



BEHAVIORAL HEALTH

POLICY.

It is the policy of the Deschutes County Sheriff's Office – Adult Jail (AJ) to properly handle inmates with mental disorders and make all reasonable efforts to provide a safe environment to protect such inmates, and other inmates, in general population. Maximum cooperation between corrections, behavioral health and medical personnel will be sought in order to secure humane treatment and necessary medical services for all inmates with mental and/or behavioral disorders. This policy will be implemented through the appropriate use of Facility Providers, Qualified Mental Health Professionals, Health Trained Deputies, Facility Nurses, Emergency Room Physicians and CIT deputies.

PURPOSE.

The purpose of this policy is to outline guidelines which govern the proper handling of inmates with mental disorders.

OREGON JAIL STANDARDS.

- B-209 Suicide Risk Screening
- B-210 Mental Health Screening
- B-211 Segregation During Admission
- E-507 Crisis Intervention
- G-202 Health Assessment
- G-203 Emergency Response
- G-205 Requests for Health Care
- G-207 Treatment Plans
- G-208 Elective Procedures

REFERENCES.

- ORS 426.228 (1), Custody; authority of peace officers and other persons; transporting to facility; reports; examination of person
- ORS 430.399 (3)(4), When person must be taken to treatment facility; admission referral; when jail custody may be used

DEFINITIONS.

Close Supervision. Inmates are personally observed by jail staff a minimum of once every hour with documentation.

Constant Supervision. Inmates receive constant one-to-one supervision by corrections staff.

Crisis Intervention Team (CIT). Deputies who have additional training/tools to respond and manage situations where an arrestee/inmate is experiencing a mental health and/or behavioral crisis.

Behavioral Health Specialist (BHS). A non-sworn employee of DCAJ who is designated to provide mental health services needed during regular business hours.

Delusion. Erroneous and fixed belief based on a perception or experience despite clear contradictory evidence.

Fourteen Day Mental Health Assessment. A mental health assessment completed on inmates to include mental health, suicide, alcohol and drug history, and present functioning consultation.

Full Precautions. Precautionary safety measures to keep inmates safe from self-harm. Precautions may be changed as necessary by mental health staff or the shift supervisor. Full Precautions are outlined as follows:

- a. 15 minute checks (can increase in 5 minute increments, if necessary),
- b. Suicide prevention smock,
- c. Suicide prevention blanket(s) – up to 2 at the discretion of the on duty shift supervisor and/or BHS.
- d. No socks,
- e. No shoes,
- f. No undergarments,
- g. No sharps
- h. Hygiene with supervision – at the discretion of the on duty shift supervisor,
- i. Regular trays.
- j. **Regular soft cup.**

Health Trained Officer (HTO). Sworn corrections staff employed at DCAJ who has received specialized training in identifying persons suspected of having mental disorders and in providing for the specialized needs of such inmates.

Intoxicated. A person will be deemed incapacitated when in the opinion of the police officer or director of the treatment facility the person is unable to make a rational decision as to acceptance of assistance due to the influence of drugs or alcohol.

Mental Disorder. Any disturbance of cognitive or emotional equilibrium, manifested in maladaptive behavior and impaired daily functioning, caused by genetic, physical, chemical, biological, psychological, social or cultural factors.

Mental Health Appraisal. A mental health appraisal is a consultation of an inmate's mental health state that includes a diagnosis or impression, treatment plan and psychiatrist consultation.

Mental Health Emergency. Arrestee experiencing one or more of the following behaviors or symptoms, which could require immediate need for care, custody, or treatment:

- a. Acute anxiety
- b. Confusion
- c. Delusions
- d. Disorientation
- e. Hallucinations
- f. Homicidal plan or intent
- g. Para-suicidal behavior (self-harm gestures)
- h. Severe depression
- i. Suicidal plan or intent

Mobile Crisis Assessment Team (MCAT). An employee of Deschutes County Mental Health designated as a Qualified Mental Health Professional who provides after-hours and weekend mental health services.

Peace Officer Custody. Procedures authorized by ORS 426.228 (1) and (2), where a person is taken into custody based on probable cause that the person is dangerous to self or to others and the person is in need of immediate care, custody and treatment for mental illness.

Possibly Suicidal. A person who is a suicide risk because he has one or more of the following conditions:

- a. A history of suicide attempts with or without current suicidal ideation.
- b. A noticeably depressed mood, with or without current suicidal ideation.
- c. Real or perceived recent significant losses such as loss of spouse or loved one, job, health, or community status.
- d. Is sentenced to what the inmate considers to be an intolerably long term; or
- e. The inmate's job, community standing, religion, or other factors demonstrates an usually high degree of embarrassment or guilt at being arrested or incarcerated.

Psychiatric History. Arrestee has or had one or more of the following:

- a. History of psychiatric medication
- b. Outpatient psychiatric history
- c. Para-suicidal behavior (self-harm gestures)
- d. Previous hospitalization for a mental disorder or illness
- e. Previous suicide attempts

Psychiatric Medications. Antianxiety drugs, antidepressants, antipsychotic and mood stabilizing drugs.

Psychiatric Mental Health Nurse Practitioner (PMHNP) or Family Nurse Practitioner (FNP). An employee of the AJ who is designated to provide mental health services required during regular business hours.

Psychotic. A state in which a person's mental capacity to recognize reality, communicate and relate to others is impaired. This results in maladaptive behavior and impaired daily functioning which may include:

- a. Delusions
- b. Disorientation to person, place or time
- c. Disturbance of appetite, sleep, or grooming
- d. Erratic and/or severe mood swings
- e. Hallucinations
- f. Impairment of short/long-term memory
- g. Peculiar or unintelligible speech

Qualified Mental Health Professional (QMHP). An employee of Deschutes County Behavioral Health designated as a Qualified Mental Health Professional pursuant to OAR 309-32-040 (9) who provides mental health services.

Severe and Persistent Mental Illness (SPMI). A person who has a history of mental illness which may include Schizophrenia, a Bi-Polar Disorder, Major Depression, Psychotic Disorder and/or Dissociative Disorder.

Close Observation Cell. A cell where a camera and close supervision may be maintained by a corrections deputy.

PROCEDURES.

SECTION A: PROCEDURES FOR PRE-BOOKING

A-1. Mental Health Screening Admission Process. Health Trained Officers (HTOs) or Facility Nurses will conduct initial screening for arrestees. On the basis of the person's manner, statements, conduct, or by other information, the HTO or Nurse will determine whether a BHS should further evaluate and determine if the person presented at intake meets the guidelines for admission into the AJ. Intoxicated arrestees are included in these requirements. Refer to the definition of Intoxicated in this policy and refer to *Section A-4* of this policy.

- a. Pre-Booking Questionnaire. The HTO will complete a *Pre-Booking Questionnaire Form No. 500* for each arrestee. If any of the following conditions related to mental health on the above form are present, the HTO will not approve arrestee for lodging until authorization is received from a mental health professional or shift supervisor:
 - 1) Arrestee is making suicidal threats
 - 2) Any physical signs of self harm
 - 3) Any mental confusion
 - 4) Arrestee is having hallucination (auditory and/or visual)
 - 5) Arrestee is delusional, or
 - 6) Arrestee is making other statements or actions that suggest mental instability.

- b. Assessment of Arrestee. If the HTO or BHS determines arrestee is a potential suicide risk, they will contact the on-duty jail mental health staff. If jail mental health staff is unavailable, the shift supervisor must determine the need to contact MCAT based on a “reasonable” assessment for the situation. Unless the arrestee is suicidal and will not agree to any safety precautions, has made a recent suicide attempt, or will not contract to any safety precautions offered by DCAJ, the arrestee will not meet the criteria for hospitalization.
- 1) During normal business hours, contact the AJ BHS.
 - 2) If AJ BHS is unavailable, the shift supervisor must determine if the individual will be safe with full precautions and/or other in-house services until they can be evaluated by behavioral health staff. The individual will be placed on full precautions and assessed by the next available BHS.
 - 3) After business hours, if the shift supervisor does not feel the individual will be safe with full precautions, contact a member of MCAT. If MCAT cannot respond within one (1) hour, the arrestee will be refused admittance to the AJ.
 - 4) The arresting agency may choose to transport the arrestee for further mental health evaluation to an appropriate hospital facility and not wait for a mental health professional at the jail.
- c. Documentation. The HTO will document the suicidal concerns, the shift supervisor’s instructions and/or contact with the mental health professional (Date/Time and Name of QMHP) on the *Pre-Booking Questionnaire Form No. 500*.

A-2. Placement of Arrestee Until Approval/Disapproval for Lodging. If acceptance of the individual is denied, the arresting officer will remain at the jail for the arrival of MCAT. The arresting agency will be required to stay with their arrestee and maintain constant supervision until the arrival of the mental health professional, DCAJ or booking staff will not accept the arrestee for lodging. The arrestee may be placed in Holding Room 5 if needed. Any objects or materials of potential harm to the arrestee will be retained by the arresting Law Enforcement Officer (LEO) pending MCAT evaluation.

A-3. Mental Health Assessment. The mental health professional will make a determination whether the arrestee meets our criteria for lodging in the jail or is in need of immediate care, custody, or treatment for mental illness.

- a. Denied Admission. Admission to the jail will be denied and the agency presenting the person may transport the person to an appropriate treatment facility.
 - 1) The HTO will complete the Notification section on *Pre-Booking Questionnaire Form No. 500*, documenting the information received from the mental health professional. Additionally, he will follow directions from BHS and communicate such information to the shift supervisor via *Medical Unit Instructions Form No. 589*.
 - 2) The shift supervisor will complete an incident report by the end of their shift and submit copies to the shift lieutenant, Medical Unit and BHS.
- b. Admission Accepted. If it is determined the arrestee is not in need of hospitalization, then admission will be accepted by DCAJ.

- 1) When the arrestee is accepted, the mental health professional will determine if any special observation requirements are necessary by documenting the contact and instructions to corrections staff in the inmate's JMS file. He will also communicate verbal instructions to the shift supervisor.
- 2) The shift supervisor will ensure corrections staff complies with instructions from the mental health professional.

A-4. Process for Intoxicated Arrestee at Intake. Intoxicated inmates generally are in a condition that frustrates an immediate effort to determine if the inmate is in need of mental health care. When such is the case, the HTO will:

- a. First complete the *Pre-Booking Questionnaire Form 500*. If arrestee meets the blood alcohol criteria level for acceptance into the jail, then:
 - 1) The HTO will complete the mental health questions on the *Pre-Booking Questionnaire Form No. 500*. If the answers to any of the questions are "YES," then the HTO will proceed with the same process as stated in Sections A-2 and A-3 of this policy.
 - 2) Refer to DCAJ policy, MD-6, *Intoxicated Inmates*.

A-5. Arrestee Prescribed or in Possession of Psychiatric Medication. If during routine intake health screening an arrestee states they are taking psychiatric medications, or if a person is presented for intake with psychiatric medication in their possession, the person may be accepted in the jail if the answers to all of the mental health questions on the *Pre-booking Questionnaire Form No. 500* are "NO."

- a. The intake deputy will ensure all medications are delivered to the medical unit as soon as possible. If no medical staff is present, the shift supervisor will lock-up all psychiatric medications in the medical storage area.
- b. The intake deputy will ensure medical information and types of medications are documented on the [*Medical Intake Screening Form No. 501*](#).

A-6. Arrestee with Psychiatric History. If during the Intake process the HTO becomes aware the arrestee has had a previous psychiatric history, the HTO will follow the same procedures as in Section A-1.

SECTION B: IN-CUSTODY INMATES

B-1. Newly Admitted Inmate Prescribed or In Possession of Psychiatric Medication

After the inmate has been accepted and lodged into the jail, medical staff will complete the following:

- a. If necessary, the Facility Nurse or BHS will interview the inmate in an effort to verify prescribed medications and will contact the prescribing physician if known.
- b. After proper verification of the prescription, the Facility Nurse will procure the necessary medication.
- c. The nursing staff will notify the BHS of the inmate.

- d. The BHS will assess the inmate and note the contact in the inmate's JMS file within eighteen (18) hours of intake or seventy-two (72) hours if over the weekend or holidays.
- e. Based on the Mental Health Appraisal, the P/FNP will determine the status of the medications.
- f. Psychiatric medication may not be involuntarily administered to an inmate in the AJ.

B-2. Inmates in Custody with Psychiatric History. If the inmate states, BHS or HTO is aware the inmate has had one or more of the items below, the inmate meet the criteria for psychiatric history:

- a. History of psychiatric medication
- b. Outpatient psychiatric history
- c. Para-suicidal behavior (self harm gestures)
- d. Previous hospitalization for a mental disorder or illness
- e. Previous suicide attempts
- f. Previous suicide attempts and or self destructive behavior or attempts in prior incarcerations

B-3. Psychiatric History and/or History of Suicide Attempts. If the inmate states to the HTO or BHS that they have a psychiatric history, but the HTO or BHS do not observe any behavioral issues, the information will be noted on the [Intake Medical Screening Form 501.](#)

Such inmates will be provided a Health Care Request Form No. 545 and encouraged to contact a BHS. If an inmate's history of suicide attempt is within the last year, BHS will review this inmate's status within 18 hours of notification (or 72 hours over a weekend/holiday). Follow-up and documentation will be performed as necessary.

SECTION C: MENTAL HEALTH EMERGENCY

C-1. Mental Health Emergency Guidelines. When staff becomes aware that an inmate's behaviors or actions may constitute a mental health emergency (see definition), the following action will take place:

- a. Determine the appropriate housing placement to protect the inmate immediately. This may be in special housing or another housing unit to be determined by the shift supervisor and/or BHS. The shift supervisor will determine the need for special precautions for the individual until assessed by a BHS.
- b. Provide close supervision until assessed by the mental health professional. Surveillance cameras can be used, but not replace, close supervision.
- c. If the inmate has suffered physical injury requiring emergency medical care, the provisions of DCAJ policy, [CD-10-8, Emergency Medical Care](#), will be followed.
- d. The BHS, P/FNP or Facility Nurse on duty will be immediately notified and respond to the scene. If non-business hours, the shift supervisor will contact MCAT.

- e. A plan of action will be developed by BHS and shift supervisor. The plan will include possible actions necessary for immediate care, custody, or treatment of the inmate. Instructions to staff and notes on the contact will be documented and completed by the responding QMHP within one (1) hour of notification in the inmate's JMS file.
- f. Psychiatric medication may not be involuntarily administered to an inmate in the AJ.

C-2. Procedures to Transport to the Psychiatric Emergency Security Unit (PES) at St. Charles Medical Center (SCMC). If it is determined by the BHS, P/FNP, QMHP, or Facility Nurse that the inmate may be in need of additional treatment and attention at SCMC, the following procedures will occur:

- a. The BHS, P/FNP, QMHP, or Facility Nurse will notify the shift supervisor of the inmate's need to be transported due to a mental health emergency.
- b. The inmate will be placed in a safe, observable holding cell pending transportation with appropriate deputy supervision pending the actual transport if the inmate is currently housed in general population.
- c. The BHS, P/FNP, QMHP or Facility Nurse will notify MCAT, the SCMC on-call social worker and either the ER charge nurse or PES triage intake worker. Appropriate information regarding the mental status of the inmate and rational for hospital evaluation will be provided. The approximate arrival time will also be made known to hospital personnel when available.
- d. The BHS, P/FNP, QMHP or Facility Nurse will notify the shift supervisor that the hospital is awaiting the arrival of the inmate and transport can begin.

C-3. Use of Restraints. Inmates whose actions require use of restraint devices may be acting out as a result of mental illness, personality disorders or other emotional problems that may require mental health intervention.

- a. If it appears the inmate may need mental health assistance, the shift supervisor will determine if an emergency situation exists and if so, will request a DCAJ mental health staff complete a mental health assessment when the inmate is brought under control.
- b. If the shift supervisor determines that an emergency situation does not exist, he may request in writing a mental health assessment when the inmate has been returned to housing.
- c. If the inmate is in the restraint chair for more than two hours, medical and BHS must examine the inmate. See *CD-10-24, Medical Response to Jail Use of Force Incidents* and *CD-8-5, Use of Restraints*.
- d. If the mental health staff determines a mental health emergency exists, a plan of action will be developed under the following guidelines under Section C-1 of this policy.

SECTION D: MENTAL HEALTH REQUESTS AND REVIEW

- D-1. Mental Health Care Requests.** If an inmate wishes to speak to mental health professionals and it is not a mental health emergency, the inmate will be provided a *Mental Health Request Form No. 548*.
- D-2. Mental Health Care Requests Review.** Mental Health Request Forms will be picked up daily by an HTO, Medical Staff or Behavioral Health Staff. The staff member picking up the form will visually scan the form to make sure it is not emergent. The form will be placed in the Mental Health box in Booking for evaluation on the next business day unless the request is of urgent matter. The Medical or BHS receiving the [Mental Health Request Form No. 548](#) will sign and date the form.
- D-3. Behavioral Health Review.** The BHS will review the request and follow up with the inmate within 24 to 48 hours of notification. Appropriate mental health actions and documentation will be completed.

SECTION E: MONITORING AND TIMELINES FOR MENTAL HEALTH CARE

- E-1. Monitoring and Documentation.** All correction deputies and staff will immediately report any statements or actions that suggest an unrecognized mental disorder indicating mental instability or mental disorder to a BHS, P/FNP or Facility Nurse. Deputies will document any statements indicating mental instability or a mental disorder or actions observed by, or related to the deputy, in the “Attachments” tab of the inmate’s JMS file.
- a. Any additional monitoring of inmates on psychiatric medications will be determined by what is medically necessary to monitor the effects of the particular medication being administered (such as lithium levels, B/P’s, tardive dyskinesia, etc.). The Facility Nurse will observe inmates receiving medication for side-effects and obtain such laboratory tests as ordered by the medication prescriber
- E-2. Mental Health Fourteen Day Assessment.** If requested, each inmate will receive a mental health assessment by the fourteenth calendar day of lodging and completed by a BHS. This assessment will be part of the *Fourteen Day Medical Health Assessment Form No. 523*. A “Yes” response to the following questions and observations will result in a referral to BHS from the Facility Nurse:

Questions:

- a. Are you currently having mental health problems?
- b. Have you ever had mental health problems?
- c. Have you ever had mental health treatment?

Abnormal Behavior Observed:

- a. Depression
- b. Anxiety
- c. Unusual Speech or thought process

- E-3. Stable Mental Health Inmates.** Psychiatrically stable inmates may be seen at intervals in accordance with appropriate clinical judgment.

E-4. Stable Mental Health Inmates on Psychiatric Medications. After initial medication assessment upon admittance, all inmates stable on psychiatric medications will be reviewed and medically managed as needed.

E-5. Unstable Mental Health Inmates. Inmates who are unstable psychiatrically will be seen at least weekly by the BHS or the P/FNP.

E-6. Required Timelines for Behavioral Health Response:

Type	Timelines	By:
MCAT Accept / Denial of Lodging	1 hour of notification	BHS/PMHNP/QMHP
Mental Health Emergency	1 hour of notification	BHS/PMHNP/QMHP
Psychiatric History	Health Care Request Form No. 545	BHS
Attempted Suicide History	18 hours (72 hrs. on weekend/holiday)	BHS
MH Request (Form or Staff)	24 – 48 hours of notification	BHS
MH Fourteen Day Appraisal	14-days of intake	BHS or Facility Nurse
Stable Inmates on Psychiatric Meds	As needed	BHS/PMHNP

SECTION F: MENTAL HEALTH DOCUMENTATION AND REVIEW

F-1. Medication Review Procedures:

- a. The Facility Nurse or P/FNP will verify the prescription through contact with the prescribing physician and/or dispensing pharmacist, and the medication will be identified with a registered pharmacist.
- b. Upon verification of the prescription, the prescribed medications may be administered to the inmate by the Facility Nurse or Facility Provider. The Facility Provider will review with the BHS at next scheduled visit.

F-2. Case Review Procedures. A case review of mental health assessment records will be performed with the, BHS and Facility Provider on a monthly basis.

F-3. Mental Health Records:

- a. Mental health records for inmates will include all of the following documentation:
 - 1) The inmate's mental health and medical history.
 - 2) Review of the Intake Medical Screening Form.
 - 3) A recent mental status evaluation.
 - 4) A record of the identity and dosage of the psychiatric medication prescribed by the mental health prescriber.
 - 5) A record of all other medication being taken by the inmate.
- b. The BHS or P/FNP will assess and document contact with the individual in the inmate's JMS file according to the timeline in E-6.

SECTION G: RESTRAINTS and SECURITY EQUIPMENT

- G-1. Emergency Restraint Chair or The WRAP.** If a suicidal or mentally disordered inmate persists in self-injurious behavior or destruction of physical surroundings despite the efforts of staff, the Emergency Restraint Chair or The WRAP may be used for prevention of self-injury. Circulation checks must be performed every 15 minutes. Restraints will be removed as necessary to allow for personal hygiene. Restraints will be removed if the inmate demonstrates control over his behavior and re-applied if the conduct resumes. The BHS, QMHP or PMHNP will determine when the inmate should be transported to the appropriate medical facility for further evaluation.
- G-2. Tasers.** The use of Tasers and other electronic control devices on inmates suffering from a severe and persistent mental illness will be in accordance with DCSO [Policy 5.02, Use of Force, Specific Instrumentality](#) and DCAJ Policy, [CD-8-11, Use of Force in a Corrections Setting](#). Specifically, Tasers will not be used in any punitive form or as means of fear and intimidation against mentally unstable individuals. However, this does not preclude the use of Tasers on such persons if and when the situation merits. Examples include the preservation of life and to end significant, ongoing property destruction. If available, mental health staff will be consulted prior to the deployment of a Taser on a mentally disturbed inmate, in order to best serve the needs of all parties involved.

SECTION H: PERSONNEL RESPONSIBILITIES

- H-1. Health Trained Officer.** All sworn corrections staff will receive specialized training in understanding the nature of mental disorders, the effect of the corrections environments on such disorders, and general signs and symptoms of inmates having a mental disorder, mental health policy and procedures, and treatment protocols. Areas of special emphasis in the basic orientation will be recognizing suicidal inmates and mental health emergencies. The responsibilities of health trained officers include:
- Pre-booking Questionnaire Form No. 500* and required follow-up.
 - [Inmate Medical Screening Form 501](#).
 - Mental health emergencies requirements.
 - Recognition of forms of mental disorders encountered in the corrections environment with normal and abnormal responses to incarceration.
 - Identification of inmates with severe and persistent mental illnesses.
 - Communication with the Facility Nurse, BHS, P/FNP and other deputies; relaying observations and information regarding mental health issues with inmates.
 - Requirements for constant visual and close supervision of inmates.
 - Documentation and reporting requirements.
- H-2. Behavioral Health Specialist II (BHS).** A BHS II will be available to the AJ during the regular work week and will be responsible to perform the following duties:
- Assess arrestees in pre-book and booking for mental stability and appropriateness for lodging in the AJ when asked by the shift supervisor or HTO within one hour of notification.

- b. Make pertinent collateral contacts in the formulation of social histories and collect other data relevant to diagnosis and intervention.
- c. Complete *Medical Authorization Disclosure Form No. 512*, Fourteen Day Medical Health Assessments when appropriate and complete detailed notes in inmates' JMS files.
- d. Meet with Facility Provider regarding current mental status, current and/or past suicide ideation/attempt history at regular scheduled times to discuss stabilization and treatment plans.
- e. Meet with newly lodged stable inmates who have a psychiatric/suicidal history by request (Health Care Request Form No. 545).
- f. Meet with inmates who have had a suicide attempt within the past year or are currently taking psychiatric medications within 18 to 36 hours (72 hours if weekend or holidays) of booking to assess current mental health status.
- g. Based on diagnostic information, consult with other mental health specialists, and when appropriate, develop treatment plans and goals with inmates.
- h. Be available for routine and emergency mental health intervention during the regular work week.
- i. Maintain chronological records of diagnostic and counseling sessions.
- j. Provide emergency and routine case consultation for various outside agencies directly affected by the behavior of inmates, including but not limited to hospitals, Deschutes County Behavioral Health, Forensic Diversion, Parole and Probation, Saving Grace, Child Protective Services and Senior and Disabled Services.
- k. Prepare written reports, charts and records as required by policy, state and other requirements.
- l. Consult with and make referrals to any community agency for follow-up mental health care if appropriate.
- m. Perform other related duties as necessary to carry out the objectives of the position.

H-3. Psychiatric Mental Health Nurse Practitioner (PMHNP) In addition to other services provides mental health services at the AJ to include the following:

- a. Consult with corrections supervisors for emergency inmate mental health care.
- b. Confer with HTOs to determine if an arrestee is mentally stable for acceptance into DCAJ.
- c. Conduct assessments on inmates during the regular work week at regularly scheduled times.
- d. Consult with Behavioral Health Specialists to determine appropriate treatment plans for inmates suffering from a severe and persistent mental health illness in accordance with the schedule outlined in Section E-6.
- e. Review with Behavioral Health Specialists prescribed psychiatric medications and treatment plans when necessary.
- f. Complete detailed notes in the inmates' JMS file and provide verbal instructions to staff for inmates who are determined to be a danger to self.
- g. Complete detailed notes in the inmate's JMS file for any inmate having a mental health emergency with one hour of notification.

- h. Complete all Mental Health Appraisals and other reports as required by this policy and coordinate information with other staff members.
- i. Complete a medication evaluation when appropriate and prescribe appropriate medications.
- j. Perform other related duties as necessary to carry out the objectives of the position.

H-5. Facility Nurse. The Facility Nurse is a registered nurse licensed by the State of Oregon. The Facility Nurse will administer prescribed medications in accordance with this policy and the Standing Orders issued by the Facility Provider. The Facility Nurse will comply with the requirements of the Oregon Administrative Rules (OAR) relating to a registered nurse's scope of practice, and OAR relating to the Board of Pharmacy.

SECTION I: REPORTING / CONTENT OF MENTAL HEALTH REPORTS

I-1. Biological, Psychological, Social Assessment (Bio-Psych-Social). The Bio-Psych-Social assessment includes psychiatric history, medical history, alcohol and drug history, social history, mental status exam and diagnosis or impression. Interaction with inmates, special housing assignments, counseling or therapy, daily or increased exercise or visitation, and special monitoring where appropriate will be included. Detailed notes of on-going interactions will be documented in the inmate's JMS file.

I-2. Psychiatrist Consultation. This section will be completed by the Facility Psychiatrist regarding the handling of inmates with mental disorders including the continued administration of psychiatric medications, propriety of lodging, or other matters.

SECTION J: VISUAL MONITORING AND SUPERVISION

- J-1.** Visual monitoring cameras can be used to supplement, but can not take the place of jail staff close supervision.
- a. If an inmate is possibly suicidal, refer to DCAJ policy, [CD-10-23, Suicide Prevention](#), for housing and surveillance level precautions.
 - b. If the HTO is aware that the arrestee is currently taking psychiatric medication or has a known psychiatric history, but the arrestee's behavior, appearance, coordination and speech is appropriate, the arrestee can be placed in general population without immediately contacting the BHS or PMHNP. The BHS or PMHNP will complete a mental health assessment according to the timeline in E-6.

FORMS USED:

- Pre-Booking Questionnaire Form No. 500
- [Intake Medical Screening Form No. 501](#)
- Medical Authorization Disclosure Form No. 512
- Health Care Request Form No. 545

- Mental Health Referral Sheet Form No. 551
- Medical Close Supervision Housing Form No. 808
- Medical Unit Instructions Form No. 589