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Mental Health Administration and Organization	ACA Standards: 2-CO-4E-01, 2-CO-4F-01, 5-ACI-6A-28M, 4-ACRS-4C-15		
Scott Crow, Director Oklahoma Department of Corrections		Signature on File	

Mental Health Administration and Organization

I. Policy

It is the policy of the Oklahoma Department of Corrections (ODOC) that a system is in place to provide effective and efficient mental health services to seriously mentally ill, behaviorally disordered, and/or intellectually or developmentally disabled inmates. (2-CO-4E-01, 5-ACI-6A-28M, 4-ACRS-4C-15)

II. Mental Health Services Mission Statement

The Mental Health Services unit promotes recovery for inmates with serious mental illness, behavioral disorders, developmental or intellectual disabilities, and/or co-occurring disorders in an efficient, organized, yet humane manner through competent, necessary integrated screening, evaluation and treatment services; contributes to correctional and public safety through staff consultation and training; and, where possible, provides life-changing interventions to inmates who are motivated to become productive citizens. (2-CO-4F-01)

III. Chief Mental Health Officer's Authority and Responsibilities (5-ACI-6A-28M)

The chief Mental Health Officer (CMHO), under the direction of the chief Medical Officer, is the mental health authority for the agency in matters pertaining to mental health services.

A. Administrative and Clinical Oversight

1. The CMHO provides administrative and clinical oversight to mental health professionals engaged in the identification and treatment of inmates with mental illness, behavioral disorders, developmental or intellectual disabilities and co-occurring disorders. The CMHO is

responsible for the development and implementation of procedures and protocols regarding mental health services. Such procedures are reviewed annually by the CMHO with changes made and implemented as appropriate.

2. Under the direction of the CMHO, clinical coordinators are responsible for oversight of mental health services delivered at assigned facilities. Clinical coordinators are assigned to: Joseph Harp Correctional Center, Lexington Assessment and Reception Center, Mabel Bassett Correctional Center, and Oklahoma State Penitentiary. Each clinical coordinator is assigned oversight of other facilities as outlined on the "Mental Health Administration and Organization" ([Attachment A](#), attached). In clinical matters, mental health staff will be responsible to their designated clinical coordinator and the CMHO. Clinical coordinators are under direct clinical oversight and supervision of the CMHO.
 - a. Facility mental health authorities, (clinical coordinators, psychologists, licensed clinical social workers, or behavioral health clinicians) will receive direct clinical oversight and supervision from their designated clinical coordinator (unless the clinical coordinator is the mental health authority, in which they will receive direct clinical oversight and supervision from the CMHO). In most facilities, the facility mental health authority will function as a department head; providing input/information regarding issues impacting facility operations.
 - b. All other mental health professionals will be directly supervised by the facility mental health authority/clinical coordinator or the clinical coordinator's designee.
3. The clinical coordinators will receive performance reviews from the CMHO with input from the facility head or designee, with review by the chief Medical Officer.
 - a. Facility mental health authorities will receive performance reviews from their designated clinical coordinator with reviews signed by the CMHO.
 - b. Other mental health professionals will receive performance reviews from the facility mental health authority (or clinical coordinator or clinical coordinator's designee) with review by the appropriate supervisor.
4. The lead psychiatrists will receive performance reviews from the CMHO with input from the facility head or designee, with review by the chief Medical Officer.

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- a. Psychiatrists and advanced practice psychiatric nurses will receive performance reviews from the lead psychiatrist with written input from the facility head or designee with the review by the CMHO.
5. The facility head will confer with the clinical coordinators where applicable and/or the CMHO regarding any issues with mental health personnel concerning clinical decisions, procedures, or violations of policy. The facility head will provide management oversight in facility security and operational areas that directly affect the orderly operation of the facility.
6. Facility mental health authorities (clinical coordinators where applicable) will inform facility heads of upcoming leave, approved by the immediate supervisor, for themselves and/or staff. The clinical coordinator will ensure that necessary facility coverage is maintained during the absence of the assigned facility mental health authority.
7. The facility head will notify the clinical coordinator/CMHO and provide documentation concerning matters which may require agency action. In matters where suspected serious violations of agency policy and/or law violations are alleged impacting facility security, the facility head will be authorized to remove mental health staff from the facility and will immediately inform the clinical coordinator/CMHO or designee of such actions.
 - a. The CMHO will ensure appropriate follow up action involving investigations or discipline is implemented.
 - b. The mental health staff person under or previously under investigation will not be allowed into a facility until both the facility head and the CMHO have consulted and agreed.
8. The CMHO will ensure peer reviews for designated mental health staff are conducted every two years in accordance with [OP-140142](#) entitled "Peer Review."

B. Consultant Responsibilities

1. The CMHO or designee will provide consultation and training to the agency's chief administrator of Human Resources and the employee assistance program manager in matters related to critical incidents, workplace violence and fitness for duty.
2. The CMHO or designee will provide mental health consultation and training for all agency units and facilities as needed.

IV. Mental Health Staffing

A. Qualified Mental Health Professionals

1. Clinical mental health services will be provided by qualified mental health professionals (QMHP), under the general direction of the CMHO. Educational and certification/licensure as defined by state law and/or specified by their respective discipline (e.g., nursing, psychiatry, psychology, professional counseling, and social work) must be met and maintained. (5-ACI-6A-28M, 4-ACRS-4C-15)
2. The following positions are designated as QMHPs (administrative lines of authority as outlined in Section III. item A. of this procedure):
 - a. Chief Mental Health Officer;
 - b. Deputy Chief Mental Health Officer;
 - c. Coordinator of Mental Health Reentry;
 - d. Lead Psychiatrist;
 - e. Psychiatrists;
 - f. Psychologists;
 - g. Advanced Practice Psychiatric Nurses;
 - h. Clinical Coordinators of Mental Health Services;
 - i. Behavioral Health Clinicians;
 - j. Licensed Clinical Social Workers;
 - k. Mental Health Social Services Specialists; and
 - l. Other mental health allied disciplines and students, interns, or residents who are supervised by the above listed professionals.

B. Allocation, Hiring and Performance Review of Staff Positions

1. Unclassified psychiatrist, advanced practice psychiatric nurse, licensed clinical social worker, clinical coordinator, coordinator of mental health re-entry, and psychologist positions will be filled by candidates approved by the CMHO in congruence with facility administrators. Other classified QMHP positions and mental health services support positions will be approved by the facility head in concurrence with the facility's mental health authority, clinical coordinator and the CMHO. The CMHO and clinical coordinator will assist in coordinating recruitment efforts to ensure appropriate

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staffing levels are maintained and that candidates are appropriately qualified and credentialed.

2. The facility will utilize a staffing pattern for mental health staff developed by the CMHO as approved by the chief Medical Officer.

V. Mental Health Services Management Plan

The CMHO will develop and maintain a strategic management plan that addresses and describes the status of all issues pertinent to mental health services.

VI. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-140142 entitled "Peer Review"

VII. Action

The chief Mental Health Officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140140 entitled "Mental Health Administration and Organization" dated July 28, 2021

Distribution: Policy and Operations Manual
Agency Website

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<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	"Mental Health Administration and Organization"	Attached