

STATE OF MARYLAND  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

 DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES DIRECTIVE	<b>PROGRAM: MENTAL HEALTH SERVICES</b>
	DPSCSD #: 124-210
	TITLE: Initial Mental Health Intake Screening
	ISSUED: December 20, 2000
	CLINICAL AUTHORITY: ASST. DIRECTOR
	AUTHORITY: DIRECTOR
	APPROVED: DEPUTY SECRETARY

- I. REFERENCES: DPSCSD 124-003; 130-100, § 110
- II. PURPOSE: To establish guidelines for an initial mental health screening for all inmates committed to the Department of Public Safety and Correctional Services.
- III. PROCEDURE:
- A. The initial mental health screening is done as part of the initial physical examination. The initial physical examination and medical work-up are performed at the Division of Pretrial Detention and Services (DPDS), the Maryland Reception, Diagnostic and Classification Center (MRDCC) or the Maryland Correctional Institution for Women (MCI-W).
- B. The mental health screening component shall be performed within 7 days of arrival at MRDCC, MCI-W or any DPDS facilities.
1. The screening shall be performed by an R.N., P.A. or M.D.
  2. The screening shall include a brief assessment of psychiatric history including previous psychiatric hospitalizations, treatment by a mental health professional, history of suicide attempts or gestures, substance abuse history and treatment, prescribed psychotropic medications, history of seizure disorder, history of previous incarceration. All information shall be recorded on the receiving screening form (DPSCS Form 130-100aR) and the mental health screening form (DPSCS Form 130-100bR).
  3. The screening shall also include observation and assessment of current presentation to include orientation, intoxication or withdrawal symptoms, mood, affect, general appearance, and current level of functioning. This

data shall also be recorded on the screening form.

- C. Any inmate who responds positively to any of the mental health screening questions shall be referred for an interview with a mental health professional.
- D. Any inmate who self-reports having a current suicidal ideation or intent shall be immediately referred to the chief psychologist, or if he/she is unavailable, the regional mental health unit for further assessment and/or treatment.
- E. Any inmate receiving prescribed psychotropic medication at the time of reception shall be immediately referred by the screening practitioner directly to the consulting psychiatrist or other physician for evaluation of need for continued psychotropic medication. The screening forms shall then be forwarded to the chief psychologist with a notation that the psychiatric referral has been made.
- F. On a daily basis, the screening practitioners shall ensure that the completed Mental Status Evaluation (MSE169)/On Site Consultation Forms (DPSCS Form 130-223aR) are forwarded to the chief psychologist for triage. The chief psychologist shall review all screening forms within two (2) working days of receipt.
  - 1. The chief psychologist may determine that no intervention is required. This shall be noted on the MSE/consultation form. This form shall be maintained in the inmate's medical record.
  - 2. If an inmate is later referred to the psychology department, the chief psychologist shall check the medical record for an initial screening form. If one is present a copy shall be placed in the mental health record.
  - 3. Based on his/her clinical judgment, the chief psychologist shall schedule for further assessment any inmate who appears from the data on the screening form to require intervention.
- G. The chief psychologist shall schedule for further mental health assessment, any inmate who has a history of psychiatric hospitalizations within the previous two years, present or recent history of psychotropic medication usage, recent suicidal ideation or intent, presence of suspected psychotic symptoms, clinically significant levels of depression or mood incongruence. The follow-up assessment shall be completed in accordance with DPSCSD 124-200.
- H. When the inmate is seen by a mental health professional for his/her first psychological assessment, the initial mental health interview form DPSCS 124-210aR (Appendix 1) shall be completed. Completion of this form officially starts the mental health file. The receiving facility shall initiate the mental health file in a manila file folder. A multi-sectioned blue folder shall be initiated if and when the criteria for an active file is achieved pursuant to DPSCSD 124-300.

1. At DPDS, a copy of the completed initial mental health interview form and flow sheet described in DPSCSD 124-351 shall be placed in a manila folder to be placed with the medical record.
  2. At MRDCC, if a mental health file has been established at DPDS, a copy of the completed initial mental health interview form and flow sheet (DPSCS Form 124-351aR) shall be placed in the mental health file. When an inmate is transferred to a maintaining institution, the mental health file shall be placed with the medical file for transport to the maintaining institution. If a mental health file is not yet established, a copy of the completed initial mental health interview form and flow sheet shall be placed in a manila folder and placed with the medical file. When an inmate is transferred to a maintaining institution, the mental health file will be transported with the medical file to the maintaining institution. It will be the responsibility of the medical records department of the maintaining institution to forward the mental health file to the psychology department of that institution.
  3. At MCI-W, if a mental health file is not yet established, the chief psychologist shall use the screening form to initiate the mental health record on those inmates who are seen for further mental health intervention.
- I. The chief psychologist shall ensure that a copy of all mental health intake screening reports (DPSCS Form 124-210aR) are sent to the Assistant Director of Mental Health for entering into the mental health services management information system.
  - J. If an inmate is referred to the psychology department at a maintaining institution any time during his/her incarceration, the chief psychologist shall be responsible to:
    1. Ensure that the inmate's mental-health record is current and that a mental health file is established if one has not to this point been created.
    2. Ensure that the data is sent to the Assistant Director via the flow sheet (DPSCS Form 124-351aR) for entering into the management information system.
  - K. All pertinent mental health information compiled at DPDS, MRDCC and MCI-W during the admission/diagnostic phase shall be provided to the case management department for initial classification and institutional programming.
  - L. When form DPSCS 124-210aR is reproduced, it shall be a two-sided document with form DPSCS 124-351aR as side 2.

IV. ATTACHMENTS: Appendix 1, Mental Health Intake Screening Report, DPSCS Form 124-210aR.

V. SUPERSEDES: DCD 124-210 dated February 1, 1992.

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**CONFIDENTIAL**  
**MENTAL HEALTH INTAKE SCREENING REPORT**

Institution \_\_\_\_\_

Name: _____	DPDS/DOC#: _____	DOB: _____	Age: _____
Race: _____	Intake Date: _____	Appointment Date: _____	
Charge(s)/Offense(s): _____		Sentence: _____	

REASON FOR REFERRAL: \_\_\_\_\_

<b>PERSONAL HISTORY:</b>	Place of Birth: _____	Raised by: _____
	Education: _____	Marital Status: _____
	Employment: _____	
<b>CRIMINAL HISTORY:</b>	No. Major adult incarcerations: _____	Offenses: _____
	Juvenile Crimes: _____	
	Other: _____	
<b>MEDICAL HISTORY:</b>	Head Trauma? <input type="checkbox"/> Y <input type="checkbox"/> N	Seizures? <input type="checkbox"/> Y <input type="checkbox"/> N
	HIV/AIDS Status _____	Medications: _____
	Other: _____	
<b>MENTAL HEALTH HISTORY:</b>	No. Inpatient Hospitalizations: _____	Hospital? _____
	Outpatient Treatment <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Other
	Reason for Treatment _____	
	Psychiatric Medications _____	
<b>FAMILY PSYCHIATRIC HISTORY:</b>	_____	
	_____	
<b>ALCOHOL/DRUG USE:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what? _____
<b>RISK ASSESSMENT:</b>	Suicidality: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Current Thoughts/Plans <input type="checkbox"/> Within 30 days <input type="checkbox"/> Within 2 years
	Homicidality: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Current Thoughts/Plans <input type="checkbox"/> Within 30 days <input type="checkbox"/> Within 1 year
	Behavior Management: _____	

**MENTAL STATUS**

<b>ORIENTATION:</b>	<input type="checkbox"/> Normal	Deficient in:	<input type="checkbox"/> Time	<input type="checkbox"/> Place	<input type="checkbox"/> Person
<b>JUDGMENT:</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
<b>MEMORY:</b>	<input type="checkbox"/> No deficit	<input type="checkbox"/> Impairment	<input type="checkbox"/> Immediate	<input type="checkbox"/> Remote	
<b>THOUGHT PROCESSES:</b>	<input type="checkbox"/> Logical	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Delusional	<input type="checkbox"/> Slowed	<input type="checkbox"/> Blocked
<b>HALLUCINATIONS:</b>	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	Delusions: <input type="checkbox"/> Present	<input type="checkbox"/> Not Present	Paranoia <input type="checkbox"/> Y <input type="checkbox"/> N
<b>AFFECT AND MOOD:</b>	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Depressed	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Suspicious
	<input type="checkbox"/> Labile	<input type="checkbox"/> Flat	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Dysthymic	
<b>APPEARANCE:</b>	<input type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Dirty	<input type="checkbox"/> Unusual	<input type="checkbox"/> Malodorous
<b>INTERVIEW BEHAVIOR:</b>	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Slowed	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Seductive	<input type="checkbox"/> Verbally Abusive	<input type="checkbox"/> Attention Seeking	<input type="checkbox"/> Crying	<input type="checkbox"/> Manipulative
	<input type="checkbox"/> Evasive	<input type="checkbox"/> Hostile	<input type="checkbox"/> Threats	<input type="checkbox"/> Others:	
<b>SPEECH</b>	<input type="checkbox"/> Natural	<input type="checkbox"/> Slowed	<input type="checkbox"/> Mute	<input type="checkbox"/> Pressured	<input type="checkbox"/> Slurred
	<input type="checkbox"/> Soft	<input type="checkbox"/> Loud	<input type="checkbox"/> Impediment		
<b>ATTITUDE</b>	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Minimally Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Negative	<input type="checkbox"/> Hostile

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician