CMHC Follow-Up Consultation Instructions
Kentucky Jail Mental Health Crisis Network

Jail Triage services are initiated by telephone calls from participating jails statewide to a centralized toll-free number. These calls are prompted by:

- "Yes" answers to screening questions at booking regarding mental health conditions, psychiatric hospitalizations in the past year, active thoughts of suicide and past suicide attempts.
- Arresting officer reports.
- Jail staff observations.
- Alerts from past arrests.
- Concerns communicated by family members, court personnel, lawyers and other third parties.
- Recommendations made after a follow-up to an earlier triage.

Once a call is received, a Jail Triage clinician gathers information from the jail and supplements this with any historical Triage information available from previous incarcerations. A risk level is assigned and recommendations are made to the jail for safely managing the inmate's suicide risk while in custody. A report is written reflecting this.

Referrals for Follow-Up

Approximately 30% of triages include a recommendation for follow-up by local mental health. This recommendation is made in various situations:

- The inmate has active self harm, suicidal thoughts, fresh self-mutilation injuries, psychosis or some other immediate mental health concern that warrants further assessment.
- A third party has contacted the jail with concerns about inmate's emotional wellbeing and/or safety.
- The inmate has been placed on a protocol high risk level due to either a suicide attempt within the past two years or previous triages that indicate repeated episodes of self injury while incarcerated.
- The inmate was on suicide watch at the time of transfer from another facility.

- The inmate has just been charged with murder or child sexual assault, has been given a lengthy sentence, or has given some other indication of potential charge-related risk.

- Recommendations from an earlier triage indicate the need for another follow-up.

Once the need for a follow-up has been determined, the Jail Triage clinician contacts local mental health and forwards a copy of the Jail Triage report. Local mental health is expected to provide the follow-up within standard timeframes determined by the assigned risk level:

- Critical - Within 3 hours.

- High - Within 12 hours.

- Moderate - Within 24 hours.

If the follow-up cannot be completed within these expected timeframes, this is to be communicated directly to the jail by local mental health.

The minimum qualifications for clinicians providing Jail Triage follow-ups are that they meet the state Medicaid professional equivalency standard. The recommended level of experience is that of a QMHP because of the degree of risk and potential for liability. This decision is left to the discretion of each region's community mental health agency.

The Follow-Up Service

The primary purpose of all Jail Triage follow-ups is to conduct a thorough suicide risk assessment and to provide recommendations to assist the jail in safely managing the inmate while in custody. As part of this you may also:

- Identify the degree to which mental illness is impacting the inmate's suicide risk at the jail, make recommendations for medication evaluations or other types of follow-up services including post-discharge care.

- Help the jail differentiate among substance-induced psychosis, withdrawal symptoms, dementia, malingering, and actual mental health diagnoses, and educate them on the appropriate responses for each.

- Confirm the presence of behavioral elements such as threats simply made for secondary gain or indications of a more dangerous lack of impulse control.

- Recognize that an inmate is in the midst of a situational crisis that could be resolved with information about jail procedures, a telephone call home, referral to a chaplain, etc.

- Note that a developmental disability, head injury or other physical condition is contributing to the inmate's risk, and make appropriate referrals.

- Provide information to jail staff based on the above situations that would assist them in managing the inmate while incarcerated and help them discern when services outside the jail are indicated.

The follow-up service may be provided face-to-face, via video, or by telephone. The method of delivery is decided by the local mental health agency based on available resources, and may vary from case to case. As long as the assessment is adequate and timely, all of these communication methods are considered equally acceptable and meet best-practice standards. The only caution is that follow-up clinicians clearly document that adequate time was spent assessing the inmate. Past lawsuits in the wake of bad outcomes have taken issue with the brevity of mental health contacts.

Risk Levels

As part of the follow-up recommendations to the jail, a risk level should be assigned just as a risk level was assigned in the original Triage report. These levels—Critical, High, Moderate, Low—are predefined with regard to housing, observation, property, clothing, and food. Leveling recommendations to the jail should not deviate from this. Modifying these protocols have resulted in serious injuries and death, particularly when exceptions were made for inmates designated at a High Level by allowing them access to such comforts as underwear, mattresses, blankets and sporks.

	Critical	**High**	**Moderate**	**Low**
Housing	Restraint Chair	Single or Safe Cell	General Population	General Population
Observation	Constant	Frequent and Staggered	Individualized	Normal
Property	None	None or Suicide Blanket	Full	Full
Clothing	Regular	Suicide Smock	Jump Suit	Jump Suit
Food	Finger	Finger	Regular	Regular

All risk-level recommendations should include how long the jail is to keep the inmate on the requested level and whether the jail is to call Jail Triage at the end of that time period for further assessment.

If a high risk level is maintained, the retriage timeframes are typically 24 to 72 hours. It is recommended that the default timeframe be 48 hours so there is time for significant stabilization.

If a risk-level reduction is recommended after the assessment, the step-down process must be one level at a time.

- A reduction from Critical is High.
- A reduction from High is Moderate.
- A reduction from Moderate is Low.

When determining the risk level, keep in mind that Jail Triage is very different from a 202a. With a 202a the assessment is about hospitalization and an individual must meet all of four criteria (is a mentally ill person, who presents a danger to self or others, would reasonably benefit from treatment, and for whom hospitalization is the least restrictive mode of treatment available) plus have only a misdemeanor level charge. In a Jail Triage referral, the goal is safety while in custody, and a single significant concern is all that's required to leave an inmate on suicide watch. Even if inmates deny suicidal thoughts, they may be left on watch if they lack suicide protective factors, their legal situation is devastating to them, they are acutely distressed, they seem uninterested in life, etc. A clinician may determine a 202a or a referral to the Kentucky Correctional Psychiatric Center (KCPC) is needed to ensure an inmate's safety, but it is only a tool. It is not the goal.

As an added note with regard to KCPC referrals, keep in mind that its primary function is to assess whether an inmate who has not yet been convicted is competent to stand trial. Because of the lack of psychiatric facilities for inmates with felony-level charges, KCPC at times agrees to accept particularly ill inmates for psychiatric medication evaluations. However, they are not compelled to do so. This is done on a case-by-case basis if and when a bed happens to be available. Neither local community mental health nor Jail Triage has jurisdiction since KCPC is strictly a forensic facility.

Documentation

The follow-up documentation process requires the completion of two forms. The first is the **"Jail Triage Clinical Follow-Up Risk Assessment."** A copy of this completed form is to be given to the jail by the follow-up clinician so staff will be clear about your recommendations. A copy can be left with the jail if the

evaluation is done on site, or it can be faxed/emailed to the jail if the evaluation is done off site. It is vital that the jail receive these written recommendations in a timely manner for the safety of the inmate. Many jails do not act on any recommendation until the form is in hand. This form is also intended as the formal record for the clinician and the local mental health agency.The second required form is the **"Jail Triage Quick Reply Form".** This is the form that is sent to Jail Triage to document that the follow-up service was provided. Examples and instructions for each follow.

Jail Triage Clinical Follow-Up Risk Assessment

This form is based on suicide risk factors that have been identified by the American Association of Suicidology and the American Psychiatric Association as the criteria that represent best practice in the field. It is designed to address risk factors that are specific to incarceration, which tend to amplify mental illness and suicide risk. The risk assessment is divided into four distinct categories:

- Suicide intent/Behavior
- Suicide Protective Factors
- Goal Directed Behavior
- Symptoms of Mental or Physical Illness

It includes check boxes on the first page to offer a visual overview of various risk factors. The questions are worded so that "yes" answers indicate higher risk. The second page provides space for a narrative summary, and has check boxes for leveling and referral recommendations. A third page outlines a Decision Matrix to help guide leveling decisions. Consistent use of the form and following its protocols offers the protection of best-practice standards. It should be completed in the same manner as any other medical record.

Instructions for completing the form:

- Basic Information

  The Basic Information section is self-explanatory in that it collects general details about the inmate, jail and evaluator.

  The "Start Time" and "End Time" refer to the time actually spent speaking to the inmate and jail staff. Travel time should not be included in this section.

- Yes/No Statements

  The next four sections ask that you check off a series of yes/no statements. A "yes" statement indicates a risk factor. A "no" indicates a protective factor.

Below each individual statement in these four sections is space to note a brief comment.

If “yes” is checked any comment written should provide evidence supporting the presence of that particular risk factor.

If “no” is checked, any comment should provide evidence supporting the presence of that particular protective factor.

- Suicide Intent/Behavior Section

  “Continues to express suicidal intent or threats” is just one of six factors in this category and should be considered as just that: one of six. Since Jail Triage began, suicides that followed a contact with mental health have typically included a notation in the report that the inmate denied thoughts of suicide. It is the one risk factor that inmates know is taken into consideration and is thus the easiest for them to provide unreliable information.

  Be sure to explore other indications of suicide risk. Is the inmate exhibiting poor impulse control? Does the inmate feel hopeless, helpless or trapped? Does the inmate feel abandoned by or cut off from the people who matter?

  With regard to charge-related risk, keep in mind that even seemingly minor charges can have a huge impact on an inmate’s life: loss of job, loss of home, loss of relationship, loss of child custody, loss of pets, etc. If their current charge violates their probation/parole they may be facing a lengthy sentence on what appears to be a minor infraction.

  Information on the next court date appears in this category because attempts often occur in the days leading up to and following significant court dates. So be aware.

  As part of your evaluation be sure to talk to the inmate about each past attempt to determine contributing circumstances, lethal intent, regret or relief that they survived, and how the distress they were experiencing then compares to the distress of being incarcerated. Past attempts are the biggest predictor of future attempts.

- Lack of Suicide Protective Factors Section

  In this section you are basically looking for evidence that the inmate has a reason to live, has the skills to get through the crisis of incarceration, and has no substance involvement that might negate those emotional ties and skills.

  Connection to significant others is a double-edged sword in jail. A strong tie to others is often the first reason people give for not acting on suicidal thoughts.

You have a solid suicide protective factor when inmates are able to identify specific people they are connected to who are still supportive of them and with whom they plan to maintain contact while incarcerated. However, when these relationships go sour while the inmate is in jail or a lack of money for phone cards prevents contact, these relationships can become a significant trigger for suicide. Take bad phone calls, letters and visits seriously. Completed suicides often follow them.

Unless inmates happen to have a strong belief system that precludes suicide, internal suicide protective factors are not always obvious. The skills most often identified in research as preventive factors are problem solving, a history of coping with difficulty, impulse control, conflict resolution and nonviolent ways of handling disputes—the same skills that typically help people avoid jail altogether. It is still possible to find evidence of these skills among inmates by exploring such things as whether they spend much time on disciplinary, whether they tend to get along with cellmates and jail staff, whether they actively seek out ways to improve their legal situation or quality of life there, whether they have learned to comfortably navigate the daily routines of jail life, and whether they deal with incarceration as it is or ruminate about how they want it to be.

- Lack of Goal Directed Behaviors Section

  In this section you are basically looking for signs of life. Are they eating? Are they bathing? Are they taking needed medications? Are they eager to make phone calls or have visits? Do they want to talk to their lawyer? Are they taking advantage of their privileges at the jail? Do they do more than sleep to pass the time? Do they have post-jail plans? Do they have a daily routine? Obviously if they're on watch they are limited in what they can actually do with their time. But what would they do if they could? What interests them?

- Symptoms of Mental Illness or Physical Illness Section

  The key words in this section are "acute" and "high levels." Some depressed mood and anxiety may be appropriate to the inmate's situation. But are their symptoms so severe that they put the inmate at increased risk of suicide? If so, check "yes." If not, check "no."

  Inmates at times report seeing and hearing things for secondary gain. Only check "yes" in this category if further assessment indicates evidence of true psychosis and related distress.

  Lack of control over medical care and lack of relief from pain can amplify other risk factors. Stay aware.

- Comments Page

This is where you write your narrative report, summarizing what you've noted under individual sections on the first page. It is recommended that your Comments section include the following elements:

A brief summary of the concerns the prompted the follow-up. (i.e. Inmate was put on watch due to a recent suicide attempt.)

A response to those concerns and additional information not known when triaged (i.e. The attempt followed the near drowning death of inmate's toddler. He blamed himself in the incident and sliced wrist on impulse while EMS worked to revive son. Required stitches.)

Current presence or absence of risk factors in Suicide Intent/Behavior category. (i.e. Reports no current thoughts of suicide. He worries his assault fourth charge will violate his probation. Facing six years if so. Became tearful about the possibility of not getting to watch his son grow up. Phone call with wife after arrest did not go well. Worried he will lose job if judge doesn't release him after court appearance on Wednesday.)

Current presence or absence of Suicide Protective Factors. (i.e. Was unable to identify suicide protective factors, noting that his wife is threatening to divorce him and prevent contact with son. Also noted significant history of family suicide. His father, uncle and a cousin have all killed themselves.)

Current presence or absence of Goal Directed Behaviors. (i.e. Did indicate goal directed behaviors, expressing eagerness to contact public defender's office to find out which attorney is assigned to his case.)

Current presence or absence of Symptoms of Mental or Physical Illness. (i.e. Presents as lethargic, with depressed mood, poor eye contact and flat affect.)

Recommendations. (i.e. Maintaining level at high until after Wednesday's court appearance due to apparent high charge-related risk, acute distress and lack of suicide protective factors. Retriage after that time.)

Below the Comments section are four boxes where you can mark services provided, changes to risk level, recommended risk level and any referrals to additional services. Check the appropriate boxes. Include your name, date and the name of your agency at the bottom of the page.

- Decision Matrix Page

This page outlines criteria for lowering and maintaining particular risk levels.

A blank copy of the form follows on the next three pages.

Jail Triage Quick Reply Form

This is the second piece of documentation required after a follow-up. Think of it as a billing document. The brief summary of your follow-up assessment is entered into this form to confirm that the requested service was provided in keeping with the contract Jail Triage has with your agency. The form should be completed even if the assessment did not take place because of such things as the inmate refusing or exiting the jail. This form is due within 24 hours of the follow-up.

The form can be found online at the following address:
http://www.bluegrass.org/jailreply/Default.aspx

If you have trouble with the link go to www.bluegrass.org, hover over "Our Services," hover over "Jail Triage," and click on "Jail Triage Quick Reply Form."

The form asks for very basic information:

Episode Number
Name of Inmate
Social Security Number
DOB
Name of CMHC
Name of Jail
Name of Clinician
Clinician's Credentials
Date of Service
Service Start Time
Length of Service

This is followed by a series of check boxes. You will check all that apply:

Type of follow-up provided
Type of services provided
Recommendations made
Referrals made

Finally, there is a small Comments section so you can type a brief summary of your assessment. This is also a good place to communicate things you learned during your assessment that you would like the Jail Triage clinicians to know upon retriage.

Once your form is complete click "Submit" and it will be emailed to Jail Triage for further processing. This completes the CMHC follow-up process.

A screen shot of the form follows on the next two pages.

Ongoing Training

Accurately assessing suicide risk is a difficult task in any setting. The constraints of jail life and the limited resources available in county jails just amplify the difficulty. This makes it all the more important that clinicians providing follow-up services to the jails have a level of training and expertise in this area. Since the state of Kentucky now requires that all mental health professionals have a six-hour “Suicide Assessment, Treatment and Management” training, at a minimum it is recommended that clinicians complete this training prior to providing Jail Triage follow-ups.

Available training materials specific to Jail Triage can be located at www.bluegrass.org. Hover the cursor over the “Our Services” tab, then over the “Jail Triage” tab and click on a file to view it.

Further on-site Jail Triage training is available to local mental health agencies for a fee. Contact the Jail Triage program with any inquiries.