



HEALTH CARE SERVICES DIRECTIVE-YOUTH SERVICES Manual of Policies and Procedures

Title

BEHAVIORAL HEALTH CLASSIFICATION CODES

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5	01-02-101	National Correctional Healthcare Standards

I. PURPOSE:

This Health Services Directive (HCSD) describes the purpose of behavioral health status classification codes. A youth's behavioral health status code identifies their need for psychological and/or psychiatric care, the level of need, and is utilized by the Department's youth classification system to facilitate safe placement at a Department facility that can meet the youth's needs.

II. DEFINITION:

QUALIFIED MENTAL HEALTHCARE PROFESSION (QMHP): An individual with professional training, experience, and demonstrated competence in the treatment of mental illness. QMHPs include physicians, psychiatrists, psychologists, social workers, mental health counselors, mental health nurse practitioners, mental health-trained nurses, or other qualified individuals as designated by the Executive Director of Behavioral Health.

III. GUIDELINES:

A. General Information

The assignment of an appropriate behavioral health code is to ensure that a youth with behavioral health needs is placed in the appropriate setting and receiving appropriate care.

B. Behavioral Health Status Classifications

The following definitions describe assignment categories. Establishing mutually exclusive categories is impractical because gray areas always remain. For this reason, details accompany each definition:

1. **A Code:** Youth who have no behavioral health diagnosis. Youth with A behavioral health codes are not tracked on the mental health roster and have no contact with mental health staff unless they are placed in restrictive housing.

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2. **B Code:** Youth who are being temporarily monitored in order to accurately assess behavioral health needs or /if a diagnosis is necessary. This code may be applied to youth who are adjusting to incarceration or who have been referred to behavioral health by other staff but are not seeking help on their own. This code is temporary and will be either resolved or added to the mental health roster within 90 days of a B code assignment.
 3. **C Code:** Youth who have a behavioral health diagnosis and who receive routine services. Youth who are prescribed psychotropic medications shall be assigned a C behavioral health code and see a psychiatrist and therapist a minimum of once a month. Youth with a C behavioral health code have no documented history, or identified risk, of suicide or self-injurious behavior.
 4. **D Code:** Youth who have a behavioral health diagnosis AND a documented history, or identified risk, of suicide or self-injurious behavior shall be assigned a D behavioral health code. Youth will receive routine services bi-weekly at minimum for MSE and risk monitoring
 5. **E Code:** Youth with severe or exceptional mental health needs that warrant sensitive placement within a facility. Youth assigned an E behavioral health code require intensive mental health services and have symptoms that make them vulnerable to serious risk during incarceration. Youth who are prescribed involuntary psychotropic medication shall be assigned an E behavioral health code.
 6. **F Code:** Youth who have no other MH needs but will require transitional healthcare facilitation for substance use treatment in the community. Though they have completed ARS treatment while incarcerated, risk factors continue and staff believe that continuity of care into the community will result in increased likelihood for success. Youth who are also prescribed Medication Assisted Treatment (MAT) shall be made F codes when they would otherwise be “A” BH codes.
- C. Youth’s behavioral health status classification code shall be reviewed at the following times:

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1. At intake;
2. When a youth is transferred or placed at a new facility;
3. When a behavioral health condition is identified that requires a more intensive level of behavioral health services than the classification to which the youth is currently assigned;
4. When a youth has completed a course of treatment and the level of behavioral health services required has changed;
5. For youth identified as A and F behavioral health codes, every one hundred-eighty (180) days during their treatment team review;
6. For youth identified as B and C behavioral health codes, every ninety (90) days during their treatment team review; and,
7. For youth identified as a D or E behavioral health code, every thirty (30) days during their treatment team review.

D. All behavioral health status classification assignments shall be based on clinical need for ongoing behavioral health care. Documentation in the youth's health record shall clearly support the behavioral health classification assignment.

E. Behavioral health status classification assignments shall only be changed by QMHPs.

F. An E behavioral health code shall only be assigned by the Lead Psychologist or Psychiatrist, when appropriate.

IV. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date