

**Polk County Behavioral Health
Jail Assessment**

Date:	Assessment time (start and end time):	Documentation Time :	Total Time :
CLIENT DATA: (Record visit to jail on route slip and include: start time of assessment, end time, inmate's name, "jail", and circle time and client's name on route slip.)			
Name:	DOB/Age:	Phone(s):	County of Residence:
Address:	City:	State:	Zip:
Veteran: <input type="checkbox"/> YES <input type="checkbox"/> NO	Marital Status:	Number of children:	Race:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spirituality:	Guardian (verbal) consent obtained: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable	
Current Providers:	Current Medications:	Client is currently on: <input type="checkbox"/> Chapter 55 <input type="checkbox"/> Chapter 51 <input type="checkbox"/> Other:	Location where evaluated: Polk County Jail

REMEMBER: ONLY M.A. LICENSED SOCIAL WORKERS AND THERAPISTS CAN COMPLETE JAIL ASSESSMENT PER JAIL PROTOCOL. Take Bill of Rights form and Informed Consent form with to jail facility – client will need to complete both. Once signed by client, return forms to records room with this form to be added to chart. (Clip on top of chart to the outside before returning to records room.)

Evaluation requested by:
Additional Informants:

Description of presenting problem and mental / AODA status narrative

Note: If a person is intoxicated, and we are unable to adequately assess the situation the jail should determine whether or not an incapacitation hold or medical attention is needed. When no longer intoxicated and as appropriate, the jail may contact DHS during business hours to assess.

Ask

Synopsis of the situation by law enforcement

Ask: How did the client respond to the suicide questions upon booking? What actions have been taken by the jail to address mental health concerns?

Note: We need to have detailed information in order to appropriately assess the client. If the jail refuses to provide information we can and should ask to speak with a supervisor.:

Relevant Medical Issues (Note: This should have been asked by the jail upon intake.):

Legal Status and History:

Ask: Why is the client currently in jail? Has he/she been sentenced? Where is the client at in the legal process/proceedings?

Psychiatric Treatment History (Note: This should have been asked by the jail upon intake.):

Ask: What is their current mental health diagnosis? Have there been mental health hospitalizations? When? Where? Result?

Client Strengths:

Malingering Screen:

Reasonable motive to malingering (Identifiable Secondary Gain) No

What is the secondary gain?

Variability in presentation evidenced by at least one of the following:

Discrepancies in interview and non-interview behavior No

Inconsistencies between evaluators in reported psychotic symptoms No

Contradictions between reported and documented psychiatric history No

Improbable behavioral health symptoms as evidenced by one or more of the following:

Reporting psychotic symptoms that lack common paranoid, grandiose, or religious themes

No

Sudden emergence of psychotic symptoms to explain antisocial behavior

No

Atypical hallucinations or delusions (as in the following):

Hallucinations

Continuous hallucinations No

Vague or inaudible hallucinations No

Inability to describe strategies to diminish voices No

Reports of obeying all command hallucinations No

Visual hallucinations in black and white No

Delusions

Sudden onset or termination No

Eagerness to call attention to delusions No

Behavior inconsistent with delusions No

Bizarre content without thought disorder No

Mental Status Observations

<p>Intellectual Performance</p> <p>Attention <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Concentration <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Insight into illness <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Judgment <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Recent Memory <input type="checkbox"/> Intact <input type="checkbox"/> Impaired Remote Memory <input type="checkbox"/> Intact <input type="checkbox"/> Impaired Sleep Disturbance <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Orientation</p> <p><input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time</p> <p>Alcohol/Drug</p> <p><input type="checkbox"/> Alcohol Impaired <input type="checkbox"/> Drug Impaired</p> <p>Appearance</p> <p><input type="checkbox"/> Age appropriate <input type="checkbox"/> Appears younger <input type="checkbox"/> Appears older <input type="checkbox"/> Bizarre <input type="checkbox"/> Seductive <input type="checkbox"/> Attention seeking <input type="checkbox"/> Flamboyant <input type="checkbox"/> Overweight <input type="checkbox"/> Neatly groomed <input type="checkbox"/> Disheveled <input type="checkbox"/> Unclean <input type="checkbox"/> Underweight</p>	<p>Thought Content/Processes</p> <p><input type="checkbox"/> Delusions <input type="checkbox"/> Organized <input type="checkbox"/> Disorganized <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Loose Associations <input type="checkbox"/> Obsessions <input type="checkbox"/> Blocking <input type="checkbox"/> Ideas of reference <input type="checkbox"/> Sexual Preoccupation <input type="checkbox"/> Paranoia <input type="checkbox"/> Grandiosity <input type="checkbox"/> Religiosity <input type="checkbox"/> Hallucinations <input type="checkbox"/> Guarded <input type="checkbox"/> Suspicious</p> <p>Mood and Affect</p> <p><input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Labile <input type="checkbox"/> Elevated <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Relieved <input type="checkbox"/> Self-centered</p>	<p>Mood and Affect (cont)</p> <p><input type="checkbox"/> Tearful <input type="checkbox"/> Cheerful <input type="checkbox"/> Serious <input type="checkbox"/> Preoccupied <input type="checkbox"/> Fearful <input type="checkbox"/> Suspicious <input type="checkbox"/> Flat <input type="checkbox"/> Grief <input type="checkbox"/> Guilty <input type="checkbox"/> Ashamed <input type="checkbox"/> Anxious <input type="checkbox"/> Worthlessness <input type="checkbox"/> Self-Reproach <input type="checkbox"/> Mood Swings <input type="checkbox"/> Sadness <input type="checkbox"/> Fatigue <input type="checkbox"/> Withdrawn <input type="checkbox"/> Panicky <input type="checkbox"/> Remorseful</p> <p>Observed Behaviors</p> <p><input type="checkbox"/> Reliable Informant <input type="checkbox"/> Unreliable Informant <input type="checkbox"/> Mute <input type="checkbox"/> Cooperative <input type="checkbox"/> Hostile <input type="checkbox"/> Uncooperative</p>	<p>Observed Behaviors (cont)</p> <p><input type="checkbox"/> Threatening <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Calm <input type="checkbox"/> Restless <input type="checkbox"/> Agitated <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Provocative <input type="checkbox"/> Sighing <input type="checkbox"/> Intact gross motor skills <input type="checkbox"/> Intact fine motor skills <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive <input type="checkbox"/> Needing reassurance <input type="checkbox"/> Suspicious <input type="checkbox"/> Hyper vigilant <input type="checkbox"/> Controlling <input type="checkbox"/> Argumentative <input type="checkbox"/> Manipulative <input type="checkbox"/> Passive <input type="checkbox"/> Passive-aggressive <input type="checkbox"/> Dependent <input type="checkbox"/> Loud Speech <input type="checkbox"/> Soft Speech <input type="checkbox"/> Rapid Speech <input type="checkbox"/> Slow Speech <input type="checkbox"/> Normal Speech</p>
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Risk Factors –Suicide (check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Ideations | <input type="checkbox"/> Suicide Survivor | <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Specific Intention |
| <input type="checkbox"/> Means to carry out threat | <input type="checkbox"/> Impaired Judgment | <input type="checkbox"/> Threats | <input type="checkbox"/> Recent Losses |
| <input type="checkbox"/> Making Final Plans | <input type="checkbox"/> Severe Health Changes | <input type="checkbox"/> Detailed Plan | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Relationship Losses | <input type="checkbox"/> Highly Lethal Plan | <input type="checkbox"/> Worthlessness | <input type="checkbox"/> Socially Isolated |
| <input type="checkbox"/> Prior Attempts | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Agitation |
| <input type="checkbox"/> Overwhelming Stressors | <input type="checkbox"/> Recent Criminal Charges | <input type="checkbox"/> Pending court date | <input type="checkbox"/> Victim of abuse |
| <input type="checkbox"/> Family hx of attempts | <input type="checkbox"/> Alcohol or Drug Impairment | <input type="checkbox"/> Psychosis | <input type="checkbox"/> Suicide note |

Risk Factors-Homicide (check all that apply):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Ideations | <input type="checkbox"/> Suicide Survivor | <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Specific Intention |
| <input type="checkbox"/> Means to carry out threat | <input type="checkbox"/> Impaired Judgment | <input type="checkbox"/> Threats | <input type="checkbox"/> Recent Losses |
| <input type="checkbox"/> Making Final Plans | <input type="checkbox"/> Severe Health Changes | <input type="checkbox"/> Detailed Plan | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Relationship Losses | <input type="checkbox"/> Highly Lethal Plan | <input type="checkbox"/> Worthlessness | <input type="checkbox"/> Socially Isolated |
| <input type="checkbox"/> Prior Attempts | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Agitation |
| <input type="checkbox"/> Overwhelming Stressors | <input type="checkbox"/> Recent Criminal Charges | <input type="checkbox"/> Pending court date | <input type="checkbox"/> Victim of abuse |
| <input type="checkbox"/> Family hx of attempts | <input type="checkbox"/> Alcohol or Drug Impairment | <input type="checkbox"/> Psychosis | <input type="checkbox"/> Desire for revenge |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Hx of Violence | <input type="checkbox"/> Hx of antisocial behavior | |

Protective Factors (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Person(s) willing to supervise and support | <input type="checkbox"/> Hopefulness | <input type="checkbox"/> Activities/Hobbies that support MH |
| <input type="checkbox"/> Desire to live | <input type="checkbox"/> Interest in treatment | <input type="checkbox"/> Goal Oriented |
| <input type="checkbox"/> Spirituality | <input type="checkbox"/> AA Sponsor | <input type="checkbox"/> Insight into illness |
| <input type="checkbox"/> Future orientation | <input type="checkbox"/> Strong social support structure | <input type="checkbox"/> Significant others |
| <input type="checkbox"/> Family | <input type="checkbox"/> Supportive Treatment team (psychiatrist, case manager, therapist) | <input type="checkbox"/> Dependent Children living in home |
| <input type="checkbox"/> Supportive Treatment team (psychiatrist, case manager, therapist) | <input type="checkbox"/> Acknowledgement that someone/something in his/her life needs them | <input type="checkbox"/> Willing to surrender their means of suicide |
| <input type="checkbox"/> Acknowledgement that someone/something in his/her life needs them | <input type="checkbox"/> Other | <input type="checkbox"/> Suicidal thoughts but no intent or plan |
| <input type="checkbox"/> Other | <input type="checkbox"/> Protective Relationships | <input type="checkbox"/> Community Supports |

Assessment:

Safety/Response Plan:

The jail has indicated that they will implement the following measures:

- Close Observation
- Suicide Watch
- Emergency Detention

Here are the precautions that the jail staff should consider when implementing a suicide watch:

- Video Monitoring
- 15-minute checks
- Paper Gown
- Rubber Room
- No sharps
- Monitor and record food and water intake

Duty to warn needed and communicated to: **none**

ICD 10 Diagnosis/Billing Codes for Crisis Intervention Services

<input type="checkbox"/>	F48.9	Nonpsychotic mental disorder, unspecified
<input type="checkbox"/>	F69	Unspecified disorder of adult personality and behavior
<input type="checkbox"/>	R41.83	Borderline intellectual functioning
<input type="checkbox"/>	R45.851	Suicidal ideations
<input type="checkbox"/>	Z72.810	Child or adolescent antisocial behavior
<input type="checkbox"/>	Z72.811	Adult antisocial behavior
<input type="checkbox"/>	Z72.9	Problem related to lifestyle
<input type="checkbox"/>	Z73.3	Stress, not elsewhere classified
<input type="checkbox"/>	Z73.4	Inadequate social skills, not elsewhere classified
<input type="checkbox"/>	Z73.5	Social role conflict, not elsewhere classified
<input type="checkbox"/>	Z73.6	Limitation of activities due to disability
<input type="checkbox"/>	Z76.5	Malingering
<input type="checkbox"/>	Z86.59	Personal history of other mental and behavioral disorders
<input type="checkbox"/>	Z91.83	Wandering associated with a mental disorder
		Other approved
<input type="checkbox"/>	F81.9	Developmental disorder of scholastic skills, unspecified
<input type="checkbox"/>	Z53.1	Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure
<input type="checkbox"/>	Z55.0	Illiteracy and low-level literacy
<input type="checkbox"/>	Z55.1	Schooling unavailable and unattainable
<input type="checkbox"/>	Z55.2	Failed school examinations
<input type="checkbox"/>	Z55.3	Underachievement in school
<input type="checkbox"/>	Z55.4	Educational maladjustment and discord with teachers and classmates
<input type="checkbox"/>	Z55.8	Other problems related to education and literacy
<input type="checkbox"/>	Z55.9	Academic or educational problem
<input type="checkbox"/>	Z56.0	Unemployment, unspecified
<input type="checkbox"/>	Z56.1	Change of job
<input type="checkbox"/>	Z56.2	Threat of job loss
<input type="checkbox"/>	Z56.3	Stressful work schedule
<input type="checkbox"/>	Z56.4	Discord with boss and workmates
<input type="checkbox"/>	Z56.5	Uncongenial work environment
<input type="checkbox"/>	Z56.6	Other physical and mental strain related to work
<input type="checkbox"/>	Z56.81	Sexual harassment on the job
<input type="checkbox"/>	Z56.82	Problem related to current military deployment status
<input type="checkbox"/>	Z56.89	Other problems related to employment
<input type="checkbox"/>	Z56.9	Other problem related to employment
<input type="checkbox"/>	Z69.010	Encounter for mental health services for victim of child abuse by parent
<input type="checkbox"/>	Z69.011	Encounter for mental health services for perpetrator of parental child abuse
<input type="checkbox"/>	Z69.020	Encounter for mental health services for victim of nonparental child abuse
<input type="checkbox"/>	Z69.021	Encounter for mental health services for perpetrator of nonparental child abuse
<input type="checkbox"/>	Z69.11	Encounter for mental health services for victim of spouse or partner neglect
<input type="checkbox"/>	Z69.12	Encounter for mental health services for perpetrator of spouse or partner neglect
<input type="checkbox"/>	Z69.8	Encounter for mental health services for victim or perpetrator of other abuse

<input type="checkbox"/>	Z69.81	Encounter for mental health services for victim of nonspousal adult abuse
<input type="checkbox"/>	Z69.82	Encounter for mental health services for perpetrator of nonspousal adult abuse
<input type="checkbox"/>	Z71.1	Person with feared health complaint in whom no diagnosis is made
<input type="checkbox"/>	Z71.2	Person consulting for explanation of examination or test findings
		DO NOT USE (not compatible with PPS)
	Z74.2	DO NOT USE
	Z74.8	DO NOT USE
	Z74.9	DO NOT USE
	R45.850	DO NOT USE
	R46.89	DO NOT USE
	Z36	DO NOT USE