

FLORIDA DEPARTMENT OF CORRECTIONS  
OFFICE OF HEALTH SERVICES

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**TECHNICAL INSTRUCTION NO. 15.05.17**

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**SUBJECT: INTAKE MENTAL HEALTH SCREENING AT RECEPTION CENTERS**

**EFFECTIVE DATE: 02/28/06**

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**I. PURPOSE:**

The purpose of this technical instruction (TI) is to establish guidelines for mental health screening of newly arrived inmates at reception centers.

**II. PROCEDURE:**

The department screens all newly committed inmates, including recidivists, within fourteen (14) calendar days of arrival, to identify those who suffer from a mental disorder and/or mental retardation. Inmates found to be suffering from a serious mental disorder or developmental disability are immediately referred for outpatient, infirmary, transitional, or crisis stabilization care, according to clinical need.

**III. REFERENCE:**

National Commission on Correctional Health Care Standard P-33, Mental Health Evaluation.

**IV. PSYCHOLOGICAL SCREENING:**

- A. The limits of confidentiality shall be explained and consent to evaluation or treatment obtained before initiation of screening or treatment by completing "*Consent to Mental Health Evaluation or Treatment*," DC4-663. Refusal of intake mental health screening shall be documented on "*Refusal of Health Care Services Affidavit*," DC4-711A after the inmate has been informed of the potential consequences of her/his refusal.
- B. Unless precluded for clinical reasons, all newly committed inmates shall undergo the following evaluation procedures within fourteen (14) calendar days of arrival at a reception center. Omission of any required testing shall be documented; with explanation/justification, on "*Intake Psychological Screening Report*," DC4-644 (via CARP) as other comments in section VI Summary/Recommendations:
1. Psychological testing with the Revised Beta III and Beck Hopelessness Scale. These may be omitted at the discretion of the clinician if the testing was administered within the past ninety (90) days with acceptable results (Revised Beta III score >75; Beck Hopelessness Scale score <9).

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2. Administration of the Wechsler Abbreviated Scale of Intelligence (WASI; two-subtest form) or other reputable, individually administered intelligence test when the Revised Beta III score is <76.
  3. Completion of "*Adaptive Behavior Checklist*," DC4-659 when the WASI score is <76. Note that adaptive behavior should be assessed, utilizing DC4-659, whenever the clinician suspects impaired cognitive ability to meet the ordinary demands of the prison environment, even if the individually administered intelligence test score falls within the borderline range of intelligence (IQ 70-79).
  4. Administration of the Wechsler Adult Intelligence Scale III or other nonabbreviated, reputable, individually administered intelligence test when the WASI score is <76 or the adaptive behavior checklist rating is <35.
  5. Clinical interview following all necessary testing (results must be available at time of interview) to obtain the mental health, substance abuse, education, and employment history; and to perform a mental status examination covering at least the following areas:
    - a. Appearance/behavior;
    - b. Orientation;
    - c. Mood/affect;
    - d. Perception/thinking;
    - e. Immediate and remote memory;
    - f. Suicidal/homicidal ideas; and
    - g. Sleeping/eating pattern.
  6. Completion of "*Initial Suicide Profile*," DC4-646, if the inmate has a history of intentional self-injury or attempted suicide or if s/he obtains a Hopelessness Scale score of nine (9) or higher.
- C. The results of psychological screening shall be documented on DC4-644 and "*Intake Mental Health Screening Summary for Classification*," DC4-645. Note that completion of DC4-645 shall be deferred to psychiatry staff if the inmate is referred for psychiatric evaluation.
- D. An S grade of 1 or 2 shall be assigned on the basis of the screening with one exception: The S grade of inmates who are or will be scheduled for subsequent psychiatric evaluation shall be assigned by the psychiatrist.

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- E. Inmates who meet the diagnostic criteria for mental retardation (i.e., IQ <70, impaired adaptive behavior [Adaptive Behavior Checklist <35] and onset before age 18) shall be assigned an S grade of 2 and designated as impaired via placement of the letter S under category I of the health profile. If the inmate's ability to adjust satisfactorily within the general inmate population is only mildly impaired, staff should recommend transfer to an institution designated to receive impaired inmates. In contrast, mentally retarded inmates with more than mild impairment in adaptive behavior should be referred for transitional care.
- F. Each inmate whose adaptive behavior checklist rating is < 35 or whose final IQ score is <76 shall be classified as S-2 or higher and followed for at least sixty (60) days before the grade may be considered for reduction to S-1. The sixty (60) day follow-up period will allow observation and documentation of mental/behavioral functioning before final determination is made regarding the need for ongoing mental health services.
- G. Raw test data and test protocols shall be filed only in "*Psychological Record Jacket*," DC4-761 which shall be stored in a secure/locked cabinet in the mental health office area, during the prison commitment. The DC4-761 will be sealed and transported with the medical record wherever an inmate is transferred. Upon receipt at the gaining institution, the DC4-761 will be separated from the medical record and forwarded to the mental health office for secure storage. DC4-761, together with its content, shall be archived with the health record after release. Raw test data and test protocols (record forms/sheets) shall not be filed in the medical record.

**V. PSYCHIATRIC SCREENING/EVALUATION:**

- A. Medical staff shall review the records of all newly arrived inmates. The purpose is to identify and refer for psychiatric evaluation those inmates who received inpatient mental health care within the past six (6) months and/or psychotropic medication for mental problems at any time during the thirty (30) day period preceding arrival. These inmates shall receive a complete psychiatric evaluation within ten (10) calendar days of arrival. Inmates presenting with acute symptomatology shall be evaluated within twenty-four (24) hours of arrival. If the inmate was taking psychotropic medication immediately prior to transfer from the county jail, the screening medical staff person shall arrange for continuity of such care, until such time as the inmate can see the psychiatrist.

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- B. The psychiatric evaluation shall be documented via CARP and shall include the following:
1. Present problem (chief complaint).
  2. Relevant history:
    - a. Chronology of symptoms and treatments;
    - b. History of drug/alcohol use;
    - c. History of inpatient and outpatient treatment;
    - d. History of violence and suicide attempts;
    - e. Medical problems and treatments received;
    - f. History of mental illness in the family; and
    - g. Other history if pertinent, e.g., social, marital, occupational, educational, and sexual.
  3. Mental status examination to include the following:
    - a. Appearance/behavior;
    - b. State of consciousness (alertness);
    - c. Speech, orientation, and thinking;
    - d. Perception;
    - e. Mood/affect;
    - f. Memory and intellectual functioning; and
    - g. Judgment and insight.
  4. Diagnostic formulation and diagnosis according to the *Diagnostic and Statistical Manual of Mental Disorders*.
  5. Recommendations/treatment plan.
- C. On the basis of the psychiatric evaluation, the psychiatrist will assign an S grade by completing "*Health Services Profile*," DC4-706.

The psychiatrist or designee will also complete and distribute DC4-645. Any necessary outpatient psychiatric treatment will be initiated as part of "*Individualized Service Plan*," DC4-643A in accordance with HSB/TI 15.05.11 *Planning and Implementation of Individualized Mental Health Services*.

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**VI. SERVICE PLANNING:**

Inmates identified as needing ongoing mental health services who remain at the reception center more than thirty (30) days, will receive service planning and implementation by the sixtieth (60<sup>th</sup>) day of their stay at the reception center. Inmates pending evaluation for close management and identified as needing ongoing mental health services shall receive service planning and implementation within timeframes as specified in HSB/TI 15.05.11.

**VII. CASE MANAGEMENT SERVICES:**

All S-2/S-3 inmates who are awaiting transfer to a permanent institution shall receive at least the following case management services (to be documented on DC4-642) on a monthly basis (unless otherwise noted):

- A. Review of institutional adjustment via, for example, collateral contacts with the dorm officer and other inmate supervisors.
- B. Group or individual contact as needed, but not less than every thirty (30) days, to assess mental status and to provide supportive counseling when indicated. This contact must be documented in the health record on "*Chronological Record of Outpatient Mental Health Care*," DC4-642 in SOAP format.
- C. Check of medication compliance at least once every two (2) weeks with documentation of results in an incidental note on DC4-642.

**VIII. SERVICE DELIVERY LOGS:**

The following logs shall be maintained at reception centers and all major institutions:

- A. DC4-781H *Inmate Request/Staff Referral Log*
- B. DC4-781L *Treatment Waiting List for Permanently Assigned Sex Offenders Log*
- C. DC4-781G *Infirmery Admission for Mental Health Reasons Log*
- D. DC4-781J *Psychiatric Restraint Log*
- E. DC4-781K *Seclusion Log*
- F. "*Mental Health Emergency Log*," DC4-781A; this log shall be used to record all inpatient mental health emergencies (those occurring in transitional care units, crisis

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stabilization units, or the Corrections Mental Health Institution Units), and outpatient mental health emergencies that are responded to by mental health staff. Outpatient mental health emergencies that are responded to by medical nursing staff (typically after regular work hours) will be recorded on "*Emergency Nursing Log*," DC4-781M.

Accordingly, DC4-781A shall be maintained in the following separate locations: outpatient mental health areas; transitional care units; crisis stabilization units; and the Corrections Mental Health Institution Units.

**IX. REQUESTS FOR PAST MENTAL HEALTH RECORDS:**

- A. After the inmate has granted proper authorization, mental health staff shall request records of past outpatient and inpatient mental health care for inmates who remain at the reception center for sixty (60) days.
- B. When time does not permit requests of past treatment records (e.g., inmate scheduled for transfer on the sixty-second [62<sup>nd</sup>] day after reception), such outstanding need shall be listed under section VI Other Comments of DC4-644 for follow-up at the receiving institution.
- C. Requests of past treatment records shall be briefly documented as an incidental note on DC4-642 and as an intervention of the individual service plan. A copy of each request that is sent to an outside provider must be filed under the Other Mental Health-Related Correspondence subdivider.

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Assistant Secretary for Health Services

Date

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This Technical Instruction Supersedes:

HSB 15.05.17 dated 4/15/91,  
8/5/94, 7/18/96, and 10/30/02

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