MENTAL HEALTH MANAGEMENT UNIT

Sedgwick County Sheriff’s Office
Sedgwick County Adult Detention Facility
HISTORY

How it all started

• Deputy’s Report by Captain Jared Schechter - 2008
• Sheriff Robert Hinshaw proposed to County Commissioners - 2009
  • Projected to take approximately 4 to 5 years
  • Primary issue was funding
• Sheriff Jeff Easter elected – 2012
• CIT Training Detention Specific 2013
• Pod 2 was converted for use - 2014
Consistent inmate behavior management

Increased structure for population of inmates living with mental illness

- Psychotropic Medication Management
- Daily Activities
- Mental Health Support
  - Patient involved treatment planning
  - Resource support
- Group Therapy
- Counseling
- Referrals
PROCEDURES

Inmate Identification for placement
  • Staff Referrals
  • Self Referrals
  • Booking medical screen and Mental Health Intake

Each candidate undergoes an assessment
  • Chart Review
  • Mental Status Exam
  • Interview

Not a mental health facility
  • Only for arrestees
PROCEDURES

Offenders are managed by sections

• Section B – Females
• Section C – Developmental Disorders, Neurocognitive Disorders
• Section D – More stable, but still vulnerable for general population placement
• Section E – Severe & Persistently in crisis and acutely symptomatic
• Section A is not utilized for Mental Health
  • Section A is a Juvenile section
PROCEDURES

Behavioral Levels

• Level 1 - Un-Racked, transition out of MHMU
• Level 2 - Un-Racked, 30 min checks, decreased coping skills
• Level 3 - Racked, all new offenders for 24 hours, marked behavior problems, seen daily by MH
• Level 4 - Suicide watch, 15 min checks, seen daily by MH
• Level 5 - Crisis

Crisis Levels I, II, III, IV, V
Crisis Levels

I - This level is the lowest level of monitoring with the least amount of restriction. Those placed on crisis level I should not be an imminent risk to harm themselves.

II - This level should be used for inmates who are in imminent danger of harming themselves or have made a gesture of self-harm. The level is more restrictive and requires constant monitoring via the closed circuit television system.

III - Crisis level III should be used when an inmate has made a significant suicide attempt. For example, the inmate has attempted to hang themselves and required outside medical intervention or other identified risk.

- The level could require constant observation of the inmate by in-person detention staff.
Crisis Levels Continued

IV - Crisis level IV should only be used when an inmate has continued to engage in self-harm that are potentially lethal or may cause permanent disfigurement.

- This level does not include the use of the safety restraint chair, and it is to be used only when restraints are ordered by detention supervisory staff.

V - Crisis level V is used when there is an identified need for emergency medications.

- Emergency medications will be administered using the protocols delineated by the medical/mental health vendor.

- The use of this crisis level can be ordered only by the vendor’s psychiatrist or designee.
Section Programming
Each section receives

- Medication management
- Social skills development
- Basic self care
  - (if applicable)
- Coping skills development

- Program compliance
- Symptom management
- Managing Criminogenic Functioning
- Discharge Planning
DETENTION’S RESPONSIBILITIES

Staffed with 2 CIT Deputies, 24/7

- 2A Deputy - Rounds, talk to inmates, assist with mental health interviews, showers, cleaning

- 2B Deputy – Booth, intercoms, computer, phones, scheduling for court, clinic, mental health, visits
DETENTION’S RESPONSIBILITIES

Staff plays important role in operations

• Documenting inmate activities and behaviors
• Maintaining safe environment
• Promoting a calm environment

Open communication with Mental Health staff

• Report behaviors positive and/or negative
• Remember the Deputies are not Mental Health Care Providers
DETENTION’S RESPONSIBILITIES

Consistent use of Crisis Intervention Team trained skills

• Conversations with the inmates
• Utilize Behavior Management /De-escalation techniques
• Manage Inmate behavior
Multiple reasons for discharge

- Reached “maximum benefit” of program
- Refusal to participate in programming
- Program removal due to inappropriate behavior
- Discharge from facility to community
- Transfer to other facility
CONCLUSION

Thank you for your time.

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