

Screening and Assessment: Training for Jails

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Training Overview

- The OFMHS provides training to jails regarding best practices for assisting people incarcerated with mental health conditions and/or developmental disabilities. This training focuses on recommended best-practices for initial jail screening, monitoring, and mental health assessment

Learning Objectives

Participants will learn:

1. What intake screening is and its purpose
2. What formal assessments are and their purpose
3. How to incorporate information to make referrals, formulate treatment plans, and/or initiate safety protocols
4. Commonly used screening tools
5. What to include in policy regarding screening/assessment

What is a Screening?

- Screening is the process of making a brief appraisal of persons at the time of booking into jail. Screenings entail observations along with a short set of questions, often administered in an interview format. Screening helps staff to identify specific needs and risks associated with each person.

Focus of Screening

- Primary screening questions help to identify health and safety risks and needs, to include self-harm, danger to others (assault risk), a history of mental illness, substance use, detox needs, cognitive deficits, and/or need for special accommodations
- Screening also identifies Prison Rape Elimination Act (PREA) concerns, gender identification, and any universal medical precautions that may be needed
- Early detection of risks and needs can lead to early interventions and more optimal outcomes, with the goals of increasing stability, safety, and decreasing recidivism

Who Should Conduct Screenings?

- Screenings should be conducted by nursing staff, when available, however can also be conducted by correctional staff
- Smaller counties without onsite mental health services would benefit from a partnership with an external community mental health provider for further clinical assistance

Screening Elements

- General Status: General appearance, behaviors, speech, mood, cognition
- Suicide/Self-harm: Previous suicide attempts, self-injurious behavior, current thoughts of suicide or self harm
- Danger to Others: Verbalized thoughts of harm to another person or group (e.g., law enforcement)
- Personal Care: Hygiene, posture, signs of substance use (e.g. track marks on arms, scabs on the face/body, hygiene)

Screening Elements (Cont)

- Psychiatric History: Hospitalizations, community health connections
- Substance Use History: Most recent use, substance, form of use, treatment history, both inpatient and outpatient
- Legal History: Arrest history, potential DOC obligations (e.g., probation holds)

Note: For defendants known to the jail, records may be available to assist with screening information and should be reviewed

What Screening Data Is Used for

- Referral: This may be a referral to the jails, internal mental health or medical team, or may be a referral to community providers for mental health or substance use treatment

Note: Screening information can also inform treatment/care after release (e.g., a comprehensive list of local providers and crisis numbers provided to the incarcerated person)

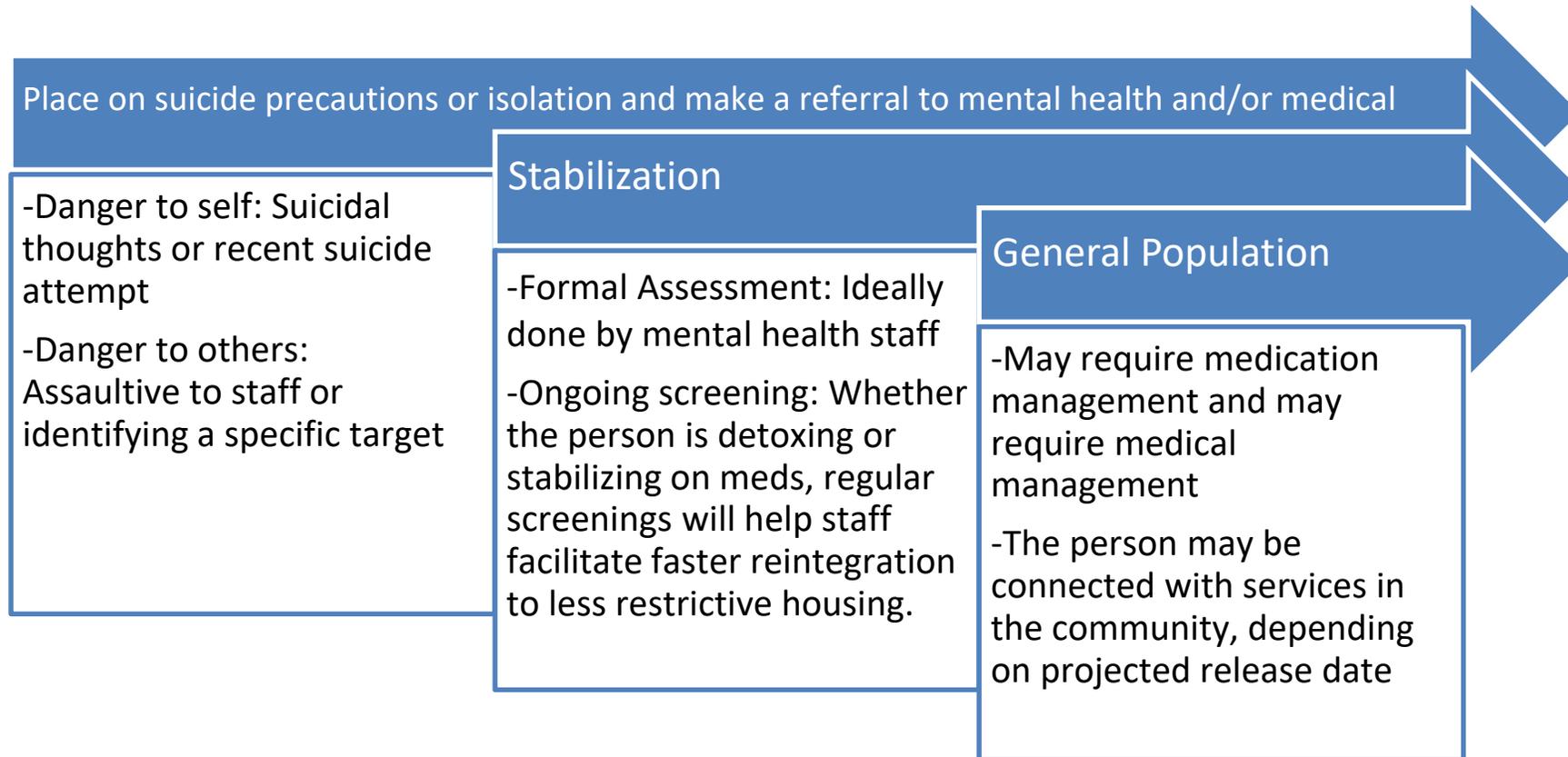
What Screening Data Is Used for (cont)

- Classification of housing: Screenings are used to identify inmate housing needs. (e.g., suicide precautions, secluded housing due to assaultive ideations/behavior, or general population)
- Document/notify staff to allow persons with intellectual disabilities more time to respond to and more frequent prompts to follow rules and directions

Ongoing Screening/Assessment

- Ongoing screening is necessary to assure proper treatment and placement of the incarcerated person, as their conditions (e.g., worsening of symptoms) may change during incarceration
- Corrections officers are vital in conducting ongoing screening due to frequent contact and knowledge of the person's behavior
- If the incarcerated person's behaviors or patterns are observed as changing (e.g., change in eating patterns, mood, sleep, or activity), a referral for assessment may be warranted
- Examples of changes that should automatically prompt assessment referral include: loss of a family member, upon sentencing (i.e., long sentence and behavior), and recent major medical diagnosis

Screening and Assessment Process Flow Example



Challenges of Screening/Assessment at Booking

- Not enough staff or untrained staff to conduct screenings
- Limited housing options/shortages
- The incarcerated person may be intoxicated or actively withdrawing

Challenges to Screening/Assessment at Booking (cont)

- The incarcerated person may be unwilling to provide information on their mental illness or substance use history, or is minimizing their condition
- Concern about confidentiality (in an open booking area) or disclosure of incriminating behavior(s) may result in less detailed or denial of information

Challenges to Screening/Assessment at Booking (cont)

- The incarcerated person could be a poor historian or suffers from cognitive challenges preventing them from participating in the screening/assessment
- A language/American Sign Language interpreter may be needed but are unavailable
- Not enough time: Jail operations are fast-paced and inmate turnaround could be 48 hours or less

What is an Assessment?

- An assessment is a more comprehensive evaluation completed by a qualified mental health/health care professional
- Assessment provides an in-depth look into the person's needs which may include a diagnosis and is used to inform treatment planning and collaboration with external providers

What is an Assessment? (cont)

- Assessments are used to determine treatment needs, criminogenic risks, and potential need for a referral to a psychiatric prescriber for an evaluation for medications
 - Treatment needs could include: Mild psychiatric symptoms warranting a referral to a community providers or internal mental health, referral to internal (if offered) or external substance use treatment, or referral for medical concerns, e.g. diabetes or high blood pressure
 - Criminogenic Risks: E.g., criminal attitudes and peer networks, employment problems, education deficits, and poor social supports
 - Referral to a Psychiatric Prescriber: Some symptoms, for instance delusions, could warrant a referral for medication management to ensure safety of the incarcerated person, as well as staff and other incarcerated persons

When to do an Assessment

- Assessments can occur after a person has been referred from a positive screening (e.g., identified suicide risk, active psychosis)
- Assessment for a positive screen for suicidal ideation or active psychosis should take place as soon as possible, ideally within two hours of booking (if staffing permits)

When to do an Assessment (Cont)

- Non-urgent assessments (i.e., when low safety/health risks present) should take place within two weeks of the referral and should be conducted by a licensed mental health or medical professional
- Washington jails that do not have onsite mental health or medical services should work with community providers to develop a system for making referrals for formal assessment, upon release, or collaborate with a community provider to allow access for in-jail assessments to take place

Screening and Assessment Tools Examples:

- [Brief Jail MH Screen](#): A quick screening tool, which takes no longer than 3 minutes, and is a total of 8 “yes” or “no” questions (Prainc.com, 2019)
- [GAINS Jail Re-Entry Checklist](#): A checklist identifying potential needs in the community after release
- [Correctional Mental Health Screen](#): A tool that utilizes separate questions for males and females
- [Addiction Severity Index-5th edition](#): One of the most comprehensive validated subs assessment tools for formal assessment

Note: Screening instruments should be applicable to the intended population and have evidence of validity and reliability

Example Standardized Screening and Assessment tools for Suicide Risk

- [Patient Health Questionnaire \(PHQ-9\)](#): Self report for depression
- [Columbia Suicide Severity Rating \(C-SSRS\)](#): A tool to assess risk/protective factors for suicide risk for formal assessment

Note: Each facility is responsible for selecting screening and assessment tools and should specify use in policy and procedures

Let's practice with some scenarios

Screening Training Scenario #1

Mr. Jones is a 48-year-old man booking into jail for the first time. He presents with bloodshot eyes, disheveled and dirty clothing, and he smells of alcohol. During booking, the corrections officer conducts a screening based on protocol. During the screening, Mr. Jones reports that he's homeless and denies any substance use. When asked about thoughts of self-harm, Mr. Jones stated, "I have nothing to live for anyways."

What should jail staff do next?

Screening Training Scenario #1

Based on Mr. Jones' booking screening, we know ...

- Mr. Jones' statement of hopelessness could pose a potential self-harm risk, which should prompt him to be placed on suicide precautions and referred for a formal assessment.
- Mr. Jones appears to be under reporting his substance use and his history is unknown to the jail. He could pose an alcohol detox risk if he is under-reporting a history of long term alcohol abuse and should be referred to medical to assess for medical-assisted detox.
- Mr. Jones indicated he is homeless and could benefit from community assistance. A referral should be made to community providers and upon release, Mr. Jones should be offered a resource list for local community providers.

Screening Training Scenario #1

What are the Best Practices?

- When an incarcerated person makes hopeless or suicidal statements, the person should immediately be placed on suicide precautions while awaiting formal assessment
- People suspected of being suicidal should be referred to a mental health professional for a full assessment
- Ongoing assessments should continue until the individual is determined stable and referred for less restrictive housing
- If the individual is released from custody while on suicide precautions, the facility should have procedures for assessment and referral to a designated crisis responder, if warranted

Screening Training Scenario #1

Steps for Mr. Jones

Start by placing Mr. Jones on suicide precautions, placing him in suicide resistant attire and suicide-resistant housing. The correction officer should write a report detailing observations and quotes, such as “I have nothing to live for anyways” to prompt a referral for an assessment and provide information for the mental health or medical provider.

Screening Training Scenario #1

Mr. Jones' formal Assessment

- Mr. Jones has been incarcerated for more than 24 hours. He has been assessed by mental health staff, which complete a full assessment and learn Mr. Jones was “black out” drunk and has no mental health history, or history of self-harm. He is now assessed as not being a risk of harm to self and removed from suicide precautions.
- Mr. Jones was also formally assessed by the medical team and reported he does in fact drink a fifth a day, and placed on medically assisted detox to avoid serious medical complications, which could present in alcohol withdrawal.
- Mr. Jones was provided a resource list, for mental health, substance treatment, and housing resources in his community.
- Mr. Jones was placed into general population.

Screening Training Scenario #1

Mr. Jones has now been incarcerated for three weeks. He appears to have been doing well in general population, until recently, when a corrections officer noticed he is not coming out of his cell, not utilizing the shower, smells of body odor, and has been refusing meals.

What should jail staff do?

Screening Training Scenario #1

- The first thing the corrections officer should do is screen for suicidal thoughts, utilizing the jails standardized screening tool, and documenting the results.
- The change in Mr. Jones' behavior should also trigger a need to be re-assessed for overall mental health status. The corrections officer should write a report detailing their observations and any quotes that Mr. Jones may have said, and refer him back to mental health due to his change of status.
- Upon follow-up with mental health it is learned that Mr. Jones is facing time for a felony and while incarcerated learned that his mother has died. He notes he is not having thoughts of self harm and denies a plan to hurt himself. He does admit he is feeling depressed and struggling with the loss, but stated he is doing well in his unit and has friends.
 - After full assessment and consideration of housing, Mr. Jones was referred to the psychiatric prescriber for assessment for medications to help with Mr. Jones' depressed mood
 - Mr. Jones was provided information and local support handouts for grief and loss in his local area

Now let's look at a second scenario

Screening Training Scenario #2

Ms. Smith is a 35-year-old female who has been booked into the jail six times over the last three years. Correctional staff are familiar with her and she is booking into jail intoxicated on methamphetamine. She is typically uncooperative for the first 2-3 days as she detoxes, then becomes cooperative and does well in general population.

What should jail staff do?

Screening Training Scenario #2

- Ms. Smith should be placed in a single cell, while detoxing and until cooperative to assess stability
- Ms. Smith should be referred to medical to assess for medically assisted detox
- Ms. Smith should be frequently prompted to determine when she may cooperate with booking and screening

Screening Training Scenario #2

- On her second day in jail, Ms. Smith is observed staring at the wall gesturing and talking to someone that is not in the cell with her, and the officer notices feces smeared on the walls
- Staff note that these are not baseline behaviors that Ms. Smith is known to present with
- The corrections officer should write a report, which should be detailed in explaining observations and noting any quotes overheard, and will prompt a referral for a formal assessment

Screening Training Scenario #2

- Ms. Smith should also be referred to medical, as some medical conditions can mimic or present like mental health symptoms. Also, it is suspected Ms. Smith could be detoxing and her symptoms could be a complication of that.
- Corrections staff may consider housing Ms. Smith in isolated or mental health housing until they are able to identify her primary concerns and gain stability to ensure the safety of her and others.

Screening Training Scenario #2

- A full medical and mental health assessment is completed on Ms. Smith and she is noted to present with delusional content, which will require psychiatric medications for stability.
- Ms. Smith has been in isolated housing for five days and has been reported to be medication compliant. The corrections officers have noticed that her cell is clean, she is appropriately clothed, and has been communicating with them in a way that historically known of her presentation.

Screening Training Scenario #2

- Corrections staff could work with mental health staff to discuss the improvement in her cell conditions and behaviors, prompting reassessment of needs and consider less restrictive housing
- Ms. Smith will need to be connected with community providers to ensure she is able to continue her medications and for support with mental health treatment

Policy Recommendations

What to Include in Policy

- Policies should include the screening and assessment tools that will be used for every person booked into jail
 - Training should be provided to staff on how to administer the screening tools that will be used
- Policies should include the minimum time in which a screening should be performed on all people booked into jail. Recommended within 2 hours of booking
- Policies should be written to include the process staff should take if a person has a positive screening, e.g. a referral to mental health

Review

- Everyone entering the jail should be screened
- People who have a positive screen should be referred on for further assessment
- Screening and assessment tools that are used should be standardized and validated
- There should be ongoing screenings, which continually re-evaluate a persons needs or condition
- Policies should be in place for the screening and assessment process

Resources

- [Washington State legal System Guide to Forensic Mental Health Services](#)
- [Jail Technical Assistance Program](#)
- Best Practices for Behavioral Health Services in Jail Settings

Questions?

Thank you!

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