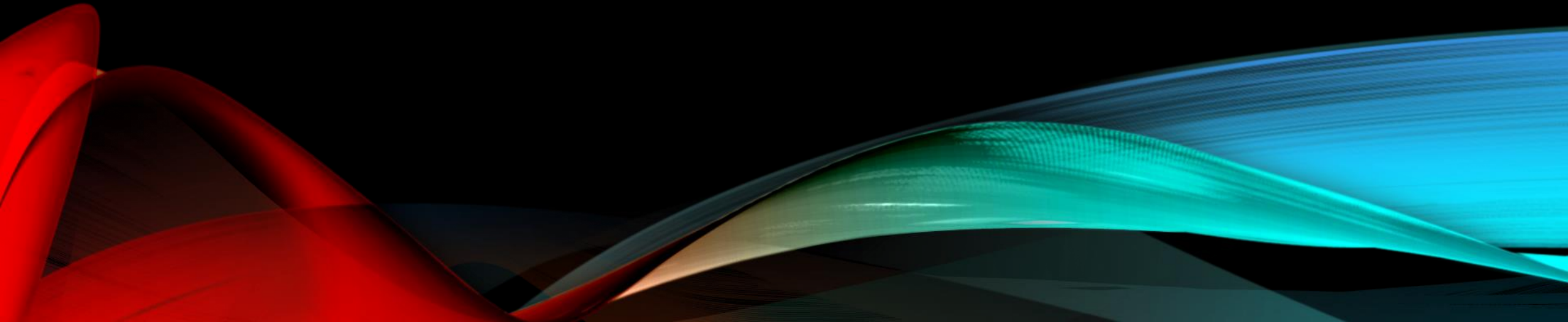
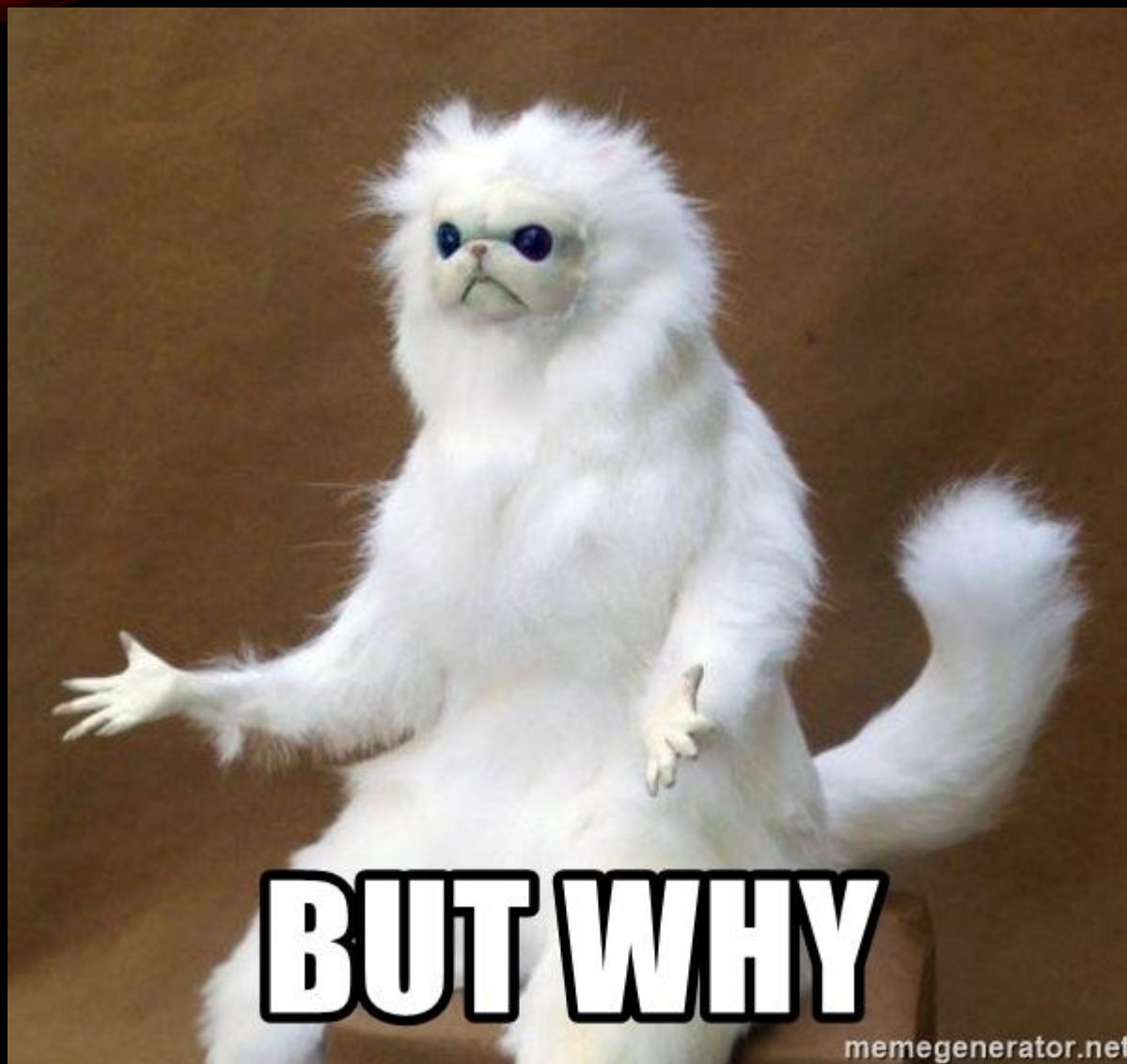


IMPROVING OUR RESPONSE: MONTGOMERY COUNTY JAIL AND CBHL COLLABORATION







Me trying to comfort my upset friend



HANDLING BEHAVIORAL HEALTH ISSUES

Then

- Staff Frustration
- Inmate Frustration
- Additional Charges
- Segregation/Holding Full
- Suicide attempts increasing
- Mental Health “Holding” Facility

Now

- Trained to screen and identify behavioral health issues
- Able to access treatment resources
- Heading off behaviors that will lead to new charges
- Inmate screened a minimum of 2 times while in facility. Protocol on what to do with positive screenings.
- Ability to manage or move out detainees with behavioral health issues is improved.

HOW DID WE GET HERE?

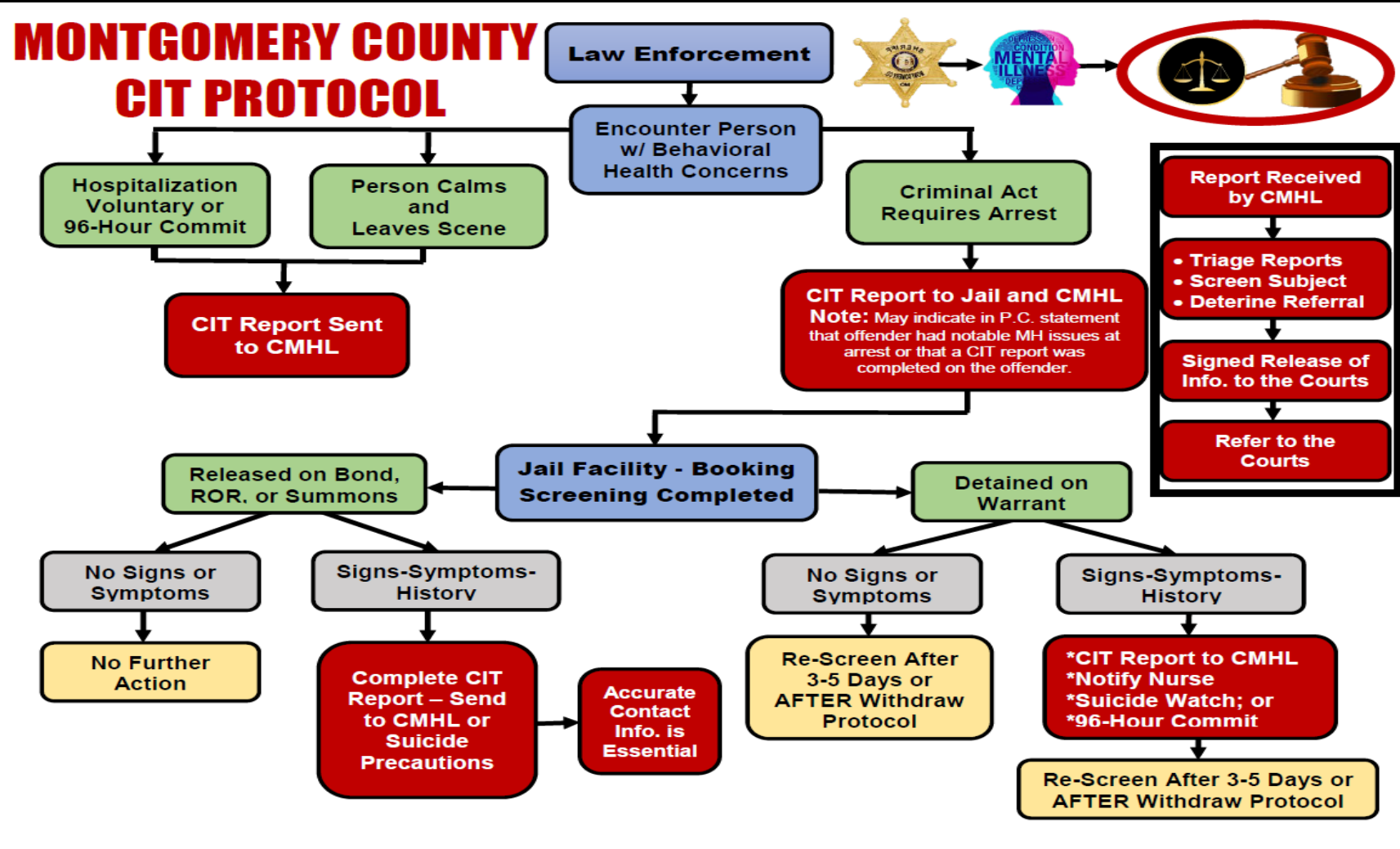
- East Central CIT Council was formed in 2015.
- Established a relationship with CBHL: medical, jail administrator or assistant administrator are able to contact her with questions, requests for information or screening.
- Established a CBHL jail screening form to quickly identify behavior health issues and make recommendations for stabilization while in jail and referrals for services after jail.
- CBHL, Jail Nurse and Jail Physician work together to target symptoms and reduce need for hospitalization, segregation or use of force.

Despite these steps, more needed to be done...

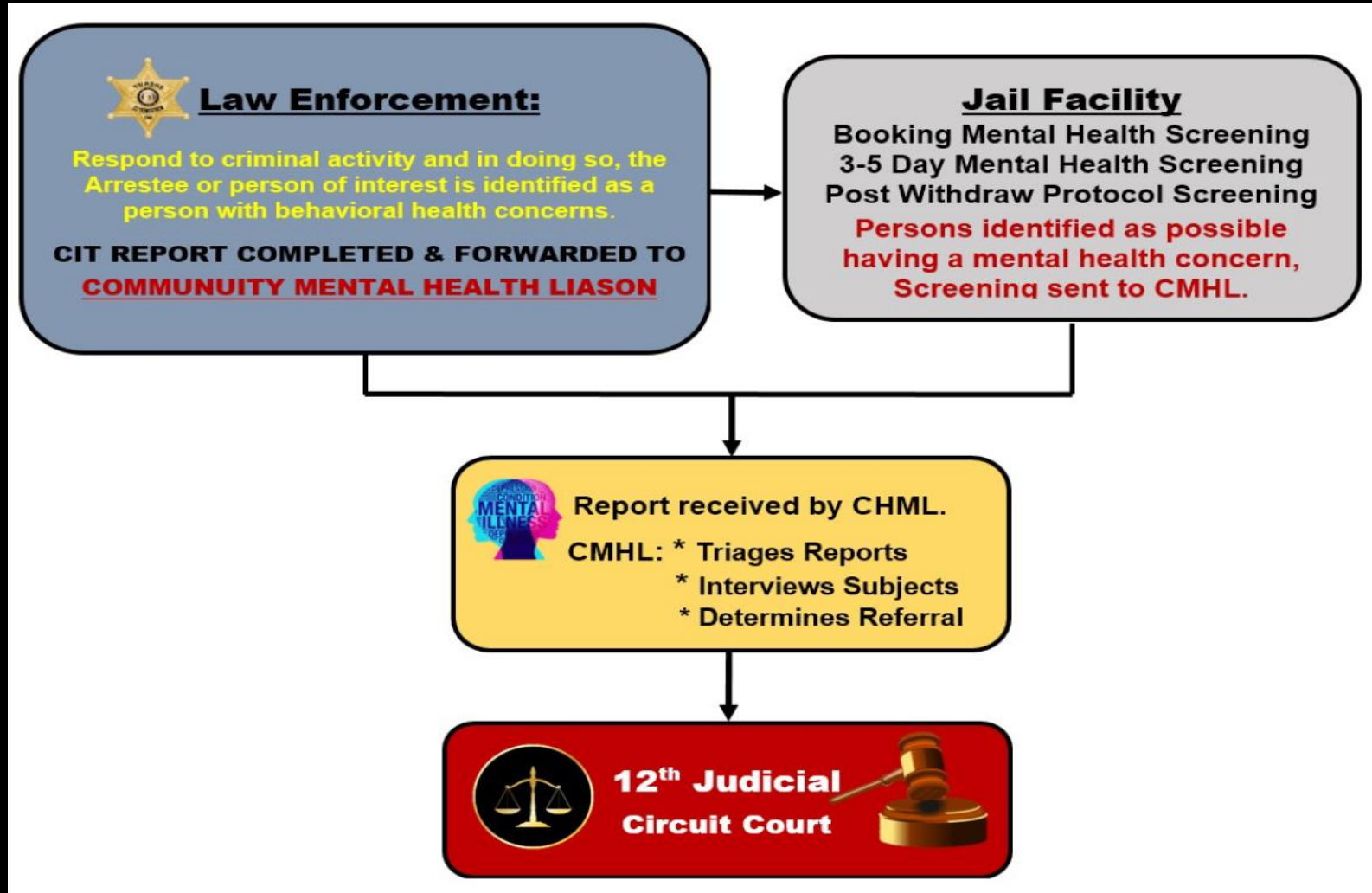
MOVING FORWARD...

- Jail and Road Deputies were training in the 40 hour BASIC CIT Course
- Road Deputies began filling out CIT Reports and making jail staff aware of any behavioral health issues at the scene or point of contact as needed.
- A second screening was developed to be administered by the Detention officers 3-5 days or 5-10 days after the initial booking screening was completed.
- All screenings are sent to our CBHL for review if indicated by scoring.

CURRENT PROTOCOL



CURRENT PROTOCOL



MULTIPLE SCREENINGS

Mental Disorders	Substance Use Disorders	Co-occurring Disorders	Motivation & Readiness	Trauma History & PTSD	Suicide Risk
	Brief				
Brief Jail Mental Health Screen (BJMHS)	Texas Christian University Drug Screen-V (TCUDS V)*	Mini International Neuropsychiatric Interview-Screen (MINI-Screen)	Texas Christian University Motivation Form (TCU-MotForm)*	Trauma History Screen (THS)*	Interpersonal Needs Questionnaire (INQ) and Acquired Capability Suicide Scale (ACSS)*
(or)	(or)	(or)	(or)	(or)	(or)
Correctional Mental Health Screen (CMHS-F/CMHS-M)	Simple Screening Instrument (SSI)*	Brief Jail Mental Health Screen (BJMHS)* and TCU Drug Screen V (TCUDS V)*	University of Rhode Island Change Assessment Scale-M (URICA-M)*	Life Stressor-Checklist (LSC-R)*	Beck Scale for Suicide Ideation (BSS)
(or)	(or)	(or)		(or)	(or)
Mental Health Screening Form-III (MHSF-III)	Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)	Correctional Mental Health Screen* (CMHS-F/CMHS-M) and TCU Drug Screen V (TCUDS V)*		Life Events Checklist for DSM-5*	Adult Suicidal Ideation Questionnaire (ASIQ)
	Extended				
	TCU Drug Screen V (TCUDS V)* and			Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)*	
	Alcohol Use Disorders Identification Test (AUDIT)*				
	(or)				
	Simple Screening Instrument (SSI)* and				
	Alcohol Use Disorders Identification Test (AUDIT)*				

ITS ALL IN THE APPROACH...



FOLLOW-UP SCREENING

MONTGOMERY COUNTY SHERIFF'S OFFICE MENTAL HEALTH SCREENING (Supplemental Screening)			
Date: ____/____/____	Detainee Name: _____		<input type="checkbox"/> 3-5 Day Screen
Time: ____:____ AM PM	DOB: ____/____/____	Gender: _____	<input type="checkbox"/> 5-10 Day Screen
Diagnosis (If Known): _____	Detainee Booking No. _____ Arrest Date: ____/____/____		
_____	Charges: _____		
Court Case Number(s): _____			
Next Court Date: ____/____/____ Admission Status: <input type="checkbox"/> Pretrial <input type="checkbox"/> Sentenced			
Right Now.....	NO	YES	General Comments
1. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you currently feel that other people know your thoughts and can read your mind?			
3. Have you ever tried to kill yourself? If so by what method?			
4. Have you ever been hospitalized for emotional or mental health problems?			
5. Has there currently been a few weeks when you felt like you were useless or sinful?			
6. Are you currently thinking about killing or harming yourself?			
7. Have you ever received treatment for or had withdrawal symptoms from drug or alcohol use?			
8. Have you ever been diagnosed with a mental illness?			
9. Are you currently taking any medications prescribed for you by a physician for any emotional or mental health problems?			
Behaviors evident at the time of screening: <input type="checkbox"/> Agitated <input type="checkbox"/> Shaking or Tremors <input type="checkbox"/> Depressed <input type="checkbox"/> Paranoia <input type="checkbox"/> Confusion <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Hallucinations <input type="checkbox"/> Manic <input type="checkbox"/> Belligerent or Uncooperative			
Officer Comments: _____ _____ _____			
Screening Officer's Name (Print): _____ DSN: _____			
Screening Officer's Signature: _____ Date: ____/____/____			

3-5 DAY VERSUS 5-10 DAY

- We are going to re-screen EVERYONE (whether they have symptoms or a history or NOT) at 3-5 days.
- We will re-screen anyone who has been DETOXING from substances (ie: opiates, alcohol, benzodiazepines) again at 5-10 days due to once those substance leave the system completely, they may experience a severe dip in mood or acute resurgence of psychiatric symptoms.



THE BASIC INFORMATION

- Date/Time of Screening
- Detainee name, DOB, Gender
- Detainee booking #, arrest date, charges
- Court Case # and next court date
- Admission status

QUESTION 1: DO YOU CURRENTLY BELIEVE THAT SOMEONE CAN CONTROL YOUR MIND BY PUTTING THOUGHTS INTO YOUR HEAD OR TAKING THOUGHTS OUT OF YOUR HEAD?

- What are we looking for?
 - Evidence of Psychosis: Delusions, Hallucinations, Paranoia
- What is this indicative of?
 - Schizophrenia, Bi-polar Disorder, Amphetamine intoxication/addiction
- If “No” move on to question 2.
- If “Yes” say, “Tell me more about that.” Make notes in “General Comments”
 - “Is it someone here?” “Do you wish to harm that person?”

QUESTION 2: DO YOU CURRENTLY FEEL THAT OTHER PEOPLE KNOW YOUR THOUGHTS AND CAN READ YOUR MIND?

- What are we looking for?
 - Evidence of Psychosis: Delusions, Thought Broadcasting, Paranoia
- What is this indicative of?
 - Schizophrenia, Bi-polar Disorder
- If “No” move on to question 3.
- If “Yes” say, “Tell me more about that.” Make notes in “General Comments”
 - “Is it someone here?” “Do you wish to harm that person?” “Would that prevent you from answering these questions honestly?”

QUESTION 3: HAVE YOU EVER TRIED TO KILL YOURSELF? IF SO BY WHAT METHOD?

- What are we looking for?
 - Information on history of suicidal behavior and method they may be familiar or comfortable with.
- What is this indicative of?
 - Past attempts are a huge predictor of future attempts. People often attempt/complete in a way that they are familiar with.
- If “No” move on to question 4.
- If “Yes” say, “Tell me more about that.” Make notes in “General Comments”
 - “How many attempts?” “When was the LAST time?”

QUESTION 4: HAVE YOU EVER BEEN HOSPITALIZED FOR EMOTIONAL OR MENTAL HEALTH PROBLEMS?

- What are we looking for?
 - Information on prior behaviors that were so severe they needed hospitalized. Possibly information so we can request records ASAP.
- What is this indicative of?
 - Behaviors that were so impairing that they needed hospitalization. This usually indicates either involuntary history or past suicidal or homicidal behavior.
- If “No” move on to question 5.
- If “Yes” say, “Tell me more about that.” Make notes in “General Comments”
 - “How often?” “When was the LAST time?” “Where were you hospitalized?”

QUESTION 5: HAS THERE CURRENTLY BEEN A FEW WEEKS WHEN YOU FELT LIKE YOU WERE USELESS OR SINFUL?

- What are we looking for?
 - History of depression, feelings of worthlessness, feeling like they've fallen from grace/spiritual disruption.
- What is this indicative of?
 - These feelings are almost always present in people who attempt or end their lives by suicide. At a minimum a person who answers affirmatively to this is experiencing an episode of dysthymia.
- If "No" move on to question 6.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "Why do you feel that way?" "How long have you been feeling that way?" "Do you feel that way now?"

QUESTION 6: ARE YOU CURRENTLY THINKING ABOUT KILLING OR HARMING YOURSELF?

- What are we looking for?
 - Suicidal intent/plans
- What is this indicative of?
 - An episode of depression, bi-polar disorder, anxiety, schizophrenia, or acute grief and loss. **THIS IS AN EMERGENCY. FOLLOW JAIL PROTOCOL.**
- If “No” move on to question 7.
- If “Yes” say, “Tell me more about that.” Make notes in “General Comments”
 - “Do you have a plan on how you’d do that?” “When do you plan to kill yourself?” “I need you to be honest about how you are feeling so we can get you the right help” “I want you to live”

QUESTION 7: HAVE YOU EVER RECEIVED TREATMENT FOR AND/OR HAD WITHDRAWAL SYMPTOMS FROM DRUGS OR ALCOHOL USE?

- What are we looking for?
 - Substance use history
- What is this indicative of?
 - Difficulty coping with problems, a history of trauma, potential for big mood fluctuations, physical health concerns
- If “No” move on to question 8.
- If “Yes” say, “Tell me more about that.” Make notes in “General Comments”
 - “When?” “What substances?” “How long have you been using?”

QUESTION 8: HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL ILLNESS?

- What are we looking for?
 - Evidence of diagnosis of a behavioral health disorder
- What is this indicative of?
 - People with previously diagnosed behavioral health issues have a higher risk of suicide. They may become unstable while incarcerated. Degree of insight.
- If “No” move on to question 9.
- If “Yes” say, “Tell me more about that.” Make notes in “General Comments”
 - “When were you diagnosed?” “By who were you diagnosed?” “Do you agree with that diagnosis?”

QUESTION 9: ARE YOU CURRENTLY TAKING ANY MEDICATIONS PRESCRIBED FOR YOU BY A PHYSICIAN FOR ANY EMOTIONAL OR MENTAL HEALTH PROBLEMS?

- What are we looking for?
 - Evidence of treatment for a behavioral health disorder.
- What is this indicative of?
 - They have some level of insight, they have engaged in help seeking behaviors.
- If “No”, the interview portion is complete.
- If “Yes” say, “Tell me more about that.” Make notes in “General Comments”
 - “What are you taking?” “How long have you taken it?” “Is it effective?”

BEHAVIORS EVIDENT AT THE TIME OF SCREENING:

- Agitation
- Shaking or tremors
- Depressed
- Paranoia
- Confusion
- Disorganized speech
- Hallucinations
- Mania
- Belligerent or Uncooperative

SCORING THE SCREENING

- “No” on all questions—no further action, submit screening to medical
- “Yes” on questions 1, 2, 5, 7 or 9: Low Risk, but submit referral for MH screen (routine)
- “Yes” on questions 3, 4 and 8: Medium Risk, submit referral for MH screening (urgent)
- “Yes” on question 6: High Risk, initiate suicide watch protocol, submit for referral for MH screening (Emergent)

POLICY AND TRACKING SCREENING

Page 1 of 2

Montgomery County Jail Procedural Instructions	Effective Date: 06-23-2021
Subject: 3-5 Day Follow Up Mental Health Screening	Chapter: 32.100.41 DRAFT POLICY
Date Last Reviewed: 06-23-2021	Approved: Lieutenant Eric E. Foree

PURPOSE

This Policy and Procedure establishes follow-up mental health screening guidelines for detainees after initial incarceration.

32.100.41 Mental Health Screening Log Book (3-5 Days)

1. Located in Central Booking, the Mental Health Screening Log Book is a log which contains the following:
 - a. Mental Health Screening Instructions
 - b. Screening Log Spreadsheet containing the following information:
 - Date Booked – Date detainee booked into the facility
 - Screen By Date – Date detainee needs to have screening completed by
 - Detainee Name – Name of detainee who was processed into the facility
 - Date Screened – Date detainee had mental health screening completed
 - Screened By – Staff who conducted the screening
 - Supervisor Review – Supervisor who reviewed the log, screening form and insured screening was submitted to medical and, if applicable, mental health staff.
 - Emailed to Laura – Did the screening form meet the criteria and was the form submitted to Laura Heitmann, LCSW, mental health professional.
 - c. Blank Mental Health Screening, Spreadsheet Log Forms and copies of screened forms

32.100.42 Initial Health Assessment Follow-Up

1. When a detainee is processed (booked) into the facility part of the booking process is to

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5. Those detainees in custody in the time frame of 3-5 days, as set by mental health officials, will have the screening conducted unless, the Medical Department has placed said detainee on **Withdraw Protocol**. If the detainee is currently withdrawing from alcohol or illicit drugs, the detainee will not receive the follow-up screening until the completion of the Withdraw Protocol, which is typically 5-10 days. NOTE: Generally, screenings are conducted by the on-duty Shift Lead or Corporal. However, if a supervisor is unavailable or the situation dictates, any detention officer may perform the screening.
6. Upon complete of the screening, if the detainee answers in the negative, yielding a score of zero (0) a copy will be made and placed in the Mental Health Screening Log Book and the original will turned over to the jails medical staff. NOTE: In the case medical staff is not on duty the screening form may be placed on the nurse's desk for their review and filing when next on duty.
7. Should the screening result in an identifiable scoring (Low-High) the procedure in section #6 is followed with the additional step of emailing a copy of the screening form/results along with the detainees back-up card which contains a detainee's pedigree information to the jails mental health liaison, identified as Laura Heitmann, LCSW-Arthur Center. Email address: lheitmann@arthurcenter.com
8. Emails to Laura Heitmann need to be printed and attached to the screening copy that is placed into the Mental Health Screening Log Book as well as an email copy attached to the jail nurses original screening form and placed on the nurse's desk for their review. NOTE: Any email response from Laura also needs to be attached to the original and copies in the Log Book.
9. Any detainee scoring High-Risk needs to be placed on medical observation immediately and the protocols regarding medical observation to include suicide watch, if applicable, are to be initiated. When notifying Laura of a High Risk via email ensure you title the email "HIGH RISK" as well as note it in the body of the email the detainee is scoring high risk and what immediate action you took for the detainee's safety.
10. The 5-10 days screening is used for those detainees who have completed the withdraw protocol or those individual's that may have previously scored low on the 3-5 day screening but, the detainee has made concerning comments to staff or staff have noted the detainee's behaviors in the housing unit are not consistent with experienced normal actions which prompts staff to conduct another screening.
11. Any detainee currently incarcerated, regardless of how long ago they had their original mental health screening starts to make odd or concerning comments/statements or their actions are odd or not normal based on your past professional time and experience with the detainee maybe requested to take another mental health screening. In the event staff conduct another screening

WHERE DO WE GO FROM HERE?

- Continue to collect screenings and data.
- Engaged in the 12th circuit's OSCA team for improving the courts response to behavioral health issues to work on a jail or community based pre-trial screening. This initiative proposes to:
 - Reduce the revolving door of persons with mental illness coming in contact with the criminal justice system.
 - Reduce the number of calls to LE and EMS, use of excessive force, injuries to responders or suspects, and arrests of chronically mentally ill people.
 - Increase connections and resources for persons with mental illness
 - Assist in providing information to the court prior to any determination of conditional release.
- Training in Sequential Intercept Mapping (SIM) so that we can more readily identify and respond to gaps in our system was completed 10/01/2021.

QUESTIONS?



Thank
you

CONTACT INFORMATION

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- Lt. Eric Foree eforee@mcmo.us