professional (QMHP). A QMHP is a person qualified to evaluate and treat mental disorders consistent with state law. Physicians, advanced practice providers, psychologist, master’s level clinicians and master’s level social workers are classified as QMPHs. The purpose of the MHE is to evaluate an inmate’s presenting problem or referral question, formulate a diagnostic impression and determine treatment or intervention needs. The MHE may take one or more interview sessions to complete.

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III. Prior to beginning the evaluation, the inmate will be apprised of the limits of confidentiality and asked to consent to the interview and/or psychological testing. Documentation of the informed consent will be made in the health record.

Inmates who do not consent to the MHE will be assessed based upon available records and behavioral observation.

IV. The components of the MHE include, but are not limited to:

- A. Review of the health record including mental health history and mental health screening, appraisal data, and compilation of mental health history.
- B. Face-to-face or telehealth individual assessment, and/or behavioral observations to determine presenting problem, current mental status, suicide risk, and psychosocial needs.
- C. Psychometric testing as indicated to assess personality, intellect and coping abilities.
- D. Provisional DSM 5 – Text Revision (TR) diagnostic impression.
- E. Disposition, plan for treatment, and follow-up.

V. On the basis of information obtained in the MHE, any of the following dispositions may be appropriate:

- A. Further evaluation, which may include additional interview and/or psychometric assessment.
- B. Referral to or consultation with other treatment staff.
- C. Initiate counseling
- D. Referral to crisis management, Developmental Disabilities Program (DDP), Program for Aggressively Mental ILL Offenders (PAMIO), or other behavioral health facility or program.
- E. No further intervention indicated at this time (document discussion with inmate regarding access to care procedures for future needs).

VI. Documentation of the MHE is made in the electronic health record.

VII. Inmates who present with symptoms of serious mental illness but who refuse intervention will be placed on the outpatient caseload, scheduled for psychiatric assessment, and monitored by mental health staff on a regular basis. Inmates with acute needs will be transferred to a behavioral health facility, or crisis management facility.

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- VIII. If an MHE has previously been completed during the current incarceration the qualified mental health professional will conduct a clinical interview which includes:
- A. Reason for clinical interview
  - B. Review and summary of prior evaluation data
  - C. Mental status exam and suicide risk assessment
  - D. Diagnostic impression
  - E. Disposition, plan for treatment, and follow-up.

Reference: ACA Standard 5-ACI-6A-33 (Ref. 4-4372) Mental Health Evaluations