

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 11/5/2019	NUMBER: E-35.1
	Replaces: 5/28/2019	
	Formulated: 10/85 Reviewed: 4/2022	Page 1 of 2
MENTAL HEALTH APPRAISAL FOR INCOMING INMATES		

PURPOSE: To describe the mechanism for assessing the mental health status of incoming offenders.

POLICY: All incoming inmates admitted into the Texas Department of Criminal Justice (TDCJ) and all inmates returning from bench warrant after having been separated from TDCJ more than ninety (90) days will undergo an Intake Mental Health Appraisal by appropriately trained personnel. The qualified mental health professional (QMHP) will complete the mental health appraisal process within 14 days of admission to an intake facility. Inmates identified as having a history of mental illness, currently receiving treatment for a mental illness, having a history of self-injurious behavior, or any other indications of potential mental health needs will be referred for a mental health evaluation.

PROCEDURE:

- I. The intake mental health appraisal includes a review by the QMHP of the following documents:
 - A. The Intake Processing Psychological Screening Form (CL-69 or equivalent). This form consists of a structured interview which may be conducted by a non-clinical person who is trained in mental health. The structured interview includes observation of the inmate's appearance, hygiene, interaction, motor behavior, speech, mood and alertness.
 - B. Available historical records of inpatient and outpatient mental health treatment, including psychotropic medication history, treatment with counseling or psychotherapy, substance abuse treatment, and other forms of mental health treatment.
 - C. The Texas Uniform Health Status Update form (TUHSU) provided by the county.
 - D. History of mental illness contained in the Texas Department of Mental Health Mental Retardation (TDMHMR) Client Assignment Registration System (CARE) database (note: this information is not populated to the TDCJ mainframe until two days after intake).
 - E. Medical Records including the Initial Mental Health Screening and Intake Physical.

- II. The QMHP shall assess the inmate's:
 - A. Current mental status.
 - B. Current suicide risk and individual circumstances that increase suicide risk.
 - C. Violence potential and individual circumstances that increase violence risk.
 - D. Drug and Alcohol abuse and dependence.
 - E. Educational and special educational history.
 - F. Review of history of cerebral trauma or seizures.
 - G. History of sexual violence and /or sexual trauma.

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- III. The QMHP shall determine a disposition for:
- A. Inmates with a history of mental health illness, treatment for mental illness or currently receiving mental health treatment, history of self-injurious behavior, and any other indications of potential mental health needs are scheduled for comprehensive mental health evaluation (MHE).
 - B. Inmates with current suicidal ideation or other potentially urgent mental health need will be immediately assessed for possible referral to crisis management.
- IV. Further decisions regarding treatment plans, housing, work assignment, disciplinary restrictions, and TDCJ programming are based upon the comprehensive mental health evaluation (MHE) as well as by other TDCJ entities such as the Substance Abuse Treatment Program, the Sex Offender Treatment Program, the Windham School District, and the TDCJ Classification Division.
- V. The mental health appraisal process is completed when the QMHP signs, stamps, and dates the Intake Processing Psychological Screening Form (CL-69) verifying that all required assessments and reviews are completed, and a disposition is documented.
- VI. Inmates who have received a comprehensive (MHE) prior to the completion of the intake mental health appraisal need not be reevaluated. The QMHP completing the intake mental health appraisal will ensure that significant mental health information received after the initial MHE is documented in the medical record. The QMHP shall also determine if follow up care is indicated.

Reference: ACA 5-ACI-6A-28 (Ref. 4-4368) Mandatory
ACA 5-ACI-6A-32 (Ref. 4-4371) Mandatory