RHODE ISLAND DEPARTMENT OF CORRECTIONS

POLICY AND PROCEDURE

DIRECTOR: Wayne P. Salisbury Jr.

POLICY NUMBER:	EFFECTIVE DATE:	SUBJECT:
18.30-3 DOC	10/01/2025	RECEIVING SCREENING AND MENTAL HEALTH EVALUATION OF NEW COMMITMENTS AND TRANSFERS

LAST REVIEWED:	SECTION:	SUPERSEDES:
10/2025	HEALTH CARE SERVICES	18.30-2 DOC

AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10 (22), Powers of the director

REFERENCES: the most recent version of RIDOC policies 18.20 Pharmaceutical and Medical Device Distribution; 18.33 DOC, Health Assessment by Physician or Physician Extender; NCCHC standards JE 02-03, J-39, Mental Health Evaluation; NCCHC standards P-E-02, Receiving Screening, P-E-05, Mental Health Care Screening and Evaluation, MH-E-02 Receiving Screening for Mental Health Needs, MH-E-03 Transfer Screening, MH-E-04 Mental Health Assessment and Evaluation, DOJ Final PREA Standards § 115.41 Screening for risk of victimization and abusiveness, § 115.81 Medical and mental health screenings; history of sexual abuse

INMATE/PUBLIC ACCESS: YES	AVAILABLE IN SPANISH: YES

I. PURPOSE:

A. To ensure that a receiving screening is performed on all inmates upon their arrival at a Rhode Island Department of Corrections (RIDOC) men's or women's intake facility.

B. To ensure that emergent and urgent health care and mental health care needs are met.

C. To assist in the identification and prevention of self-injurious behavior and risk of harm to others.

D. To ensure that inmates identified by security staff during the intake and commitment screening process as having experienced prior sexual victimization or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, are referred to a medical or behavioral health practitioner within fourteen (14) days and offered a follow-up meeting.

II. **POLICY:**

A. Nursing staff performs receiving screenings on all inmates upon commitment to the facility.

B. Receiving screenings must be conducted as soon as possible and without unnecessary delay.

These screenings are documented in the inmate's electronic medical

C. All newly committed inmates who are identified as potentially having mental health issues are referred to behavioral health staff for further evaluation/assessment.

D. All urgent mantal health needs are immediately referred to a QMHP.

E. Mental health needs are identified during the receiving screening and appropriate referrals are made.

1. These referrals are documented on the receiving screening form.

2. These referrals may be made prior to the mental health assessment process.

F. A QMHP will complete a mental health assessment of all inmates admitted to the facility withing fourteen (14) days of commitment. This includes an assessment of individuals who are identified as having experienced prior sexual victimization or having perpetrated sexual abuse. Appropriate referrals to psychiatry and/or for ongoing clinical follow-up by behavioral health services will be made. These mental health assessments are documented in the inmate's EMR.

G. A behavioral health transfer screening is performed within twelve (12) hours of reception by a QMHP in accordance with the most recent version of RIDOC policy 18.77 DOC, Behavioral Health Services.

III. **DEFINITIONS:**

1. **Qualified Mental Health Professional (QMHP)** - All those qualified to evaluate and care for the mental health needs of inmates. See the most recent version of RIDOC policy 18.77 DOC, Behavioral Health Services.

2. **Receiving Screening** – A process of structured inquiry and observation intended to identify potential emergency situations among new commitments and to ensure that patients with known illnesses and those on medication are identified for further assessment and continued treatment.

3. **Seriously and Persistently Mentally Ill (SPMI)** – The designation given to an inmate that has been identified by a QMHP as meeting the criteria for having a serious and persistent mental illness based on their clinical diagnosis and/or level of functional management. See the most recent version of RIDOC policy 18.77 DOC, Behavioral Health Services.

IV. **PROCEDURES:**

A. During the Intake and Committing process, nursing staff shall conduct a standard *Jail Intake Screen* to identify potential emergency situations among new commitments, prevent newly arrived inmates who pose a threat to their own health or others' health, mental health, or safety from being admitted to general population, and provide them with rapid health/mental health care. The screening process includes:

1. Any past or current history of infectious or communicable illness, or symptoms – e.g., chronic cough, hemoptysis (spitting up blood), lethargy, weakness, weight loss, loss of appetite, fever, night sweats – suggestive of such illness.

2. Mental health status and history:

a. Current and past mental illness, mental health conditions, or special mental health requirements.

b. History of mental health hospitalizations and outpatient treatment.

c. History of and current use of psychotropic medications including the name of the prescriber and pharmacy, if known.

d. Current suicidal ideation.

e. History and details of any suicidal behavior, including history of suicide watch during prior incarceration at the facility.

f. Current state or history of alcohol or medication abuse or illegal drug use including the time of last use, method of use.

g. Drug withdrawal symptoms and problems that may have occurred with prior withdrawal (e.g. seizures).

h. Other health problems as designated by the QMHP.

3. Dental problems;

4. Allergies;

5. Medications taken and special health (including dietary) requirements;

6. For women, date of last menstrual period, and/or pregnancy, current gynecological problems; and

7. Other health conditions or problems.

B. Observation of the following:

1. Behavior, which includes state of consciousness;

2. Mental status (including suicidal ideation), appearance, conduct, tremors, and sweating;

3. Bodily abnormalities, conditions impacting mobility, other physical disabilities;

4. Persistent cough or lethargy; and

5. Condition of skin, including scars, tattoos, bruises, lesions, jaundice, rashes, infestations, and needle marks or other indications of drug abuse.

C. When clinically indicated, there is an immediate referral to an appropriate health care service.

D. Notation of the disposition of the inmate such as immediate referral to an appropriate health care service, placement in the general inmate population and

later referral to an appropriate health care service, or placement in the general inmate population must be documented on the intake forms. Documentation of the date and time of actual referral/placement must be recorded in the electronic medical record.

E. Inmates are screened for symptoms of tuberculosis (TB) upon commitment and isolated as needed.

F. Inmates are assessed upon admission for sexually transmitted diseases and referred as needed.

G. Any inmate whose psychological status and/or history is of immediate concern to the nursing staff or who has responded in the affirmative as to current suicidal ideation is referred to a QMHP for an urgent out-of-cell clinical assessment.

If there is no QMHP available on-site to conduct and in-person assessment, nursing staff may place the inmate on suicide precautions or psychological observation until the inmate can be evaluated by a QMHP in accordance with RIDOC SOP 'Suicide Prevention'.

H. If an inmate reports they are prescribed psychiatric medication in the community, a medication verification is conducted by nursing staff upon commitment. If verification is obtained, the inmate shall be provided that medication, as prescribed, at least until he or she is evaluated by a psychiatric provider in RIDOC. When an inmate credibly reports being prescribed psychotropic medications but verification cannot be completed within twenty-four (24) hours of admission, the inmate will be referred to behavioral health services for further evaluation to determine if psychiatric referral is indicated. During the intake screening, when an inmate reports being prescribed medication in the community but verification cannot be completed within twenty-four (24) hours of admission, the inmate will be provided medical and mental health treatment based on the presentation and acuity of their symptoms.

1. Protocols are in place so that the drugs are administered in a timely fashion as dictated by clinical need. For more information, please refer to the most recent version of RIDOC Policy 18.20 DOC, Pharmaceutical and Medical Device Distribution.

2. Inmates currently prescribed benzodiazepines are referred for an urgent psychiatric evaluation.

3. Inmates prescribed a long-acting injectable antipsychotic medication, are referred for an urgent psychiatric evaluation.

I. If an inmate is designated as Seriously and Persistently Mentally Ill (SPMI) from a prior incarceration and is being recommitted, they are referred for an expedited psychiatric evaluation regardless of whether they are in active treatment and/or deny need for treatment. For more information, refer to RIDOC Policy 18.77 DOC, Behavioral Health Services.

J. Inmates are asked to sign an Authorization to Request/Release Health Care Information Form for their current or most recent community treatment provider In any event, even if records have not been obtained, if clinically indicated, an inmate will receive the appropriate treatment.

K. RIDOC does NOT accept commitments that are semi-conscious, unconscious, or medically or psychiatrically unstable. Rather, they direct the sheriffs and/or police to bring the individual to an emergency room for appropriate treatment and return with emergency room paperwork if the detainee is released.

L. Security staff screens inmates for prior sexual victimization or perpetration of acts of sexual abuse, whether it occurred in an institutional setting or in the community. Staff conducting such screenings shall be specially trained in the PREA screening process. Those who are identified as either a victim or perpetrator are referred to a medical or behavioral health practitioner for an offer of a follow-up meeting within fourteen (14) days of this screening. For more information on the authorization and referral process, refer to RIDOC Policy 18.59 DOC, Confidentiality of Inmate Health Information to Include Electronic Medical Record (EMR) and Paper Documents.