

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**







PURPOSE

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

PROCEDURES

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.

PROCEDURES

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.

PROCEDURES

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

DISCHARGE

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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