

**Oklahoma Department of Corrections  
Qualified Mental Health Professional  
Peer Review Criteria**

**Date of Review:** \_\_\_\_\_

**Provider Reviewed:** \_\_\_\_\_

**Reason for Review:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Biennial             | <input type="checkbox"/> Appropriateness of care | <input type="checkbox"/> Adverse drug reaction |
| <input type="checkbox"/> Professional concern | <input type="checkbox"/> Critical Incident       | <input type="checkbox"/> Utilization issues    |
| <input type="checkbox"/> Other _____          |  |  |

**Criteria** (if related to assigned duties depending on facility):

1. Diagnosis is justified by history and current assessment?
2. Treatment plan is consistent with diagnosis?
3. Treatment plan is completed within required timeframe?
4. Treatment plan includes measurable goals?
5. Progress notes reflect changes in the offender health/behavior/mental status and relate back to the problem(s) on the treatment plan?
6. Conducts appropriate screening/evaluation/appraisal according to OP-140201 within the specified time frame.
7. Documents appropriate assessment of offenders on antipsychotic medications for the treatment of major depression, bi-polar, and psychotic disorders as directed in OP-140201 at least monthly or more often according to severity of symptoms.
8. Documents required segregated housing unit reviews and 30 day assessments.
9. Demonstrates appropriate intervention services in response to crises.
10. Updates mental health levels at least annually or as needed.
11. Makes appropriate referrals to MHU/ICHU/HP when necessary.
12. Makes appropriate referrals to psychiatry with supported documentation of symptoms.
13. Treatment interventions adhere to accepted national professional standards.