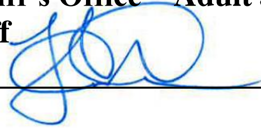

BEHAVIORAL HEALTH

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 effort to provide a safe environment to protect such inmates, and other inmates, in general population. Members will strive for maximum cooperation between deputies, nurses and behavioral health specialists 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, AJ Nurses, Emergency Room Physicians and deputies trained in Crisis Intervention (CIT).

PURPOSE.

The purpose of this policy is to outline guidelines which govern the proper treatment of inmates with behavioral 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.

Behavioral 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

Close Supervision. Inmates are personally observed by deputies a minimum of once every hour with documentation. Close supervision is observation in 15 or 30-minute intervals.

Constant Supervision. Inmates receive constant one-to-one observation.

Crisis Intervention Training (CIT). Deputies receive additional training/tools to respond and manage situations where an arrestee/inmate is experiencing a behavioral health crisis.

Behavioral Health Specialist (BHS). A non-sworn AJ member who is designated to provide behavioral health services during regular business hours.

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

Electronic Health Record (EHR): Inmate medical and behavioral health electronic information management system.

Fourteen Day Behavioral Health Assessment. A behavioral 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 modified as necessary by BHS or the shift supervisor. Full Precautions are outlined as follows:

a. 15 minute checks (can increase or decrease 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 and/or BHS
i. Regular trays.
j. Regular soft cup.

Health Trained Deputy (HTD). AJ deputies who have received specialized training in identifying persons suspected of having behavioral health disorders and in providing for the specialized needs of such inmates.

Intoxicated. A person is considered incapacitated when in the opinion of the Law Enforcement Officer (LEO) 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 and treatment plan.

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

Peace Officer Hold (POH). 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 at the nearest hospital or non-hospital as approved by the Oregon Health Authority.

Possibly Suicidal. A person who is a suicide risk because they have 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 demonstrate an unusually 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 health 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). When employed by the AJ, they are 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 state 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 an AJ member.

PROCEDURES.

SECTION A: PROCEDURES FOR PRE-BOOKING

A-1. Behavioral Health Screening Admission Process. Health Trained Deputies (HTDs) or AJ nurses will conduct initial screening for arrestees. Based on the person's manner, statements, conduct, or by other information gathered from the LEO, the HTD 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 HTD will complete a *Pre-Booking Questionnaire Form No. 500* for each arrestee. If any of the following conditions related to mental health are present, the HTD 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 HTD determines arrestee is a potential suicide risk, they will contact the on-duty BHS. If BHS is unavailable, the shift supervisor will determine the need to contact MCAT based on a "reasonable" assessment for the situation. The arrestee will not meet criteria for hospitalization unless they are suicidal and will not agree to any safety precautions or have made a recent suicide attempt and will not contract to any safety precautions offered by the AJ.

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 BHS can evaluate them. 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 AJ.

c. **Documentation.** The HTD will document suicidal concerns, the shift supervisor's instructions and/or contact with the mental health professional 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 LEO will remain at the jail until MCAT arrival. The LEO will be required to stay with their arrestee and maintain constant supervision until MCAT arrives. AJ members will not accept the arrestee for lodging prior to MCAT evaluation. 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 LEO pending MCAT evaluation.

A-3. Behavioral Health Assessment. The BHS or MCAT professional will determine whether the arrestee meets criteria for lodging in the AJ or is in need of immediate hospitalization for further 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 HTD will complete the Notification section on *Pre-Booking Questionnaire Form No. 500*, documenting the information received from the behavioral health professional. Additionally, they 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 detailing the refusal by the end of their shift and submit copies to the Medical Unit, BHS and through the chain of command up to the Corrections Captain.

b. **Admission Accepted.** If the arrestee is not in need of hospitalization, then admission will be accepted by AJ.

1. When the arrestee is accepted, the behavioral health professional will determine if any special observation requirements are necessary by documenting the contact and instructions to members in the inmate's EHR and JMS file. The BHS will also communicate verbal instructions to the shift supervisor.

2. The shift supervisor will ensure members comply with instructions from the behavioral health professional.

A-4. Process for Intoxicated Arrestee at Intake. Intoxicated inmates are generally in a condition that frustrates an immediate effort to determine if the inmate is in need of behavioral health care. When this is the case, the HTD 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 HTD will complete the behavioral health questions on the *Pre-Booking Questionnaire Form No. 500*. If the answers to any of the questions are "YES," then the HTD will proceed with the same process as stated in Sections **A-2** and **A-3** of this policy.

2. Refer to AJ 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 in pre-booking with psychiatric medication in their possession, the person may be accepted for lodging if they answer, "No" to all of the behavioral health questions on the *Pre-booking Questionnaire Form No. 500.*

a. A deputy will deliver all accepted medications to the Medical Unit as soon as possible. If a nurse is unavailable, a 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 Intake Medical Screening Form in the EHR.

A-6. Arrestee with Psychiatric History. If, during the Intake process, the HTD becomes aware the arrestee has had a previous psychiatric history, the HTD 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, a nurse will complete the following:

a. If necessary, BHS will interview the inmate in an effort to verify prescribed medications and contact the prescribing physician if known.

b. After proper verification of the prescription, the nurse will coordinate with the Medical Director to procure the necessary medication.

c. The nurse will notify the BHS of the inmate.

d. The BHS will review the inmate's EHR within eighteen (18) hours of intake or seventy-two (72) hours if over the weekend or holiday.

e. Based on the Mental Health Appraisal and/or community collateral health information, 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. An inmate may state they have a psychiatric health history. A BHS or HTD may also be aware the inmate has had history of one or more of the items below - demonstrating the inmate meets 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. Whether or not the BHS or HTD observes any behavioral health issues, when an inmate states they have a psychiatric history, this information will be documented in the EHR.

Inmates claiming psychiatric history 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, a BHS will review this inmate's status within 18 hours of notification (or 72 hours over a weekend/holiday). Follow-up and documentation will continue as necessary.

SECTION C: BEHAVIORAL HEALTH EMERGENCY

C-1. Behavioral Health Emergency Guidelines. When a member becomes aware that an inmate's behaviors or actions may constitute a behavioral health emergency, the following will occur:

a. Determine the appropriate housing placement to immediately protect the inmate. This may be in special housing or another housing unit to be determined by a

supervisor and/or BHS. The supervisor will determine the need for special precautions for the individual until assessed by a BHS.

b. Provide close supervision until assessed by a behavioral health professional. Surveillance cameras can be used, but will not replace, close supervision.

c. If the inmate has suffered physical injury requiring emergency medical care, follow the provisions of AJ policy, CD-10-8, *Emergency Medical Care*.

d. The BHS, P/FNP or nurse on duty will be immediately notified and respond to the scene. If the emergency occurs during non-business hours, the supervisor will contact MCAT.

e. The supervisor, BHS and/or MCAT will develop a safety and care plan. The plan will include possible hospitalization necessary for immediate care, custody, or treatment for the inmate. Instructions and notes on the contact will be documented in the inmate's JMS file and EHR as soon as possible.

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 behavioral 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 because of a mental illness, personality disorder or other emotional problem that may require behavioral health intervention.

a. If the inmate may need behavioral health assistance, the supervisor will determine if an emergency exists and if so, will request a BHS complete a behavioral health assessment as soon as practical.

b. If the supervisor determines that an emergency does not exist, they may request the completion of a behavioral health assessment when the inmate returns to housing.

c. Follow procedures in *CD-10-24, Medical Response to Jail Use of Force Incidents* and *CD-8-5, Use of Restraints* if the inmate is in the restraint chair or other restraint for more than two hours.

d. If the BHS determines a behavioral health emergency exists, a plan will be developed according to **Section C-1** of this policy.

SECTION D: BEHAVIORAL HEALTH REQUESTS AND REVIEW

D-1. Behavioral Health Care Requests. If an inmate wishes to speak to behavioral health professionals and it is not a behavioral health emergency, the inmate will be provided a *Behavioral Health Request Form No. 548.*

D-2. Behavioral Health Care Requests Review. Members will distribute and collect Behavioral Health Request Forms daily. Members collecting the form(s) will visually scan the form to make sure it is not emergent. Unless urgent, collected forms will be placed in the Behavioral Health box in Booking for evaluation on the next business day. The Medical or BHS member receiving the *Behavioral 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. In-person follow-up will be documented in the inmates EHR. Answered Forms will be scanned into the inmate's EHR with a copy returned to the inmate.

SECTION E: MONITORING AND TIMELINES FOR BEHAVIORAL HEALTH CARE

E-1. Monitoring and Documentation. All members will immediately report any statements or actions that suggest an unrecognized mental disorder indicating mental instability or mental disorder to a BHS, P/FNP, nurse or supervisor. Members will document any statements indicating mental instability or a mental disorder or actions observed by, or related to the member, in the "Attachments" tab of the inmate's JMS file.

a. Additional monitoring of inmates on psychiatric medications will be determined by what is medically necessary to monitor the effects of the particular medication administered (such as lithium levels, B/P's, tardive dyskinesia, etc.). Nurses will observe inmates receiving medication for side-effects and obtain such laboratory tests as ordered by the provider.

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. Acute Behavioral Health Unit. Inmates assigned to the Acute Behavioral Health Unit will be seen at least weekly by a 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
Behavioral 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 member)	24 – 48 hours of notification	BHS
MH Fourteen Day Appraisal	14-days of intake	BHS or nurse
Stable Inmates on Psychiatric Meds	As needed	BHS/PMHNP

SECTION F: BEHAVIORAL 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 as directed by the Medical Director. The Medical Director will review with a BHS at next scheduled visit.

F-2. Case Review Procedures. A case review of behavioral health assessment records will be performed with the BHS and Medical Director on a monthly basis.

F-3. Behavioral Health Records:

a. Behavioral 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(s) prescribed to the inmate.

b. A BHS or P/FNP will assess and document contact with the individual in the inmate's EHR and/or 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, the Emergency Restraint Chair or The WRAP may be used for prevention of self-injury. See *CD-8-5, Use of Restraints* and *CD-8-11, Use of Force in a Corrections Setting* for procedures.

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 AJ 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 when the situation merits. Examples include the preservation of life and to end significant, ongoing property destruction. If available, a BHS will be consulted prior to the deployment of a Taser on a mentally disturbed inmate.

SECTION H: MEMBER RESPONSIBILITIES

H-1. Health Trained Deputy. Members will receive specialized training in understanding the nature of behavioral health disorders, the effect of the corrections environment on such disorders, and general signs and symptoms of inmates having a mental disorder. Training will also include review of behavioral health policy, procedure and treatment protocols. Initial orientation and on-going training will include recognizing suicidal inmates and behavioral health emergencies. The responsibilities of HTDs include:

a. *Pre-booking Questionnaire Form No. 500* and required follow-up.

b. The facility electronic health record.

c. Behavioral health emergency requirements.

d. Recognition of forms of mental disorders encountered in the corrections environment with normal and abnormal responses to incarceration.

e. Identification of inmates with severe and persistent mental illnesses.

f. Communication with the Facility Nurse, BHS, P/FNP and other deputies; relaying observations and information regarding behavioral health issues with inmates.

g. Requirements for constant visual and close supervision of inmates.

h. Documentation and reporting requirements.

H-2. Behavioral Health Specialist (BHS). A BHS will be available to the AJ during the regular work week and will be responsible to perform the following duties:

a. Assess arrestees in pre-book and booking for mental stability and appropriateness for lodging in the AJ when asked by a supervisor or HTD 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' EHR.
d. Meet with Medical Director regarding current behavioral health 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 and/or are currently talking psychiatric medications by request (*Health Care Request Form No. 545*).
f. Meet with inmates who have had a suicide attempt within the past year within 18 to 36 hours (72 hours if weekend or holidays) of booking to assess current behavioral health status.
g. Based on diagnostic information, consult with other behavioral health specialists, and when appropriate, develop treatment plans and goals with inmates.
h. Be available for routine and emergency behavioral 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 behavioral 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 supervisors for emergency inmate mental health care.
b. Confer with HTDs to determine if an arrestee is mentally stable for acceptance into AJ.
c. Conduct assessments on inmates during the regular work week at regularly scheduled times.

d. Consult with BHS 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 BHS prescribed psychiatric medications and treatment plans when necessary.
f. Complete detailed notes in the inmates' EHR and provide verbal instructions to members for inmates who are determined to be a danger to self.
g. Complete detailed notes in the inmates' EHR for any inmate having a behavioral 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 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. **AJ Nurse.** An AJ nurse is a registered nurse licensed by the State of Oregon. A nurse will administer prescribed medications in accordance with this policy and the Standing Orders issued by the Medical Director. A 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 BEHAVIORAL 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 EHR and/or JMS file as necessary.

SECTION J: VISUAL MONITORING AND SUPERVISION

J-1. Visual monitoring cameras can be used to supplement, but cannot take the place of member close supervision.

a. If an inmate is possibly suicidal, refer to AJ policy, CD-10-23, *Suicide Prevention*, for housing and monitoring level precautions.

b. If the HTD is aware the arrestee is currently prescribed 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 a BHS. A BHS will complete a behavioral health assessment according to the timeline in **E-6**.

FORMS USED:

- Pre-Booking Questionnaire Form No. 500
- Behavioral Health Request Form No. 548
- 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