

APPENDIX 11 - MENTAL HEALTH AND SUBSTANCE USE **WORKFLOW**

This workflow can be modified at any time, at the discretion of the DOC Health Services Director or designee.

Booking

1. Security will complete the Columbia Suicide Severity Rating Scale (C-SSRS) at booking.
2. The results of the scale will be shared with the qualified health care professionals (QHCPs) responsible for the Receiving Screen (P-E-02) and Mental Health Screening and Evaluation (PE-05) as per National Commission on Correctional Health Care (NCCHC).
3. Positive response to one of the “Development Services Questions?” results in an alert sent to DOC to verify. If verified, the patient will be automatically SFI designated.

Receiving Screening NCCHC P-E-02 (completed within 4 hours)

1. The Receiving Screening shall include, at a minimum:
 - a. Compliance indicators of NCCHC P-E-02.
 - b. A review of any records of previous mental health services provided in the current or prior incarceration episode(s).
 - c. A urine drug screen (UDS).
 - d. Tobacco use screening as approved by DOC in collaboration with Vermont Department of Health (VDH).
 - i. If the screening indicates Tobacco use, disposition shall, at a minimum, involve psychoeducation about coping skills, referral to Breaking Free App on tablet and/or an evidence-based intervention developed by the Vermont DOC and VT Department of Health.
 - e. Completion of the Texas Christian University 5 Drug Screen (TCU5)
 - i. If the screen indicates need for further Opioid Use Disorder (OUD) assessment, the disposition shall be referral to QHCP for TCU Opioid Supplemental and further assessment/determination for Medication-Assisted Treatment (MAT).
 - f. Correctional Mental Health Screen for Men and Women (CMHS-M/CMHS-W)
 - i. If the screen indicates need for further assessment, the disposition shall be referral to QMHP to complete PE-05 Mental Health Screening and Evaluation.
 - g. HELPS Brain Injury Screening Tool for screening of traumatic brain injury (TBI)
 - i. If positive, the disposition shall be referral to a QHCP for further assessment as clinically indicated.
 - h. Short-Blessed Test (SBT) screening for dementia/neurologic disorders
 - i. If positive, the disposition shall be referral to a QHCP for further assessment as clinically indicated.

Initial Health Assessment NCCHC P-E-04 (completed within 7 days)

1. The Initial Health Assessment shall include at a minimum:
 - a. Compliance indicators of NCCHC standard P-E-04 which includes Mental Health history and review of past records including those from the community.

Mental Health (and Substance Use) Screening and Evaluation NCCHC P-E-05 (MH screening, which is ongoing, is completed within 14 days; MH evaluations of patients with positive screens should be completed within 30 days)

1. The Mental Health (and Substance Use) Screening and Evaluation shall include at a minimum:
 - a. Compliance indicators of NCCHC P-E-05.
 - b. UDS results reviewed with patient.
 - c. Screening for intellectual functioning using the General Ability Measure for Adults (GAMA), or another tool approved by DOC. If screening indicates need for further assessment, the disposition shall be to a clinically appropriate provider.
 - d. Evaluation using the Structured Clinical Interview DSM-5 (SCID 5)
 - e. Evaluation using the Personality Inventory for DSM-5 – Brief Form (PID-5-BF).
 - f. Evaluation using the Corrections Modified Global Assessment of Functioning (CM-GAF) as indicated to determine clinical SFI designation
 - g. QMHPs shall consider inmates for SFI designation in accordance with the SFI Policy and Procedure and DOC Interim Memo or its successor Directive.

Mental Health (and Substance Use) Services NCCHC P-F-03

1. Mental Health (and Substance Use) Services shall include at a minimum:
 - a. Compliance indicators of P-F-03.
 - b. Treatment recommendations, developed by the NCCHC QMHP, based on the Mental Health Evaluation diagnostic impressions and provided to the patient orally and in writing within 14 calendar days of the completed Evaluation as outlined in the “Mental Health Screening and Evaluation section” of this workflow. Psychoeducation about a menu of treatment and recovery options shall also be provided.
 - c. Providing substance abuse group or individual treatment (e.g. Integrated Change Therapy, Seeking Safety, Marlatt’s Relapse Prevention, Mindfulness and Motivational Interviewing, or other modalities suggested by the DOC Addiction and Mental Health Systems Director, or designee).
 - d. Providing access to technology-enabled mental health and substance abuse treatment and recovery (when available).
 - e. Referral of the patient to the incarcerated individuals Peer Recovery and Support Services called Open Ears (when available).
 - f. All treatment options should be made available, and the patient must provide consent. The patient will need to decide to pursue behavioral health treatment, or

pharmacotherapy or both. If the patient does not consent, this should be documented and there is no further action needed unless clinical presentation changes and/or patient re-initiates.

- g. If the patient elects and consents to behavioral treatment, a patient-centered treatment plan addressing the patient identified problem and the menu of evidence-based treatment and recovery options shall be developed.
 - h. Frequency of treatment which shall be dictated by clinical need.
 - i. Community Outpatient level of care standard is 1x/week.
 - ii. Community Intensive Outpatient standard level of care can be met by combining 1x/week outpatient individual with these modalities: group, support group and use of tablet-based recovery support.
 - i. Unless the inmate has been discharged from the mental health caseload or refuses behavioral treatment, follow up timeframes shall NOT be indicated as “PRN” or “at the request of the individual” or “through sick call”.
 - j. If the patient elects and consents to pharmacotherapy as part of the patient centered treatment plan, the NCCHC QMHP shall refer them to a qualified psychiatric provider.
 - k. If the results of the evaluation indicate that the patient is a person with a mental illness, the patient shall be added to the MH caseload. If the patient is found to have substance use disorder, they shall also be placed on the appropriate chronic illness clinic. E.g., OUD/MAT. In all cases a treatment plan shall be developed within 14 calendar days to address their whole and integrated health conditions.
2. Initial Psychiatric Provider Evaluation shall include:
- a. A review of the Initial Health Assessment, Mental Health Screening and Mental Health Evaluation.
 - b. The prescription of psychiatric medications as clinically indicated.
 - c. Psychoeducation about medications.
 - d. Follow-up psychiatric timeframes as clinically indicated or per Chronic Illness Clinic (CIC) timeline for follow up.
 - e. Follow up shall NOT be indicated as “PRN” or “at the request of the individual” or “through sick call” unless the inmate has been discontinued from all psychiatric medications.