

Forensic Mental Health Triage
Consultation and Expedited
Admission Guide for **Jail Staff**
2022-2023

**Behavioral Health
Administration**

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DISCLAIMER

This guide is not meant to replace the expertise and knowledge of medical and mental health professionals. This guide is to be used solely for navigating the triage admission process implemented by the Office of Forensic Mental Health Services and increasing the efficiency of the process to identify people ordered for competency restoration or evaluation services and awaiting admission for those services whose current presentation necessitates consideration for expedited admission.

Forensic Mental Health Triage Consultation and Expedited Admission Guide for Jail Staff

Behavioral Health Administration Office of Forensic Mental Health Services

WHO IS THIS GUIDE MEANT FOR?

The Washington State Department of Social and Health Services' Behavioral Health Administration Office of Forensic Mental Health Services oversees the state psychiatric hospital admission process for persons court-ordered into competency evaluation and restoration services. In addition, OFMHS offers a Triage Consultation and Expedited Admission service that prioritizes the admission of Trueblood class members (defined as people who are court-ordered into competency evaluation and/or restoration services and who await those services in jail). Prioritized class members require rapid admission into inpatient psychiatric services because of risk of harm to themselves or others due to their high level of psychiatric symptoms. This guide provides an overview of the triage system, details criteria for expedited admission and clarifies the process to submit a referral for consideration of an individual defendant's expedited admission. We hope that our jail-based system partners find this guide to be a useful tool to understand the triage system and its potential applicability to the people who are in their custody and court-ordered to competency evaluation and/or restoration services.

For questions and comments regarding Triage Consultation and Expedited Admission, please contact the OFMHS liaison and diversion specialist at triageconsult@dshs.wa.gov

ABOUT THE FORENSIC MENTAL HEALTH SYSTEM

OFMHS is responsible for the leadership and management of the Department's adult forensic mental health care system. OFMHS provides forensic evaluations, competency restoration, Not Guilty by Reason of Insanity treatment services and liaison services to effectively coordinate efforts with system partners to meet shared goals. OFMHS additionally provides training and technical assistance to improve quality and timeliness of forensic mental health services, data management and resource allocation, training and certification of evaluators, and quality monitoring and reporting. OFMHS works in collaboration with community partners to implement robust diversion efforts to prevent people with mental illness from entering the criminal court system. For more information regarding entities within the Washington State Forensic Mental Health System, please visit www.dshs.wa.gov/bha/office-forensic-mental-health-services.

Within the forensic system, OFMHS helps manage the referral process for the forensic units at our state psychiatric hospitals and forensic residential treatment facilities. An admission algorithm was designed to assist with admission decisions by taking in to account the legal and class member status of each defendant with a court order for an inpatient forensic evaluation or inpatient competency restoration. Admissions staff use this data to schedule admissions in coordination with a bed allocation model that maximizes bed turnover and utilization to serve as many defendants as possible with the beds available. As part of the referral process, OFMHS operates a TCEA system that would justify prioritizing and expediting admission to a state psychiatric hospital forensic unit for Trueblood class members who meet certain criteria. Please note that **the triage system is not appropriate for people in need of acute or emergency medical services** as those individuals should be appropriately assessed and referred to an emergency department or an appropriate medical care provider.

CRITERIA FOR EXPEDITED ADMISSION

The criteria for a class member to be considered for expedited admission are:

- *Active suicidal intent, or actions such as suicide attempts or serious self-inflicted injury; and/or*
- *Active assaultive behavior toward staff or other inmates, due to active symptoms of a thought or mood disorder; and/or*
- *Inability to meet basic needs that puts the person's health at risk, such as not eating or drinking for a sufficient period of time which could lead to medical consequences.*

The criteria are based on the rationale that people who meet these criteria are at particularly high risk of harm to themselves or others due to active symptoms of a thought or mood disorder and require expedient admission into an inpatient psychiatric care setting. If a person is engaging in any of those behaviors, a request for expedited admission is recommended. Active assaultive behavior that is not due to symptoms of psychosis or mood dysregulation (e.g. behavioral health problems due to maladaptive interpersonal functioning) is not intended to be captured by the TCEA process, as these volitional behaviors put vulnerable adults at the state psychiatric hospitals, or other inpatient settings, at risk for victimization.

When in doubt, please make the request.

Please be sure to consult with your nursing and medical staff if there are questions or concerns about the care provided to inmates in jail. Trueblood class members, as with any person housed in a jail presenting with acute medical needs, should be appropriately assessed and provided the appropriate level of care they require. The state psychiatric hospitals are not acute medical hospitals and are never a substitute for appropriate and necessary urgent medical care.

NOTE: If a person is at imminent risk of harm due to a mental disorder and is legally eligible for possible release from jail into an Evaluation and Treatment facility, a designated crisis responder should be contacted to evaluate the individual and, if needed, to facilitate emergent admission to a psychiatric facility. DCRs are available 24/7 to evaluate for risk of harm.

HOW TO REQUEST AN EXPEDITED ADMISSION

For referrals from jail staff, please follow the instructions provided in the Request for TCEA form. A confirmation regarding receipt of the referral for triage will be sent within 24 hours (excluding weekends and holidays) to the jail staff that referred the person for consideration.

NOTE: For a person to be considered for expedited admission under the TCEA process, a court order must be in place directing that the person be admitted to a state psychiatric hospital for evaluation or restoration services.

Below is a description of the essential information needed to complete the referral:

- a. What about the person's condition, behavior, or presentation is prompting this referral?

This section describes how the criteria are met. Please provide information about the person's symptoms, behaviors, and anything else that would be helpful in showing how the person is at risk of harming themselves or are unable to meet their basic needs. Please be specific and provide detail.

- b. Please describe interventions/supports that have been attempted in this facility and the outcomes (including diversion eligibility).

This section describes any interventions/supports that have been implemented by the facility. For example, if psychiatric medication is provided to the person, please provide information regarding the medication(s), dose, adherence and changes to the person's condition during the course of the medication trial. Information about the medication(s) from a Medication Administration Record can be included in the referral packet. If counseling or psychotherapy has been offered to the person, provide information regarding the level of adherence, techniques used, and the person's response.

- c. Relevant recent history.

This section provides any recent history that is relevant to the referral. For example, if police records show that the person likely attempted suicide immediately before they were detained by police three days ago, this information is considered recent and relevant to the person's psychiatric functioning and it is appropriate for this information to be included in this section.

- d. Logs for the duration of the person's current stay at the jail facility detailing special observation/administrative segregation/disciplinary segregation.

If the person's behavior necessitated security actions such as administrative or other type of restrictive or segregated housing, emergency physical or mechanical restraint, restraint chairs or other similar or related methods to help manage disciplinary concerns, please include records regarding the use of the techniques and any records resulting from ongoing use of the restriction.

- e. Medical and psychiatric records from the jail facility, including:

- Medication Administration Records for the most recent 72 hours;
- Logs for the duration of the person's current stay at the jail facility detailing restraint and seclusion/special observation/administrative segregation/ or disciplinary segregation;
- If available, status of a court order for administration of involuntary medications.

NOTE: An order for forced medication is not a condition for expedited admission and would not *by itself* automatically trigger a request for consideration for expedited admission.

Once the referral packet has been received from the jail, within 24 hours (excluding weekends and holidays) an OFMHS clinician will review the information provided and make a recommendation as to whether the person meets criteria for expedited admission. Within 24 hours of the clinician's review, the referral will be forwarded to the respective state hospital's chief medical officer or designee for the decision of expedited admission. The CMO or designee then determines within 48 hours of receipt. If the case is accepted for expedited admission, the state hospital is notified and coordinates with the jail to arrange for the earliest possible admission to the hospital's forensic unit.

NOTE: A referral for expedited admission can be submitted at any time even if a previous referral for the same person was denied.

If, after the referral has been submitted, new information becomes available that would inform/supplement the referral, please send the material to triageconsult@dshs.wa.gov as soon as possible.

If you have questions, comments, suggestions or need any other information pertaining to TCEA, please contact the OFMHS liaison and diversion specialist via email at triageconsult@dshs.wa.gov

ADDITIONAL RESOURCES

The following resources provide general information and are not specifically associated with the Triage process.

Substance Abuse and Mental Health Services Administration, GAINS Center. Trauma Training for Criminal Justice Professionals [website](#).

Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services [website](#).

The treatment of persons with mental illness in prisons and jails: a state survey. Treatment Advocacy Center and National Sheriff's Association [website](#).

Washington State Administrative Office of the Courts [website](#). The site provides forms that are used statewide in Washington Courts.

[Washington State Legal System Guide to Forensic Mental Health](#).

Washington State Forensic Mental Health Consultant Review Final Report [website](#).

Washington State Office of Forensic Mental Health Services [website](#).