

**Rules Violation Report:
Mental Health Assessment
CDCR 115-MH-A (Rev. 12/15)**

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A CDC 115, Rules Violation Report (RVR), has been written on the following inmate, who requires a mental health assessment.

Section I.

Inmate Name:	CDCR #:	Housing:
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Specific Act:

Could this offense result in a SHU term? <input type="checkbox"/> Yes <input type="checkbox"/> No	RVR Log #:	Date of Violation:
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The inmate's mental health level of care at the time of the offense (check one):

Not in MHSDS Program ¹ CCCMS ^{1,2} EOP MHCB ICF/Acute/PIP

The inmate's current mental health level of care (check one):

Not in MHSDS Program ¹ CCCMS ^{1,2} EOP MHCB ICF/Acute/PIP

¹ Non-MHSDS and CCCMS program participants will be referred for a mental health assessment for behavior that is bizarre or unusual for any inmate, or is uncharacteristic for this inmate.

² CCCMS program participants will be referred for a mental health assessment for Division A, B, or C offenses or any offense that may result in a Security Housing Unit (SHU) term.

Developmental Disability Program Designation (check one):

NCF NDD DD1 DD2 DD3

The inmate was referred for a mental health assessment for the following reason(s) (check all that apply):

MHSDS participant at the EOP or higher level of care (MHCB, ICF/Acute/PIP).

DDP participant at the DD1, DD2, or DD3 level of care.

Alleged behavior involved indecent exposure or sexual disorderly conduct.

Alleged behavior was bizarre or unusual for any inmate.

Alleged behavior was uncharacteristic for this inmate.

Alleged behavior represents a Division A, B, or C offense or any offense that may result in a SHU term (CCCMS inmates only).

Date sent to mental health:	By (print name/signature):
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Date received by mental health:	By (print name/signature):
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Return this form by (date):

Timelines: Custody has two (2) calendar days from the date information leading to the charges is discovered by staff to submit this CDCR 115-MH-A to mental health; mental health has eight (8) calendar days to return this completed CDCR 115-MH-A to custody.

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DISTRIBUTION - Original: Case Records with Adjudicated RVR Copy: Inmate

SCANNING LOCATION - Outpatient; MHNt/TxPIn - Evaluations/Reports

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Section II.

The interview was conducted in a private location: Yes No Date: _____
If No, explain:

The inmate was informed of the purpose of the assessment and the information shared during the interview is **not** confidential and will be used in adjudicating the RVR. Yes No
If No, explain:

Data source(s) for this evaluation:
 Health Care Record Adaptive Supports form PC Consultation SOMS ERMS
 Other: _____ Staff Consultation: _____

1. CCCMS/NON-MHSDS ONLY. Are there any mental health factors that would cause the inmate to experience difficulty in understanding the disciplinary process and representing his/her interests in the hearing that would indicate the need for assignment of a staff assistant (do not rely on TABE score alone)?
 Yes No

Provide rationale:

<p>1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable</p>	<p>2. Accommodations: <input type="checkbox"/> Additional Time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*</p>	<p>3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not Reached* <input type="checkbox"/> Reached *See chrono/notes</p>	<p>CDCR #: Last Name: _____ MI: _____ First Name: _____ DOB: _____</p>
<p>4. Comments:</p>			

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Section II. (continued)

2. In your opinion, was the inmate's behavior so *strongly influenced* by symptoms of a (a) *mental illness* and/or (b) *developmental disability/cognitive or adaptive functioning deficits* that the inmate would be better served by documenting this behavior in an alternate manner? If Yes: (1) provide a rationale that establishes a nexus between mental health symptoms or developmental disability/cognitive or adaptive functioning deficits and the behavior; (2) consult with the Program Supervisor; and (3) consult with the Chief of Mental Health (or designee), when applicable. If No, go to Question 3.

a) Mental illness:

Yes No

Assessing clinician's rationale:

I agree with the assessing clinician's recommendation: Yes No

Consulting Program Supervisor's rationale:

Title:	Print Name:	Date:	Signature:
Consulting Program Supervisor			

I recommend documenting this behavior in an alternate manner: Yes No

Chief of Mental Health's (or designee) rationale:

Title:	Print Name:	Date:	Signature:
Chief of Mental Health (or designee)			

Final determination: Yes No

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Confidential Inmate Information

CDCR #:

Last Name:

MI:

First Name:

DOB:

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Section II. (continued)

b) Developmental disability/cognitive or adaptive functioning deficits:

Yes No

Assessing clinician's rationale:

I agree with the assessing clinician's recommendation: Yes No

Consulting Program Supervisor's rationale:

Title:

Print Name:

Date:

Signature:

Consulting Program Supervisor

I recommend documenting this behavior in an alternate manner: Yes No

Chief of Mental Health's (or designee) rationale:

Title:

Print Name:

Date:

Signature:

Chief of Mental Health (or designee)

Final determination: Yes No

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Confidential Inmate Information

CDCR #:

Last Name:

MI:

First Name:

DOB:

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Section II. (continued)

3. In your opinion, is there evidence to suggest that (a) *mental illness* and/or (b) *developmental disability/cognitive or adaptive functioning deficits* contributed to the behavior that led to the RVR? If Yes, establish a nexus between mental health symptoms or developmental disability/cognitive or adaptive functioning deficits and the behavior.

a) Mental illness:

Yes No

Provide rationale:

b) Developmental disability/cognitive or adaptive functioning deficits:

Yes No

Provide rationale:

4. If the inmate is found guilty of the offense, what mental health factors and/or developmental disability/cognitive or adaptive functioning deficits should the hearing officer or senior hearing officer consider when assessing the penalty, such as penalties that may have an adverse impact on the inmate's stability?

Examples of penalties include, but are not limited to, changes and reduction in, phone calls, visits (when permissible), day room, confined to quarters, loss of packages; loss of yard time, loss of appliances, etc.

Provide your recommendation and rationale:

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Confidential Inmate Information

CDCR #:

Last Name:

MI:

First Name:

DOB:

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Section II. (continued)

5. SHU OFFENSE ONLY (see box on pg. 1 to determine if applicable). If the inmate is found guilty of the offense, are there any mental health factors and/or developmental disability/cognitive or adaptive functioning deficits that Institutional Classification Committee should consider when assessing a SHU term?

Provide your recommendation and rationale:

6. DDP PARTICIPANTS ONLY. Does the inmate exhibit on-going behavior leading to disciplinary infractions that appears related to developmental disability/cognitive or adaptive functioning deficits? If Yes, refer inmate to the DDP Clinician for assistance in assessing the causes of the behavior and creating an intensive behavior modification plan.

Yes No If Yes, complete a CDCR Form 128 MH-5, Mental Health Referral Chrono.

Did you consult with the DDP Clinician? Yes No Document consultation on a Developmental Disabilities Progress Note.

Provide rationale:

Title:	Phone Ext.:	Print Name:	Date:	Signature:
Clinician				
Received by (Custody staff)				

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Confidential Inmate Information

CDCR #:
Last Name: MI:
First Name:
DOB:

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INSTRUCTIONS

Purpose of CDCR 115-MH-A (Rev. 12/15) Rules Violation Report: Mental Health Assessment: Use this form to assess an inmate whose alleged behavior resulted in a CDC 115, Rules Violation Report (RVR) to determine: 1) if the inmate needs a staff assistant; 2) if symptoms of (a) mental illness and/or (b) developmental disability/cognitive or adaptive functioning deficits strongly influenced the behavior that led to the RVR; 3) if (a) mental illness and/or (b) developmental disability/cognitive or adaptive functioning deficits contributed to the behavior that led to the RVR; 4) what mental health factors and/or developmental disability/cognitive or adaptive functioning deficits should be considered when assessing the penalty; 5) for offenses that could result in a Security Housing Unit (SHU) term only, are there any mental health factors and/or developmental disability/cognitive or adaptive support deficits the Institutional Classification Committee (ICC) should consider when assessing a SHU term; and 6) for Developmental Disability Program (DDP) participants only, determine if the inmate exhibits on-going behavior leading to disciplinary infractions related to developmental disability/cognitive or adaptive functioning deficits that would be minimized by creating an intensive behavior modification plan. Complete this form for:

Inmates who are placed at the following levels of mental health care:

- Enhanced Outpatient Program (EOP)
- Mental Health Crisis Bed (MHCB) and
- Acute Psychiatric or Intermediate level of care
- DDP participants at the DD1, DD2, or DD3 level of care

These inmates shall always:

- Be assigned a staff assistant
- Receive a RVR Mental Health Assessment.

In addition, the RVR Mental Health Assessment shall be completed for:

- Correctional Clinical Case Management System (CCCMS) participants who:
 1. Committed a Division A, B or C offense.
 2. Committed an offense that may result in the assessment of a Security Housing Unit (SHU) term.
 3. Exhibited behavior at the time of the issuance of the RVR that is bizarre or unusual for any inmate, or is uncharacteristic for this inmate.
- Inmates not included in the Mental Health Services Delivery System (MHSDS) who exhibited behavior at the time of the issuance of the RVR that is bizarre or unusual for any inmate, or is uncharacteristic for this inmate.
- Inmates not included in the MHSDS who engaged in Indecent Exposure or Sexual Disorderly Conduct.

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Reviewing Custody Supervisor

A CDCR 115-MH-A, Rules Violation Report: Mental Health Assessment is initiated for any inmate in the groups listed above and whose misconduct has been documented on a RVR.

The Reviewing Custody Supervisor will complete Section I of the CDCR 115-MH-A, Rules Violation Report: Mental Health Assessment. If the inmate meets criteria for a mental health assessment, the Reviewing Custody Supervisor shall forward the request, and a copy of the RVR as well as all supplements to the RVR, to mental health staff as soon as possible but no later than two (2) calendar days from the date information leading to the charges is discovered by staff.

Mental Health Clinician

Section I

The mental health clinician must review the CDCR 115-MH-A, Rules Violation Report: Mental Health Assessment, Section I, completed by Custody. This information includes the inmate's name, CDCR #, housing, specific act charged, if the offense could result in a SHU term, the RVR log #, date of the violation, mental health level of care, DDP designation, reason(s) for the assessment request, date the form was sent to mental health and by whom, date the form was received by mental health and by whom, and the return date for the form. The mental health clinician will return the completed CDCR 115-MH-A, Rules Violation Report: Mental Health Assessment to the Reviewing Custody Supervisor as soon as possible but no later than eight (8) calendar days.

Section II

Interview the inmate who is the subject of the RVR in a private setting. Indicate if the interview was conducted in a private location by checking the appropriate box and type in the date the interview occurred. If the interview was not conducted in a private setting or the inmate refused the interview, explain why.

Explain to the inmate the purpose of the interview and inform him or her that the interview is non-confidential and information obtained during the interview may be used in adjudicating the RVR. Check the appropriate box indicating disclosure of the non-confidential nature of interview was explained. If "No", explain why not.

Data sources: Review the relevant portions of the health care record and any other records (Adaptive Supports form formally known as the CDC 128 C-2, Recommendation for Adaptive Support, ERMS, SOMS, staff consultation, and/or archived files) deemed appropriate and check the corresponding boxes on the form. Relevant staff may be interviewed as appropriate and necessary.

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Effective Communication: The Effective Communication section must be completed any time there is a clinically relevant encounter in which meaningful information is exchanged between the licensed clinician and the inmate. For further information and examples of some encounters in which effective communication is required, see IMSP&P, Volume 2, Ch. 4.

<p>1. Disability: a. Check all boxes that apply regarding the inmate's disability. Disability Codes: TABE score ≤ 4.0 DPH - Permanent Hearing Impaired DPV - Permanent Vision Impaired LD - Learning Disability DPS - Permanent Speech Impaired DNH - Permanent Hearing Impaired; improved with hearing aids. DNS - Permanent Speech Impaired; can communicate in writing. DDP - Developmental Disability Program N/A - Not applicable</p>	<p>2. Accommodation: a. Check all boxes that apply to the special accommodations made to facilitate effective communication: <u>Additional time</u> - P/I (inmate) was given additional time to respond or complete a task. <u>Equipment</u> - Special equipment was used to facilitate effective communication. Note the type of equipment used in the comments section. <u>SLI</u> - Sign Language Interpreter. <u>Louder</u> - The provider spoke louder. <u>Slower</u> - The provider spoke slower. <u>Basic</u> - The provider used basic language. <u>Transcribe</u> - Communication was written down. <u>Other</u> - Any other tool that was used to facilitate effective communication.</p>	<p>3. Effective Communication: a. Check all boxes that apply that summarize how it was verified that effective communication was reached. <u>P/I asked questions</u> - The inmate asked questions regarding the interaction. <u>P/I summed information</u> - The inmate summarized information regarding the interaction. b. Check one box to indicate if effective communication was or was not reached. ONE of these boxes must be checked.</p>
<p>4. Comments: Provide any additional information regarding effective communication.</p>		

DO NOT USE JARGON OR DIAGNOSTIC TERMS. USE LAY TERMS THAT CAN BE EASILY UNDERSTOOD BY NON-MENTAL HEALTH STAFF.

Section II continued:

Question 1

1. Only answer question 1 if the inmate is either **not** a participant in the MHSDS or is in the CCCMS level of care. Are there any mental health factors that would cause the inmate to experience difficulty in understanding the disciplinary process and representing his/her interests in the hearing that would indicate the need for assignment of a staff assistant? (Do not rely on TABE Score alone) Check the box Yes or No.

Determine the need for a staff assistant (EOP, DDP, MHCB or Acute Psychiatric or Intermediate level of care inmates are automatically assigned a staff assistant). Indicate your response by checking the appropriate Yes or No box and provide rationale for why a staff assistant is or is not needed.

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Question 2

2. In your opinion, was the inmate's behavior so *strongly influenced* by symptoms of a (a) mental illness and/or (b) developmental disability/cognitive or adaptive functioning deficits that the inmate would be better served by documenting this behavior in an alternate manner? If Yes: (1) provide a rationale that establishes a nexus between mental health symptoms and/or developmental disability/cognitive or adaptive functioning deficits and the behavior; (2) consult with the Program Supervisor; and (3) consult with the Chief of Mental Health (or designee), when applicable. If No, go to Question 3.

If Yes:

- Check the "Yes" box(es) under the appropriate section (a) mental illness and/or (b) developmental disability/cognitive or adaptive functioning deficits and document your rationale in language easily understood by non-mental health staff in the first space below.
- The rationale will include a clear nexus between the mental health symptoms and/or developmental disability/cognitive or adaptive functioning deficits and the behavior.
- Complete the remainder of the assessment, through Question 6.
- Once completed, forward the CDCR 115-MH-A, Rules Violation Report: Mental Health Assessment, to the Consulting Program Supervisor over the mental health unit the inmate was in at the time the alleged behavior occurred. The supervisor reviews the rationale provided and indicates agreement or disagreement with the assessing clinician's response by checking the appropriate box. (If the Program Supervisor over the mental health unit the inmate was in at the time the alleged behavior occurred is not available, consult with the Program Supervisor where the inmate is currently housed.)
- The supervisor shall provide his/her rationale in the space above the signature block.
- The supervisor prints name, signs and dates the form.
- If the supervisor and clinician are in agreement, the completed CDCR 115-MH-A, Rules Violation Report: Mental Health Assessment is forwarded to custody.
- If the supervisor and clinician are not in agreement, the supervisor forwards the CDCR 115-MH-A, Rules Violation Report: Mental Health Assessment to the Chief of Mental Health (CMH), or designee, for final determination.
- The CMH reviews the rationale provided by the assessing clinician and supervisor and indicates agreement or disagreement with the assessing clinician's response by checking the appropriate box.
- The CMH provides his/her rationale in the space above signature block and checks the Final Determination box Yes or No.
- The CMH prints name, signs and dates the form.
- The CMH forwards the completed CDCR 115-MH-A, Rules Violation Report: Mental Health Assessment to custody within the eight (8) calendar day timeframe.

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If No:

- If mental health symptoms and/or developmental disability/cognitive or adaptive functioning deficits did not strongly influence the behavior, mark "No" in the appropriate places and go directly to Question 3. No consultation with the Program Supervisor is necessary.

Question 3

3. In your opinion, is there evidence to suggest that (a) mental illness and/or (b) developmental disability/cognitive or adaptive functioning deficits *contributed* to the behavior that led to the RVR? If "Yes", establish a nexus between mental health symptoms or developmental disability/cognitive or adaptive functioning deficits and the behavior.

Determine if mental illness and/or developmental disability/cognitive or adaptive functioning deficits contributed to the behavior that led to the RVR and check the appropriate box "Yes" or "No" under either (a) mental illness and/or (b) developmental disability/cognitive or adaptive functioning deficits. Provide rationale for your decision. If the answer is "Yes", establish a nexus between mental health symptoms or developmental disability/cognitive or adaptive functioning deficits and the behavior. If the answer to Question 3 is "No", you still need to provide a rationale. If you indicated "Yes" to Question 2, also check "Yes" on Question 3 and provide the same or similar rationale as you did on Question 2.

Question 4

4. If the inmate is found guilty of the offense, what mental health factors and/or developmental disability/cognitive or adaptive functioning deficits should the hearing officer or senior hearing officer consider when assessing the penalty, such as penalties that may have an adverse impact on the inmate's stability? Provide your recommendation and rationale.

Examples of penalties include, but are not limited to, changes and reduction in:

- Phone calls
- Day room
- Confined to quarters
- Loss of packages
- Yard time
- Loss of appliances
- Visits (when permissible)

(Example of mandated sanctions: Violations of California Code of Regulations, Title 15, Sections 3323(c)(6), 3323(d)(8) and 3323(f)(6) shall result in loss of visits.)

Consideration of penalties can occur even if the inmate's mental health and/or developmental disability/cognitive or adaptive functioning deficits were not thought to be related to the commission of the offense. Consider what protective factors (for general decompensation, as well as self-harm) are present for this inmate and if possible what penalties would impact these protective factors. Examine what factors have contributed to decompensation in the past. Document any anticipated impact loss of privileges may have on the inmate's mental health. If loss of privileges is not thought to impact mental health, provide a brief justification.

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Question 5

5. SHU OFFENSE ONLY (see box on pg. 1 to determine if applicable). If the inmate is found guilty of the offense, are there any mental health factors and/or developmental disability/cognitive or adaptive functioning deficits that Institutional Classification Committee should consider when assessing a SHU term?

Provide your recommendation and rationale.

Determine if the offense could result in a SHU term (the box at the top of the CDCR 115-MH-A, Rules Violation Report: Mental Health Assessment completed by custody staff contains this information). Address this question only if the "Yes" box is checked above. Mental health factors and/or developmental disability/cognitive or adaptive functioning deficits may have significant implications for the inmate's functioning while serving a SHU term. These factors must be considered. As noted in Question 4, consider protective factors and other factors that have contributed to decompensation in the past. Document any anticipated impact a SHU term may have on mental health and/or developmental disability/cognitive or adaptive functioning deficits and any recommended strategies to mitigate the anticipated impact. If a SHU term is not thought to impact mental health or developmental disability/cognitive or adaptive functioning deficits, provide a brief justification.

Question 6

6. DDP PARTICIPANTS ONLY. Does the inmate exhibit on-going behavior leading to disciplinary infractions that appears related to developmental disability/cognitive or adaptive functioning deficits? If "Yes", refer the inmate to the DDP Clinician for assistance in assessing the causes of the behavior and creating an intensive behavior modification plan. Check Yes or No and refer as needed on a CDCR 128 MH-5, Mental Health Referral Chrono.

Did you consult with the DDP Clinician? Check "Yes" or "No" and document consultation as needed on a Developmental Disabilities Progress Note.

Provide rationale.

Anytime the inmate is a participant in the DDP, the DDP Clinician will be consulted and that consultation will be documented on a corresponding Developmental Disabilities Progress Note (Progress Notes formally known as the CDCR MH-7230-L, Interdisciplinary Progress Note - Developmental Disability Program). Check "Yes" in the appropriate box. If for some reason consultation with the DDP Clinician cannot be obtained, check the "No" box and provide an explanation as to why the consultation did not occur in the space below.

Sign, date and return form to the requesting custody supervisor within eight (8) calendar days. The custody supervisor receiving the completed form shall forward to the classifying official after signing and dating the bottom of the form.