

Instructions for Suicide and Medical/Mental/Developmental Impairments Form

Basic Information

1. The Screening Form for Suicide and Medical and Mental Impairments was revised to achieve three main goals:
 - A. Create an objective suicide risk assessment with clear guidance for front-line personnel of when to notify superiors, mental health providers, and magistrates.
 - B. Assist sheriffs to meet all statute requirements such as Code of Criminal Procedure §16.22.
 - C. User friendly for the typical range of experience of a Texas county jailer
2. Intake screening is the first step and is crucial to determine which inmates require more specialized mental health assessment. "Unless inmates are identified as *potentially* needing mental health treatment, they will not receive it"¹.
3. The purpose of intake screening is for correctional staff to triage those who may be at significant risk for suicide; identify inmates who may be in distress from a mental health disorder/psychosis or complications from recent substance abuse; and assist with the continuity of care of special needs offenders.
4. Per Minimum Jail Standard §273.5, an intake screening form must be completed on all inmates **immediately** upon admission into the facility.
5. Additional screenings should be completed when staff has information that an inmate has developed a mental illness or the inmate is suicidal at any point during an inmate's incarceration. Additional screening forms must be maintained in the inmate's medical file.
6. For counties that will create an electronic copy or import the form into their software package, all questions from this form must be present along with required notifications.
7. For counties that will use a paper format, counties may insert blank space into the comments sections of the Word version of the form to create more writing space.
8. The form should be completed by a trained booking officer or medical/ mental health personnel.
9. Fill out the form completely and in its entirety.
10. If the inmate is unable to or refuses to answer questions, notify supervisor and place the inmate on suicide watch until a form can be completed. Notate the reason why the form cannot be completed. Complete a new form when the inmate is able to answer the questions.

1st Section-Basic Information and Medical Information

1. The first section consists of basic identifier information and medical information.
2. All applicable boxes should be checked. Provide additional information where required.
3. The below two medical questions require that a supervisor or medical personnel be

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notified if officers receive a “yes” answer:

- A. Do you think you will have withdrawal symptoms from stopping use of medications or other substances (including alcohol or drugs) while you are in jail?
 - B. Have you ever had a traumatic brain injury, or loss of consciousness?
4. Medical personnel or supervisors should assess and take appropriate action.

2nd Section-Self-report Questions

- 1. If the inmate is unable to answer questions, note the reason why, notify supervisor and place inmate on suicide watch until a form can be completed.
- 2. Questions 1a-d are strong indicators of inmates at high risk of suicide. Any “yes” answer requires notification to supervisor, magistrate and mental health immediately, and placement of inmate on suicide watch.
- 3. **However, if for any reason an officer believes an inmate to be at risk of suicide regardless of the answer to 1a-d, an officer should place the inmate on suicide watch and notify a supervisor.**
- 4. Inmates should only be removed from suicide watch after assessed by qualified mental health personnel.
- 5. Questions 2-12 include questions about mental health symptoms and risk factors that warrant supervisor/magistrate notification. Self-report symptoms relate to possible psychosis, schizophrenia, bipolar disorder, depression and PTSD. Question 11 also attempts to detect possible developmental disability.
- 6. If a screener receives a “yes” answer, please ask follow-up questions to gain a better understanding of the symptoms.

3rd Section-Observation

- 1. Make careful observations of the inmate’s demeanor and appearance.
- 2. Look for cuts to the wrist, impressions around the neck, or any other evidence of self-harm.
- 3. Notate when applicable
- 4. A comment box is provided for any additional information that the screener believes is relevant including an exact or CCQ match. This completed form will likely be viewed by magistrates and mental health professionals so additional information will be beneficial.

4th Section-Notification

- 1. A “yes” answer to most questions on the form will require notification to a supervisor, magistrate, or mental/medical personnel.
- 2. Space is provided for each notification. Jailers shall notate when they make required notifications.

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3. In addition, magistrate notification **shall** include method of notification of either electronic or written notification. A completed copy of this form should be sent to the magistrate.

§CCP 16.22

Art. 16.22. EARLY IDENTIFICATION OF DEFENDANT SUSPECTED OF HAVING MENTAL ILLNESS OR MENTAL RETARDATION. (a) (1) Not later than 12 hours after receiving credible information that may establish reasonable cause to believe that a defendant committed to the sheriff's custody has a mental illness or is a person with mental retardation, including observation of the defendant's behavior immediately before, during, and after the defendant's arrest and the results of any previous assessment of the defendant, the sheriff shall provide written or electronic notice of the information to the magistrate...

¹ Steadman, Henry J., and Pamela Clark. *Developing and Validating a Brief Jail Mental health Screen for Women*. Research, National Institute of Justice, 2007.