California Mental Health Directors' Association (CMHDA)

Forensic Committee

1998 Survey of Jail Mental Health Services

California Mental Health Directors' Association (CMHDA) Forensic Committee

1998 Jail Survey

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CMHDA Forensics Committee 1998 Survey of Jail Mental Health Services – Sample Survey

CMHDA FORENSICS COMMITTEE
1998 SURVEY OF JAIL MENTAL HEALTH SERVICE

Overview of Jail with an Average Daily Census of 100 or Less

Amador (40), Colusa (74), Mariposa (39), Modoc (35), Plumas (35), San Benito (99), Siskiyou (77), Trinity (49)

JAIL DEMOGRAPHICS:

Number of jails:

All counties reported having only one jail.

Number of unduplicated clients seen by the jail mental health program in 1997:

34	Mariposa
35	Modoc
45	San Benito
50	Trinity
55	Amador

TREATMENT ISSUES:

1. None of the above jails reported being licensed, accredited, or L.P.S. certified.

2. The average percentage of inmates receiving ongoing mental health services while incarcerated in the above jails is 9% men and 5% women.

3. The following percentage of these jails provide ongoing services for individuals with:
   - Severe Mental Illness 50%
   - Substance Abuse 50%
   - Developmental Disorders 13%
   - Adjustment Disorders 25%

   Comments:
   - ACH supports county detention in serving the community-at-large for at-risk population.
   - Weekly substance abuse groups.
   - Clinicians/case managers go to the jail to provide services when requested by staff or inmates. Also provide medication management--jail staff transports inmates to the Mental Health Clinic to see the psychiatrist.
   - Only medication and crisis services--occasional ongoing treatment with certain individuals.
   - Assessments, evaluation, medication monitoring, counseling to facilitate adjustment, provide safe housing situation/environment for developmentally disabled inmates.
   - County Mental Health provides services on outpatient basis and consults with jail on a case-by-case basis. Our resources are limited and crisis oriented.

4. Twenty-five percent (25%) of these small jails provide dedicated housing for individuals with mental disorders.
   - Placed in a safety cell or administrative segregation.
   - Clients are placed in observation cells and monitored visually with frequent verbal communication--interchanges to assess current emotional, cognitive, and health needs.
   - Mainstreamed when possible--otherwise single celled away from general population.

5. Twenty-five percent (25%) of these jails reported different privileges for individuals with a mental disorder.
   - Promote proactive intervention to prevent decompensation.
   - Depends on extent of illness. Denial or privilege is based on circumstances.

6. Fifty percent (50%) of these jails reported having mental health treatment services that address co-occurring disorders (e.g., mentally ill, substance abuse, HIV, etc.).
   - Provided by county mental health and drug/alcohol via crisis intervention and voluntary groups.
   - Counseling, referrals and linkage to outside agencies for assistance.
   - Combined mental health/substance abuse program.
   - When a psychiatrist or mental health clinician meets with an inmate with co-existing disorders, these are addressed, treatment is given and referral made.
   - We use parallel services between MHS and staff.

7. Routine initiation of antidepressant medications for inmates who have not been prescribed antidepressants before incarceration.
   - Frequently 0%
   - Sometimes 38%
   - Rarely 25%
   - Never 38%

8. One jail has a formulary.

9. Thirty-eight percent (38%) of these jails routinely prescribe SSRI anti-depressants.

10. Twenty-five percent (25%) of these jails routinely use atypical anti-psychotic medications.

11. Thirty-eight percent (38%) of these jails have strategies to control the cost of atypical anti-psychotic and SSRI medications.
    - Via short-term RX and frequent medication assessments.
    - Only used when indicated! Prudently employ when indicated.
    - We assume that optimal treatment is ultimately going to be the most cost effective.

12. Twenty-five percent (25%) of these jails administer involuntary psychiatric medications.

- Per jail policy--(violence).
- If inmate has been placed on a 5150 involuntary psychiatric hold and is being transferred to an inpatient treatment facility, to facilitate a safer transfer.

13. No jails have units where inmates on a 5150 are treated and housed.
    - Inmates are evaluated at a local hospital emergency room by authorized mental health therapist who determines 5150 status.
    - People sometimes held there before being transported to psychiatric hospital.

14. One jail housed inmates under a 1372 P.C. in specialized housing.

15. One jail involuntarily medicates inmates on 1372 P.C.

16. Frequency of inmates on a 1372 P.C. that decompensate because they are not medication compliant.
    - Frequently 13%
    - Sometimes 0%
    - Rarely 38%
    - Never 0%

17. Conservatorship process is initiated for inmates in:
    - Acute facilities 63%
    - Correctional facilities 0%
    - Courts 13%
    - Never happens 13%

18. Inpatient 1370.01 P.C. misdemeanants are treated in a:
    - State hospital 13%
    - IMD 13%
    - County hospital 0%
    - Private hospital 13%
    - Other: County outpatient clinic, contract medical facility.

19. Seventy-five percent (75%) of these jails provide specialized housing for inmates at risk of suicide.

20. No jail with a census of 100 or less reported suicides in the past five (5) years.

21. Because of the zero suicide rate, the question, "How many of the people who suicided had been evaluated by mental health?" does not apply.

22. Sixty-three percent (63%) of these jails house at-risk inmates with others whenever possible.

23. One hundred percent (100%) of these jails reported that at-risk inmates are observed more frequently by Custody.
    - Only when directed to do "suicide watch"--which is continuous 1:1.

24. Seventy-five percent (75%) of these jails reported having special observation capabilities for at-risk inmates who cannot be housed with others.

25. Thirty-eight percent (38%) of these jails reported using suicide resistant garments for at-risk inmates.

26. Fifty percent (50%) of these jails reported doing routine 187 P.C. evaluations for suicide risk.

27. Custody staffs at 50% of these jails received annual suicide prevention training.

28. Shaving:
    - Razors are checked out by Custody 63%
    - Inmates keep razors unless on suicide precaution 25%
    - Inmates on suicide precaution shave while observed 0%
    - Electric razor 25%

29. Sixty-three percent (63%) of these jails have a formal review after a suicide.

30. Sixty-three percent (63%) of these jails have a formal review after a suicide attempt.

31. Suicide reviews include staff from:
    - Mental Health 63%
    - Medical 50%
    - Custody 63%
    - Drug/Alcohol 13%

32. Twenty-five percent (25%) of these jails conducted a critical incident stress de-briefing for the staff after a suicide or serious attempt.

33. Thirteen percent (13%) of these jails conducted a critical incident stress de-briefing for inmates after a suicide or serious attempt.

34. Thirty-eight percent (38%) of these jails have a quality improvement program.

35. Clinical information routinely provided on an inter-facility transfer form to California Department of Corrections when a client is leaving for prison consists of:
    - None 13%
    - Medications 50%
    - Diagnosis 50%
    - Treatment course 13%
    - Other: All medical records 13%

COMMUNITY DIVERSION AND CONNECTIONS:

1. Seventy-five percent (75%) of these jails actively link jail clients with community-based mental health programs.

2. Thirty-eight percent (38%) of these jails have the capacity to retain special needs inmates until the morning to facilitate transportation to community programs.

3. One jail has a mental health diversion/alternative sentencing program.

4. Follow-up by forensic mental health staff once clients are placed in the community:
   - Staff follows-up on clients returned to the community--there are no specialized treatment facilities in the county for jail inmates upon release.
   - If we are made aware of it.
   - Provided with referrals to community outreach programs and cognitive government support services.
   - We have no forensic mental health staff as part of a special program at Mental Health. However, mental health staff follows-up with clients who want mental health services. Also use CONREP for those who qualify and are appropriate for CONREP services.
   - We follow them while in jail, if needed, and same counselor follows on outpatient basis after release.

5. No counties maintained data relating to recidivism and linkages to case managers.

6. No counties had data related to cost effectiveness of treatment and recidivism for individuals diverted from jail.

7. No counties had a Mental Health Court.
   - Working on variation of MH court, but not done yet.

ADMINISTRATIVE AND FISCAL:

1. Fifty percent (50%) of these jails provided training to the Custody staff.
   - Via in-house, ongoing training, and outside workshop.
   - Yearly training on suicide prevention.
   - Twice annual and all new staff on crisis intervention, recognition of at-risk, basic mental health.

2. Seventy-five percent (75%) of these jails have a chemical dependency program.

3. Fifty percent (50%) of these jails' mental health and substance abuse programs are integrated.
   - Mental health staff works with inmate's mental health issues and, if substance abuse is involved, those issues are addressed and a referral is made to a substance abuse program.
   - Through ongoing interagency liaison/communications.
   - Staff person doing the substance abuse program is part of the dual diagnosis program.

4. Mental health services (other than medication) in the jail is funded by:
   - Prop 172 0%
   - Mental Health Realignment 50%

- General Fund 13%
- Sheriff's Budget 13%
- Inmate Welfare Fund 13%

5. The gross annual dollar spent on psychiatric medications in jail:
   - $21,500
   - $2,000
   - $5,000
   - Cannot separate from medical Rx's (total $28,821)

6. Psychiatric medications are funded through the:
   - Sheriff's Budget 75%
   - Mental Health Budget 0%
   - Medical Budget 25%

7. The FTE of mental health treatment staff is:
   - 0 Colusa, Modoc, and San Benito
   - .10 Siskiyou
   - .20 Trinity
   - Less than 2 hours a week Mariposa
   - No jail program. Clinical outpatient staff equals 6.2 FTE Plumas

8. The FTE of the jail chemical dependency staff is:
   - 0 FTE San Benito, Modoc, & Colusa
   - .07 FTE Trinity
   - .20 FTE Siskiyou
   - Less than 3 hours Mariposa
   - No jail program. Outpatient staff equals 3.5 FTE Plumas

9. Thirty-five percent (35%) of the jail clients were previously known to a community mental health system.

10. Twenty-five percent (25%) of the jails reported using an electronic charting system.
    - Computer record keeping includes inmate intakes, legal disposition, incarceration dates, and medical/psychiatric history, including ongoing assessment of current medical/psychiatric needs.
    - Through Behavior Health, Inc.

11. The Forensic Mental Health system is a part of:
    - Sheriff's Department 13%
    - Health Department 13%
    - Mental Health Department 38%
    - Contract Agency 13%
    - Other--no special forensic program 25%

CMHDA FORENSICS COMMITTEE
1998 SURVEY OF JAIL MENTAL HEALTH SERVICE

Overview of Jail with an Average Daily Census of 101 to 1000

Butte (430), Humboldt (326), Imperial (600), Kings (300), Lake (309), Madera (270), Marin (300), Mendocino (707), Merced (500), Napa (190), San Luis Obispo (397), Santa Barbara (709), Santa Cruz (623), Solano (847), Sutter/Yuba (200/290), Tehama (200)

JAIL DEMOGRAPHICS:

Number of Jails:

1	Butte, Humboldt, Imperial, Lake, Madera, Marin, Napa, San Luis Obispo, Santa Barbara, Santa Cruz, & Tehama
2	Kings, Mendocino, Merced, Solano, & Sutter/Yuba

Number of unduplicated clients seen by the jail mental health program in 1997:

1,250	Butte (CFMG reports reflect only raw inmate count).
100	Humboldt (Exact data not available. Our new jail was not completed in 1997. It is now completed and the unduplicated client count per year is more than 200.)
350	Kings (estimated)
289	Madera
625	Marin
450	Merced
462	Napa
692	San Luis Obispo
472	Santa Barbara
238	Santa Cruz
1,392	Solano
500	Sutter/Yuba
287	Tehama

TREATMENT ISSUES:

1. Eight of the above jails reported being licensed, accredited, or L.P.S. certified.
   - CMA — Butte, Humboldt, Lake, Mendocino, & Napa
   - ICMH — Imperial
   - LPS — Sutter/Yuba

     Merced states that they are accredited, but not by whom.

2. An average of 9% of female inmates and 10% of male inmates are receiving ongoing mental health services while incarcerated in the above jails.

3. The following percentage of these jails provide ongoing services for individuals with:
   - Severe Mental Illness 94%
   - Substance Abuse 86%
   - Developmental Disorders 63%
   - Adjustment Disorders 63%

Comments:

- Individuals with a history of mental disorder are continued on treatment and newly identified cases are started.
- Individuals with developmental disabilities are housed separately.
- Suicide prevention, behavior management, medication, discharge planning for SMI.
- Counseling visits, medication evaluation, drug and alcohol counseling.
- Detox mental health care consists of four hours per week psychiatrist time supported by physician assistant triage. Little or no "counseling/therapy" or case management.
- Assess for medication, prescribe and monitor service, linkage and discharge planning.
- Assessments are done on all referrals. The target population is those with severe mental illness, although adjustment disorders are also treated.
- We do assessments, psych meds, SMI, suicide evaluations and custody level recommendations along with crisis intervention.
- Yes to anyone that asks.
- "Ongoing" means to us, more than about four interventions. Adjustment disorders would rarely be seen that many times. Developmental disorders are seen mainly to monitor safety and appropriate housing.

4. Fifty-six percent (56%) of these jails provide dedicated housing for individuals with mental disorders.
    - Suicide/ideation, behavioral problems, disturbed presentation are usually single-celled; otherwise in general population.
    - Individuals that are assessed to be suicidal and/or psychiatrically comprised are housed in the medical wing. Sheriff's Department Institutional Medical Services staff provides psychiatric services within its jail facility. The Health and Social Services Forensic F.A.C.T. program provides assessment, consultation and discharge planning for some inmates who meet criteria.
    - Special housing unit is a pod which houses the mentally or physically ill separate from the general population.
    - Acute needs only (observation).
    - Attempts are made to house inmates with psychiatric problems in a separate housing unit.
    - Separate distinct dorms for MIO.
    - General population unless single cell is needed.
    - Segregated population; isolation cells, protective custody; no special mental health area.
    - Many mentally ill clients are housed in protective custody due to their difficulty getting along with others.
    - Housing in general population is the rule. No separate facilities are available specifically for mental disorder.
    - Assigned housing by Sheriff's classification unit.
    - Inmate behavioral codes are assigned which establish how much social intervention is permitted with other inmates. This is a maintenance mental health module.

- Clients with major mental illness are housed in two separate sections by gender. Both sections are observed and monitored by the control unit through the surrounding glass walls.
- Safety cells are used for suicidality and out-of-control behavior. Medical cells used for close observation. Holding cells for observation. There is one 2-man (or woman) tank that can be used for mentally ill clients, if available. No housing is solely dedicated to the mentally ill.

5. Twenty-five percent (25%) of these jails reported different privileges for individuals with a mental disorder.
   - If inmates are transferred to county PHF they have the same privileges as any other mental health client which is different than jail inmates.
   - They may be confined in cells more hours. Will wear orange jump suits. Cannot live with mainline inmates.
   - If on medications, heat precautions may preclude certain jobs.
   - Denial of rights/privileges based on clinical necessity.

6. Sixty-nine percent (69%) of these jails reported having mental health treatment services that address co-occurring disorders (e.g., mentally ill, substance abuse, HIV, etc.).
   - Clinical interview is included in the client's initial assessment. Mental illness and substance abuse are addressed by mental health services. Health related problems are serviced through the jail medical staffs. Sheriff's Department provides Alcoholics Anonymous/Narcotics Anonymous on a voluntary basis.
   - Transitional home in jail program.
   - Through county mental health.
   - We provide substance abuse treatment in the jail and some clients are being treated for psychiatric disorders.
   - Drug and alcohol services, medication evaluation with psychiatrist, AIDS support network, collaborative effort with jail health services.
   - We focus on mental health aspects of care. Separate medical and substance abuse treatment programs exist in the jail.
   - Evaluation and treatment.
   - The treatment team includes both mental health and substance abuse staff working under a dual diagnosis concept.
   - We have a substance abuse treatment pod and a mental health pod. Not very unified at this time.
   - We have substance abuse treatment and brief intervention.
   - Mental health and physical providers often the same. Frequent contact if not.

7. Routine initiation of antidepressant medications for inmates who have not been prescribed antidepressants before incarceration.
   - Frequently 19%
   - Sometimes 38%
   - Rarely 19%
   - Never 13%

8. Eighty-one percent (81%) of these jails have a formulary.

9. Eighty-one percent (81%) of these jails routinely prescribe SSRI anti-depressants.

10. Eighty-one percent (81%) of these jails routinely use atypical anti-psychotic medications.

11. Forty-four percent (44%) of these jails have strategies to control the cost of atypical anti-psychotic and SSRI medications.
    - Not included in formulary.
    - Psychiatrist provides continuity of care, aware of cost, risks, and benefits.
    - To date, those medications not listed on the PHS formulary. We have attempted to furnish through samples from drug companies.
    - Physician and supervising RN review medication utilization frequently.
    - County contracts with Prison Health Services for psychiatric services, including medications. They control costs by not including these on their formulary, and very rarely prescribing them.
    - Inmates are continued or started on medication that is thought to be most beneficial for the specific inmate. Cost control is by using the smallest effective dose of medication.
    - No formal policy.
    - We use alternatives, if appropriate.
    - All psychiatric medications are purchased from the MAP program at Sutter, Merced. The medications are bought at wholesale which allows charges-cost plus $10.00 for all medications.

12. Nineteen percent (19%) of these jails administer involuntary psychiatric medication.
    - Given extremely rarely to inmates whose agitated behavior poses an immediate threat to themselves or others. Used on a one-time-only basis. If agitation is not controlled by a combination of medication and use of a safety cell, then admission to a psych unit is considered.
    - Only to facilitate transport to acute facilities.
    - If an inmate is a danger to self or others.

13. No jails reported having units where inmates on a 5150 are treated and housed.
    - Acute situations are transferred via P.C. 4011.6 protocol/procedures to county PHF unit.
    - Inmates who meet 5150 criteria are transferred to county inpatient facility, stabilized (sometimes after Riese Hearing) and then returned to jail.
    - Those inmates whose behavior and mental status meet the criteria for 5150 are admitted to one of the available psychiatric units.
    - If inpatient care is needed, inmate is housed at SYMHS.
    - Inmates are identified by jail nursing staff. They are referred to crisis services for evaluation. Correctional officers transport and standby during evaluation at crisis. If inmate meets criteria they are hospitalized at Napa State Hospital.
    - Patients admitted to the county psychiatric health facility.
    - We contract for that service. About 50 admits a year.
    - P.C. 4011.6 to private acute inpatient if clinically necessary.
    - They are transported to the mental health acute facility.

- Inmates may be housed separately in our medical unit if acute, but we are not a 5150 facility.
- County crisis team evaluates for 5150. If inmate meets criteria and cannot be managed in jail, they are transferred to North County jail in Oakland, where PHS contracts for acute psychiatric services.

14. Thirteen percent (13%) of these jails housed inmates under a 1372 P.C. in specialized housing.
    - Once restored, they will be in SHU.
    - Court ordered at time to PHF.
    - Usually transferred to PHF.
    - If inpatient care needed, housed at SYMHS.
    - Probably be in a medical cell, by themselves, but not necessarily. If mental status permits, they'll be housed in general population.

15. Thirteen percent (13%) of these jails involuntarily medicate inmates on 1372 P.C.

16. Frequency of inmates on a 1372 P.C. that decompensate because they are not medication compliant:
    - Frequently 13%
    - Sometimes 31%
    - Rarely 38%
    - Never 19%

17. Conservatorship process is initiated for inmates in:
    - Acute facilities 81%
    - Correctional facilities 19%
    - Courts 6%
    - Referral 6%

18. Inpatient 1370.01 P.C. misdemeanants are treated in a:
    - State hospital 25%
    - IMD 25%
    - County hospital 50%
    - Private hospital 25%
    - Community 6%
    - Mixture of inpatient, and outpatient programs 6%
    - Contracted PHF or APU 6%
    - Outpatient 6%
    - Jail 6%

19. One hundred percent (100%) of these jails provide specialized housing for inmates at risk of suicide.

20. Number of suicides in the past five (5) years.
    - 0 38%
    - 1 31%

- 2 19%
- 3 6%
- 5 6%

21. The following number of the suicides had been evaluated by mental health.
    - 1 31%
    - 2 6%
    - 3 13%

22. Fifty-six percent (56%) of these jails house at-risk inmates with others whenever possible.

23. One hundred percent (100%) of these jails reported that at-risk inmates are observed more frequently by Custody.

24. One hundred percent (100%) of these jails reported having special observation capabilities for at-risk inmates who cannot be housed with others.

25. Sixty-nine percent (69%) of these jails reported using suicide resistant garments for at-risk inmates.

26. Fifty percent (50%) of these jails reported doing routine 187 P.C. evaluations for suicide risk.

27. Custody staffs at 69% of these jails receive annual suicide prevention training.

28. Shaving:
    - Razors are checked out by Custody 31%
    - Inmates keep razors unless on suicide precaution 44%
    - Inmates on suicide precaution shave while observed 31%
    - Electric razor 6%

29. One hundred percent (100%) of these jails have a formal review after a suicide.

30. Fifty percent (50%) of these jails have a formal review after a suicide attempt.

31. Suicide reviews include staff from:
    - Mental Health 81%
    - Medical 75%
    - Custody 81%
    - Drug/Alcohol 0%
    - Coroner 6%

32. Sixty-nine percent (60%) of these jails conduct a critical incident stress de-briefing for the staff after a suicide or serious attempt.

33. Fifty-six percent (56%) of these jails conduct a critical incident stress de-briefing for inmates after a suicide or serious attempt.

34. Eighty-one percent (81%) of these jails report having a quality improvement program.

35. Clinical information routinely provided on an inter-facility transfer form to California Department of Corrections when a client is leaving for prison consists of:
    - None 6%
    - Medications 81%
    - Diagnosis 75%
    - Treatment Course 56%
    - Allergies 6%
    - Alerts 6%

COMMUNITY DIVERSION AND CONNECTIONS:

1. Ninety-four percent (94%) of these jails actively link jail clients with community-based mental health programs.

2. Sixty-three percent (63%) of these jails have the capacity to retain special needs inmates until the morning to facilitate transportation to community.

3. Thirty-eight percent (38%) of these jails have a mental health diversion/alternative sentencing program.

4. Follow-up by forensic mental health staff once clients are placed in the community is done by 50% of these jails.
    - These services were previously supported by a staff member. Current plans are for a broader response from County Behavioral Health.
    - Jail discharge planner provides linkage, referral and follow-up.
    - Continuation of medication and facilitate using the same psychiatrist. Counseling and other treatment services are scheduled prior to release when possible.
    - Mental Health follows up on clients who are placed back into the community.
    - CONREP and mentally disordered offender on probation programs.
    - The forensic staff is for jail services only. After jail, another case manager might take the case.
    - They case manage inmates placed in the community and provide medication, therapy and evaluation.
    - We have a discharge planner who assists with community placement and once the inmate is placed, facilitates access to services until a case manager is assigned.
    - Contact is made for appointment or a referral is written for case manager.
    - Mental Health/Probation Program has a 30 maximum caseload for intensive follow-up.
    - Patients are referred/linked to appropriate agencies or mental health outpatient services for follow-up.

5. Only one county maintained data relating to recidivism and linkages to case managers.
   - Raw data being evaluated.

6. Only one county had data related to cost effectiveness of treatment and recidivism for individuals diverted from jail.

7. No counties reported having a Mental Health Court.
   - There is a small amount of court/behavioral health interface.

ADMINISTRATIVE AND FISCAL:

1. Eighty-one percent (81%) of these jails provided training to the Custody staff.

2. Fifty percent (50%) of these jails have a chemical dependency program.

3. Thirty-eight percent (38%) of these jails have integrated mental health and substance abuse programs.
   - Only to the extent that the jail mental health workers run the voluntary substance abuse groups for the pre-sentenced population. The mandatory groups for the trustees are separate and privately contracted.
   - Provides meeting weekly.
   - Mutual cases conferences and referral to each other's programs.
   - Mental Health services address both. However, Alcoholics Anonymous/Narcotics Anonymous group treatment is provided by the Sheriff's Department.
   - Mental health and substance abuse treatment staffs work closely with individuals who are mentally ill.
   - A dual diagnosis program is used in the jail. This is an extension of a community-based program.

4. Mental health services (other than medication) in the jail are funded by:
   - Prop 172 0%
   - Mental Health Realignment 38%
   - General Fund 19%
   - Sheriff's Budget 50%
   - Inmate Welfare Fund 0%

5. The gross annual dollar spent on psychiatric medications in jail:
   - $105,000 Humboldt
   - $45,000 Marin
   - $30,000 Merced
   - $26,000 San Luis Obispo
   - $90,00/approx. (Includes PHS form. costs--not samples or non-formulary.) Santa Barbara
   - $70,000 Solano
   - $12,000 to $15,000 Tehama

Census 1010 to 1000

6. Psychiatric medications are funded through the:
   - Sheriff's Budget 44%
   - Mental Health Budget 19%
   - Medical Budget 25%
   - Contract Provider 6%
   - Department of Corrections 6%

7. The FTE of mental health treatment staff is:
   - .20 FTE 6%
   - .50 FTE 6%
   - 1 FTE 19%
   - 1.5 FTE 25%
   - 2.35 FTE 6%
   - 2.5 FTE 19%
   - 3 FTE 6%
   - 2.9 FTE 6%

8. The FTE of the jail chemical dependency staff is:
   - .25 FTE 6%
   - 1 FTE 19%
   - 3 FTE 13%
   - 4.5 FTE 6%

9. Thirty-seven percent (37%) of the jail clients were previously known to a community mental health system.

10. No jails reported using an electronic charting system.

11. The Forensic Mental Health system is a part of:
    - Sheriff's Department 6%
    - Health Department 13%
    - Mental Health Department 63%
    - Contract Agency 25%
    - Probation Department Staff 6%

CMHDA Forensics Committee
1998 Survey of Jail Mental Health Services

Overview of Jails with an Average Daily Census of 1001 to 2000
Contra Costa (1,500), Kern (2,017), Monterey (1,063), San Joaquin (1,257), San Mateo (1,223), Sonoma (1,041), Stanislaus (1,085), Tulare (1,300), Ventura (1,300)

JAIL DEMOGRAPHICS:

Number of jails:

1	Monterey, San Joaquin
2	Sonoma
3	Contra Costa, Stanislaus, Tulare, Ventura
5	Kern, San Mateo

Number of unduplicated clients seen by the mental health program in 1997:

6,922	Contra Costa
717	San Joaquin
2,245	San Mateo
12,391	Sonoma

TREATMENT ISSUES:

1. Thirty-three percent (33%) of the above jails reported CMA accreditation.

2. The average percentage of male inmates receiving ongoing mental health services during incarceration is 10% and females 8%.

3. The following percentage of these jails provide ongoing services for individuals with:
   - Severe Mental Illness 100%
   - Substance Abuse 67%
   - Developmental Disorders 89%
   - Adjustment Disorders 89%

Comments:

- Assessment, psych evals and follow-up PRN, crisis prevention, medication monitoring and court-ordered evaluations, collaborative treatment planning, linkage, consultation and placement services.
- The medical provider is contracted to provide some services. They are limited in scope.
- Primary focus is on serious mental disorder. Substance abuse problems are referred to chemical dependency counselors. Adjustment disorders seen primarily for suicide precautions.
- We attempt to identify individuals with major mental illness. Once identified, we provide special housing, mental assessments and follow-ups, medication evaluation of prescription or neuroleptic medications.
- Services provided to any inmate voicing present or past suicidal ideation at booking.

4. Seventy-eight percent (78%) of these large jails provide dedicated housing for individuals with mental disorders.
   - Housing module for inmates with severe mental disorders.
   - Single cells: 16 bed male unit and 16 bed female unit, with dayroom privileges up to 16 hours each day. Services offered: group therapy, psychiatrist sessions, 1:1 with correctional mental health staff, recreation and medication evaluations.
   - Inmates unable to care for themselves are placed in an administrative segregation unit. Those who can function to a greater degree are put in an open housing unit which is monitored by a control person.
   - There are two med/psych housing units. One: "medical housing" has observation cells, restraint capability, and safety cell. The other area is "sheltered housing" where chronic, but stable inmates are housed.
   - They are housed in general population unless assaultive or victim potential requires administrative segregation. There are 6-8 sheltered living beds for mentally ill inmates.
   - We have two housing units dedicated to inmates with mental health conditions. Those units comprise of 94 beds. The determination for placing individuals on the mental health unit is made in collaboration with correctional staff.
   - In a sheltered housing unit, after a joint decision by classification and mental health staff.
   - In protective custody section, usually in a single cell.
   - Mentally ill inmates are housed with other infirmary patients in single cells.

5. Seventy-eight percent (78%) of these jails reported different privileges for individuals with a mental disorder.

   a) Mental health module has status system regulating the time-out based on stability. b) Telephone available for discharge planning.
   - 16 bed male unit and 16 bed female unit is available for chronically and persistently mentally ill clients in custody.
   - They are locked down more due to the security/classification system.
   - When their clinical status requires administrative segregation, there is very limited time out of room.
   - Inmates housed on mental health are allowed less out-of-cell time than individuals in general housing. We use an internal behavior code in determining the appropriate designation which influences the amount of time the inmate spends in his cell.
   - Groups are offered, vital signs taken every week, welfare checks every week.

6. Sixty-seven percent (67%) of these jails reported having mental health treatment services that address co-occurring disorders (e.g., mentally ill, substance abuse, HIV, etc.).
   - Assessment, medication, case management, community referral.
   - Drug and alcohol groups (educational and Alcoholics Anonymous/Narcotics Anonymous) are offered in our psychiatric units.
   - There are separate services for mental health treatment and substance abuse.

- Inmates with co-occurring disorders may participate in several weekly groups or in the chemical dependency treatment program.
- Our mental health services include weekly counseling, referrals to drug programs when appropriate and arranging hospitalization for individuals too acutely ill to treat in a jail setting.
- We have services for dual diagnosis inmates (mentally ill and substance abuse).

7. Routine initiation of antidepressant medications for inmates who have not been prescribed antidepressants before incarceration:
   - Frequently 0%
   - Sometimes 67%
   - Rarely 33%
   - Never 0%

8. One hundred percent (100%) of these jails have a formulary.

9. Seventy-eight percent (78%) of these jails routinely prescribe SSRI antidepressants.

10. Seventy-eight percent (78%) of these jails routinely use atypical anti-psychotic medications.

11. Sixty-seven percent (67%) of these jails have strategies to control the cost of atypical anti-psychotic and SSRI medications.
    - Usually attempt medication with lower cost drug first, switch if necessary.
    - We give liquid medication, mainly Pamelor and Sinequan. The cost of SSRIs recently dropped to below that being paid for Pamelor.
    - Contract pharmacy provides very competitive rates and M.D.s agree to use lower cost SSRIs and atypicals when clinically feasible.
    - We have our psychiatrist supply samples when possible. We also attempt to receive samples from the mental health system. We try to provide the smallest dose possible.
    - We titrate the inmate off while titrating on other forms.
    - Use of formulary.

12. Forty-four percent (44%) of these jails administer involuntary psychiatric medication.
    - One dose, if necessary, prior to involuntary commitment (5150) to Medical Center Psychiatric Unit.
    - In emergency situations. Then, if further medications are deemed necessary, a "Riese" hearing is convened and a judge decides if the forced medication should continue.
    - Only under emergency conditions. We have a specific policy outlining the use of emergency medications. It is rarely needed and other arrangements need to be made if an ongoing need for involuntary medications exists.
    - For LPS conservatees or in emergencies, or 1372 P.C.

13. None of the jails have units where inmates on a 5150 are treated and housed.

- Sent under 5150, 4011.6 P.C. to forensic inpatient unit contract with another jail's inpatient unit.
- Clients meeting the criteria for 5150, 72 hour hold, are transferred to Medical Center Emergency Room for assessment which may result in psychiatric housing in the medical center psychiatric unit.
- They are transferred to the psychiatric unit of the county hospital.
- Inmates meeting 5150 W&I are transferred to the county mental health facility for treatment. Other inmates are treated on a voluntary basis.
- We contract with another county for 5150 beds in their CTC.
- Jail mental health staff pass a standardized examination to become eligible for instituting 5150s. If an inmate meets 5150 criteria, mental health staff arrange transfer to the county inpatient service.
- They are taken to an acute care unit of a general hospital.
- In the infirmary special housing.

14. Fifty-five percent (55%) of these jails housed inmates under a 1372 P.C. in specialized housing.
    - Mental Health module.
    - Psychiatric units are available. One 16 bed male unit and one 16 bed female unit.
    - It all depends on the inmate. Some are specially housed and others are not, depending on the assessment.
    - Housed in administrative segregation or sheltered living as indicated by their clinical status.
    - In the vast majority of cases, those inmates are housed on the mental health unit at the jail.
    - Administrative segregation with other mentally ill inmates.

15. Twenty-two percent (22%) of these jails involuntarily medicate inmates on 1372 P.C. status.

16. Frequency of inmates on a 1372 P.C. that decompensate because they are not medication compliant:
    - Frequently 11%
    - Sometimes 55%
    - Rarely 33%
    - Never 0%

17. Conservatorship process is initiated for inmates in:
    - Acute facilities 100%
    - Correctional facilities 33%

18. Inpatient 1370.01 misdemeanants are treated in a:
    - State hospital 11%
    - IMD 11%
    - County hospital 67%
    - Private hospital 0%
    - Other: outpatient 22%

19. One hundred percent (100%) of these jails provide specialized housing for inmates at risk of suicide.

20. Number of reported suicides in the past five (5) years:
    - 0 0%
    - 1 0%
    - 2 22%
    - 3 33%
    - 4 0%
    - 5 11%
    - 6 11%
    - 7 11%

21. The following number of the suicides were evaluated by mental health:
    - 2 22%
    - 3 33%

22. Seventy-eight percent (78%) of these jails house at-risk inmates with others whenever possible.

23. One hundred percent (100%) of these jails reported that at-risk inmates are observed more frequently by custody.

24. Eighty-nine percent (89%) of these jails reported having special observation capabilities for at-risk inmates who cannot be housed with others.

25. Seventy-eight percent (78%) of these jails reported using suicide resistant garments for at-risk inmates.

26. Seventy-eight percent (78%) of these jails reported doing routine 187 PC evaluations for suicide risk.

27. One hundred percent (100%) of these jails provide annual suicide prevention training to custody staff.

28. Shaving:
    - Razors are checked out by Custody 22%
    - Inmates keep razors unless on suicide precautions 78%
    - Inmates on suicide precautions shave while observed 22%
    - Electric razors are used 22%

29. One hundred percent (100%) of these jails have a formal review after a suicide.

30. Thirty-three percent (33%) of these jails have a formal review after a suicide attempt.

31. Suicide reviews include staff from:
    - Mental Health 100%

- Medical 89%
- Custody 100%
- Other 22%

32. Seventy-eight percent (78%) of these jails conduct a critical incident stress de-briefing for the staff after a suicide or serious attempt.

33. Forty-four percent (44%) of these jails conduct a critical incident stress de-briefing for the inmates after a suicide or serious attempt.

34. Fifty-six percent (56%) of these jails report having a quality improvement program.

35. Clinical information routinely provided on an inter-facility transfer form to California Department of Corrections when a client is leaving for prison consists of:
    - None 0%
    - Medications 100%
    - Diagnosis 89%
    - Treatment course 56%
    - Other 44%
        - Any precautions, i.e. suicidal, contagious disease.
        - Lab data.
        - Lab work, TB status, mental health status.

COMMUNITY DIVERSION AND CONNECTIONS:

1. Eighty-nine percent (89%) of these jails actively link jail clients with community-based mental health programs.

2. One hundred percent (100%) of these jails have the capacity to retain special needs inmates until the morning to facilitate transportation to community programs.

3. Twenty-two percent (22%) of these jails have a mental health diversion/alternative sentencing program.

4. Eleven percent (11%) of these jails have follow-up by forensic mental health staff once clients are placed in the community.
    - If open to a rehab team, forensic team, or contractor.
    - We have a diversion with case follow-up in the process of development.
    - Referral to outpatient clinic for treatment and follow-up.

5. Twenty-two percent (22%) of the counties maintain data relating to recidivism and linkages to case managers.

6. Eleven percent (11%) of the counties have data related to cost effectiveness of treatment and recidivism for individuals diverted from jail.

7. Eleven percent (11%) of the counties have a mental health court.

- A pilot program currently exists.
- In development.

ADMINISTRATIVE AND FISCAL:

1. One hundred percent (100%) of these jails provide training to the Custody staff.
   - Suicide prevention every quarter, mental disorders to new Custody staff.
   - Mental health issues, suicide prevention.
   - Intake screening from medical and psych staff for new officers and recent returning staff (8 hours). Also, all officers get four (4) hours of suicide prevention (infrequent basis).
   - Annual officer training covers suicide prevention and working with mentally disordered or developmentally disordered inmates.
   - New officers receive 1.5 hours training in suicide prevention. Officers who attend the academy receive 12 hours of training in mental health and medical issues. Mental health officers receive monthly training in issues related to mental health: meds, diagnosis, etc.
   - There is a mental health unit in the initial training course for Custody staff. There are periodic follow-up training sessions.

2. Fifty-six percent (56%) of these jails have a chemical dependency program.

3. Twenty-two percent (22%) of these jails have integrated mental health and substance abuse programs.
   - This is in development.
   - Dually diagnosed inmates are included in chemical dependency programs. Chemical dependency counselors collaborate with mental health staff on treatment plans.
   - This is planned.

4. Mental health services (other than medication) in the jail is funded by:
   - Prop 172 11%
   - Mental Health Realignment 44%
   - General Fund 33%
   - Sheriff's Budget 89%
   - Inmate Welfare Fund 22%

5. The gross annual dollar spent on psychiatric medications in the jail:
   - $80,000 Contra Costa
   - NA Kern
   - NA Monterey
   - $608,000 (error suspected in this figure) San Joaquin
   - $123,000 San Mateo

     $25,000 (will increase soon) Sonoma
   - NA Stanislaus
   - NA Tulare
   - NA Ventura

6. Psychiatric medications are funded through the:
   - Sheriff's Budget 11%
   - Mental Health Budget 22%
   - Medical Budget 22%
   - Other:
     - Health Department 11%
     - Sheriff & Medical 22%

7. The FTE of jail mental health treatment staff is:
   - 11 Contra Costa
   - 11 Kern
   - 6.55 Sonoma
   - NA Monterey
   - 12 hrs M-F, on call weekends Stanislaus
   - 4 San Joaquin
   - 5 Tulare
   - 9.65 San Mateo
   - 4 Ventura

8. The FTE of jail chemical dependency treatment staff is:
   - 1.5 Contra Costa
   - 0 Kern
   - NA Sonoma
   - 0 Monterey
   - NA Stanislaus
   - 0 San Joaquin
   - 0 Tulare
   - 8.5 San Mateo
   - 3 Ventura

9. Forty percent (40%) of these jail clients were previously known to the community mental health system.

10. No jails reported having an electronic charting system.

11. The Forensic Mental Health system is a part of:
   - Sheriff's Department 0%
   - Health Department 22%
   - Mental Health Department 56%
   - Contract Agency 22%

CMHDA FORENSICS COMMITTEE
1998 SURVEY OF JAIL MENTAL HEALTH SERVICE

Overview of Jail with an Average Daily Census of 2,000 or More
Alameda (2,074), Fresno (2,300), Kern (2,017), Los Angeles (21,000), Orange (5,430), Riverside (2,599), Sacramento (3,400), San Bernardino (5,069), Santa Clara (4,596), San Diego (5,308), San Francisco (2,100)

JAIL DEMOGRAPHICS:

Number of Jails:

2	Alameda, Sacramento
3	Fresno, Santa Clara
5	Kern, Orange, Riverside
6	San Francisco
7	San Diego
8	Los Angeles, San Bernardino

Number of unduplicated clients seen by the jail mental health program in 1997:

823	Fresno
1,250	Riverside
2,074	Alameda
2,500-3,000	San Bernardino
3,460	Sacramento
4,216	San Diego
5,607	San Francisco
9,000	Los Angeles
9,566	Orange
Unavailable	Santa Clara

TREATMENT ISSUES:

1. Fifty-five percent (55%) of these larger jails reported being licensed, accredited, or L.P.S. certified.

2. An average of 14% of the inmates in these jails receive ongoing mental health services while incarcerated in the above jails.

3. The following percentage of these jails provide ongoing services for individuals with:
   - Severe Mental Illness 100%
   - Substance Abuse 64%
   - Developmental Disorders 64%
   - Adjustment Disorders 82%

4. One hundred percent (100%) of these larger jails provide dedicated housing for individuals with mental disorders.

5. Thirty-six percent (36%) of these jails reported different privileges for individuals with a mental disorder.

6. Sixty-four percent (64%) of these jails reported having mental health treatment services that address co-occurring disorders (e.g., mentally ill, substance abuse, HIV, etc).

7. Routine initiation of antidepressant medications for inmates who have not been prescribed antidepressants before incarceration.
   - Frequently 9%
   - Sometimes 64%
   - Rarely 27%
   - Never 0%

8. Ninety-one percent (91%) of these jails have a formulary.

9. Ninety-one percent (91%) of these jails routinely prescribe SSRI anti-depressants.

10. Ninety-one percent (91%) of these jails routinely use atypical anti-psychotic medications.

11. Sixty-four percent (64%) of these jails have strategies to control the cost of atypical anti-psychotic and SSRI medications.

12. Sixty-four percent (64%) of these jails administer involuntary psychiatric medications.

13. Forty-five percent (45%) of these jails have units where inmates on a 5150 are treated and housed.

14. Sixty-four percent (64%) of these larger jails house inmates under a 1372 P.C. in specialized housing.

15. Forty-five percent (45%) of these jails involuntarily medicate inmates on 1372 P.C.

16. Frequency of inmates on a 1372 P.C. that decompensate because they are not medication compliant:
   - Frequently 9%
   - Sometimes 73%
   - Rarely 18%
   - Never 0%

17. Conservatorship process is initiated for inmates in:
   - Acute facilities 55%
   - Correctional facilities 55%
   - State Hospital 9%
   - Courts 0%
   - Other 9%

18. Inpatient 1370.01 P.C. misdemeanants are treated in a:
    - State hospital 27%
    - IMD 18%
    - County hospital 27%
    - Private hospital 9%
    - Other 18%
    - Jail 18%

19. One hundred percent (100%) of these jails provide specialized housing for inmates at risk of suicide.

20. Number of reported suicides in the past five (5) years:
    - 0 9%
    - 1 18%
    - 3 18%
    - 4 9%
    - 6 9%
    - 10 9%
    - 20 9%
    - 22 9%
    - 24 9%

21. Thirty-eight percent (38%) of the people who suicided had been evaluated by mental health.

22. Eight-two percent (82%) of these jails house at-risk inmates with others whenever possible.

23. Ninety-one percent (91%) of these jails reported that at-risk inmates are observed more frequently by Custody.

24. Ninety-one percent (91%) of these jails reported having special observation capabilities for at-risk inmates who cannot be housed with others.

25. Ninety-one percent (91%) of these jails reported using suicide resistant garments for at-risk inmates.

26. Forty-five percent (45%) of these larger jails reported doing routine 187 P.C. evaluations for suicide risk.

27. Seventy-three percent (73%) of the Custody staffs at these jails receive annual suicide prevention training.

28. Shaving:
    - Razors are checked out by Custody 27%
    - Inmates keep razors unless on suicide precaution 45%
    - Inmates on suicide precaution shave while observed 45%
    - Electric razor 18%

- Other: Handed out individually 9%

29. One hundred percent (100%) of these jails have a formal review after a suicide.

30. Eighteen percent (18%) of these jails have a formal review after a suicide attempt.

31. Suicide reviews include staff from:
    - Mental Health 100%
    - Medical 100%
    - Custody 100%
    - County Council 18%
    - Drug/Alcohol 0%

32. Sixty-four percent (64%) of these jails conduct a critical incident stress de-briefing for the staff after a suicide or serious attempt.

33. Thirty-six percent (36%) of these jails conducts a critical incident stress de-briefing for inmates after a suicide or serious attempt.

34. Ninety-one percent (91%) of these jails report having a quality improvement program.

35. Clinical information routinely provided on an inter-facility transfer form to California Department of Corrections when a client is leaving for prison consists of:
    - None 0%
    - Medications 100%
    - Diagnosis 82%
    - Treatment course 73%
    - Other 36%

COMMUNITY DIVERSION AND CONNECTIONS:

1. One hundred percent (100%) of these jails actively link jail clients with community-based mental health programs.

2. Eight-two percent (82%) of these jails have the capacity to retain special needs inmates until the morning to facilitate transportation to community programs.

3. Forty-five percent (45%) of these jails have a mental health diversion/alternative sentencing program.

4. Thirty-six percent (36%) of these jails provide follow-up by forensic mental health staff once clients are placed in the community.

5. Twenty-seven percent (27%) of the counties maintained data relating to recidivism and linkages to case managers.

6. None of these counties have data related to cost effectiveness of treatment and recidivism for individuals diverted from jail.

7. Forty-five percent (45%) of the counties have a Mental Health Court.

ADMINISTRATIVE AND FISCAL:

1. Ninety-one percent (91%) of these larger jails provided training to the Custody staff.

2. Sixty-four percent (64%) of these jails have a chemical dependency program.

3. Twenty-seven percent (27%) of these jails mental health and substance abuse programs are integrated.

4. Mental health services (other than medication) in the jail is funded by:
   - Prop 172 0%
   - Mental Health Realignment 55%
   - General Fund 36%
   - Sheriff's Budget 0%
   - Inmate Welfare Fund 0%
   - Other 13%

5. The gross annual dollar spent on psychiatric medications in jail:
   - 90,000
   - 139,000
   - 200,000
   - 205,000
   - 400,000

6. Psychiatric medications are funded through the:
   - Sheriff's Budget 18%
   - Mental Health Budget 55%
   - Medical Budget 18%

7. The FTE of mental health treatment staff is:
   - 5 9%
   - 11 9%
   - 13 9%
   - 15.5 9%
   - 16 9%
   - 33 9%
   - 34 9%
   - 42 9%
   - 44.9 9%
   - 76 9%
   - 200 9%

Census 2001+

8. The FTE of the jail chemical dependency staff is:
    - 0 27%
    - 1 9%
    - 5 9%
    - UNK 9%

9. Thirty-three percent (33%) of the jail clients were previously known to the community mental health system.

10. Nine percent (9%) of these jails reported using an electronic charting system.

11. The Forensic Mental Health system is a part of:
    - Sheriff's Department 0%
    - Health Department 0%
    - Mental Health Department 73%
    - Contract Agency 9%

/lkb
2/28/00

Census 2001+

CMHDA FORENSICS COMMITTEE
1998 SURVEY OF JAIL MENTAL HEALTH SERVICES

County: ______________________________

Name of Program: ______________________________

Director of Program: ______________________________

Name of Person Completing Survey: ______________________________

Address: ______________________________
(street)

____
(city) (zip code)

Phone Number: __(____)________________FAX ________________

JAIL DEMOGRAPHICS:

Average daily jail census for the past year: ___________ ___________

Number of jails: ___________

Number of unduplicated clients seen by the jail mental health program in 1997: ______________

TREATMENT ISSUES:

1. Is your treatment program licensed accredited, or L.P.S. certified? **Y N**
   If yes, by whom: ______________________________

2. What percentage of inmates receive ongoing mental health services while in your jail?
   Men ______%
   Women ______%
   Total ______%

3. Other than crisis intervention, do you provide ongoing mental health services to individuals with:
   Severe Mental Illness _______
   Substance Abuse _______
   Developmental Disorders _______
   Adjustment Disorders _______
   Comments: ______________________________

4. Is there dedicated housing in the jail for individuals with mental disorders? **Y N**
   Please describe how these clients are housed: ______________________________

5. Are privileges different for individuals with a mental disorder? **Y N**
   If yes, please explain: ____
   ____
   ____
   ____

6. Do you have mental health treatment services that address co-occurring disorders (e.g. mentally ill, substance abuse, HIV, etc.)? **Y N**
   If yes, please describe: ____
   ____
   ____
   ____

7. Do you routinely initiate antidepressant medications for inmates who have not been prescribed antidepressants before incarceration?
   Sometimes ______
   Frequently ______
   Rarely ______
   Never ______

8. Do you have a formulary? **Y N**

9. Do you routinely prescribe SSRI anti-depressants? **Y N**

10. Do you routinely use atypical anti-psychotic medications? **Y N**

11. Do you have strategies to control the cost of atypical anti-psychotic and SSRI medications? **Y N**
    If yes, please explain: ____
    ____
    ____
    ____

12. Are psychiatric medications involuntarily administered in the jail? **Y N**
    If yes, under what conditions: ____
    ____
    ____
    ____

13. Do you have a unit in your jail where you treat and house inmates on a 5150? **Y N**
    If no, please describe how inmates with an acute psychiatric disorder receive treatment: ____
    ____
    ____
    ____

14. Are inmates under 1372 P.C. housed in specialized housing? **Y N**
    If yes, please describe the specialized housing: ______________________________________
    ____
    ____
    ____

15. Do inmates on a 1372 P.C. receive involuntary medications while in your jail? **Y N**

16. Do inmates on a 1372 P.C. decompensate because they are not medication compliant while in your jail?
    a. frequently
    b. sometimes
    c. rarely
    d. never

17. Please describe where the conservatorship process is initiated for your inmates:
    a. in an acute facility
    b. in the correctional facility
    c. other ____________________

18. Does your county treat inpatient 1370.01 P.C. misdemeanants in a:
    a. state hospital
    b. IMD
    c. county hospital
    d. private hospital
    c. other ____________________

19. Does your jail policy provide for specialized housing for inmates at risk of suicide? **Y N**

20. How many suicides in your jail in the past 5 years? ______

21. How many of the people who suicided had been evaluated by mental health? ______

22. Are at risk inmates housed with others whenever possible? **Y N**

23. Are at risk inmates observed more frequently by custody staff? **Y N**

24. Do you have any special observation capabilities for at risk inmates who cannot be housed with others? **Y N**

25. Do you use any suicide resistant garments for at risk inmates? **Y N**

26. Do you routinely evaluate 187 P.C. (homicide) inmates for suicide risk? **Y N**

27. Does the custody staff received annual suicide prevention training? **Y N**

28. How do inmates in your jail shave?
    a. razors are checked out by custody
    b. inmates keep razors unless on suicide precaution
    c. inmates on suicide precaution shave while observed
    d. electric razor
    e. other ___________________________

29. Do you have a formal review after a suicide? **Y N**

30. Do you have a formal review after a suicide attempt? **Y N**

31. These reviews include staff from:

a. mental health
b. medical
c. custody
d. other ______________________________

32. Do you have a critical incident stress de-briefing after a suicide or serious attempt for staff? **Y N**

33. Do you have a critical incident stress de-briefing after a suicide or serious attempt for inmates? **Y N**

34. Do you have a quality improvement program? **Y N**

35. What clinical information is routinely provided on an inter-facility transfer form to California Department of Corrections when a client is leaving for prison:

a. none
b. medications
c. diagnosis
d. treatment course
e. other ______________________

COMMUNITY DIVERSION AND CONNECTIONS:

1. Do you actively link jail clients with community based mental health programs? **Y N**

2. Do you have the capacity to retain special needs inmates until the morning to facilitate transportation to community programs? **Y N**

3. Do you have a mental health diversion/alternative program? **Y N**

4. Does your forensic mental health staff provide follow-up with clients once clients are placed in a community setting? **Y N**

   If yes, please explain: ____
   ____
   ____
   ____

5. Do you have available data relating to recidivism and linkages to case managers? **Y N**

If yes, please attach a copy of your most recent data.

6. Do you have data related to cost effectiveness of treatment and recidivism for individuals diverted from jail? **Y N**

If yes, please attach a copy of your most recent data.

7. Do you have a Mental Health Court? **Y N**

   If yes, please explain: ____
   ____
   ____
   ____

ADMINISTRATIVE AND FISCAL:

1. Does your program provide training to the custody staff? **Y N**
   If yes, please describe the areas and frequency of training: ________________________
   ____
   ____
   ____

2. Do you have a chemical dependency program in you jail? **Y N**

3. Are your mental health programs and substance abuse programs in jail integrated? **Y N NA**
   If yes, please explain: ____
   ____
   ____
   ____

4. How are the mental health services (other than medications) in your jail funded?
   a. Prop 172 ______%
   b. Mental Health Realignment ______%
   c. General Fund ______%
   d. Sheriff's budget ______%
   e. Inmate Welfare Funds ______%
   f. other ___________________________

5. What is the gross annual dollar spend on psychiatric medication in your jail? ______

6. Are the psychiatric medications funded through the:
   a. Sheriff's budget
   b. Mental Health's budget
   c. Medical's budget
   d. other ___________________________

7. What is the FTE of mental health treatment staff? ______________

8. What is the FTE of chemical dependency treatment staff? ______________

9. What percentage of the jail clients were previously known to the community mental health system? _____%
   Is this percentage actual data? **Y N**
   Is this percentage estimated? **Y N**

10. Do you have an electronic charting system? **Y N**
    If yes, please explain: ____
    ____
    ____
    ____

11. The Forensic Mental Health system is a part of:
    a. Sheriff's Department
    b. Health Department
    c. Mental Health Department
    d. contract agency
    e. other ___________________________