



Dane County Sheriff's Office and Behavioral Health

Lieutenant Jonathan Triggs, M.
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Agenda

- Law enforcement academy
- Jail academy
- CIT Training
- Future/Goals Plans



Law Enforcement Academy

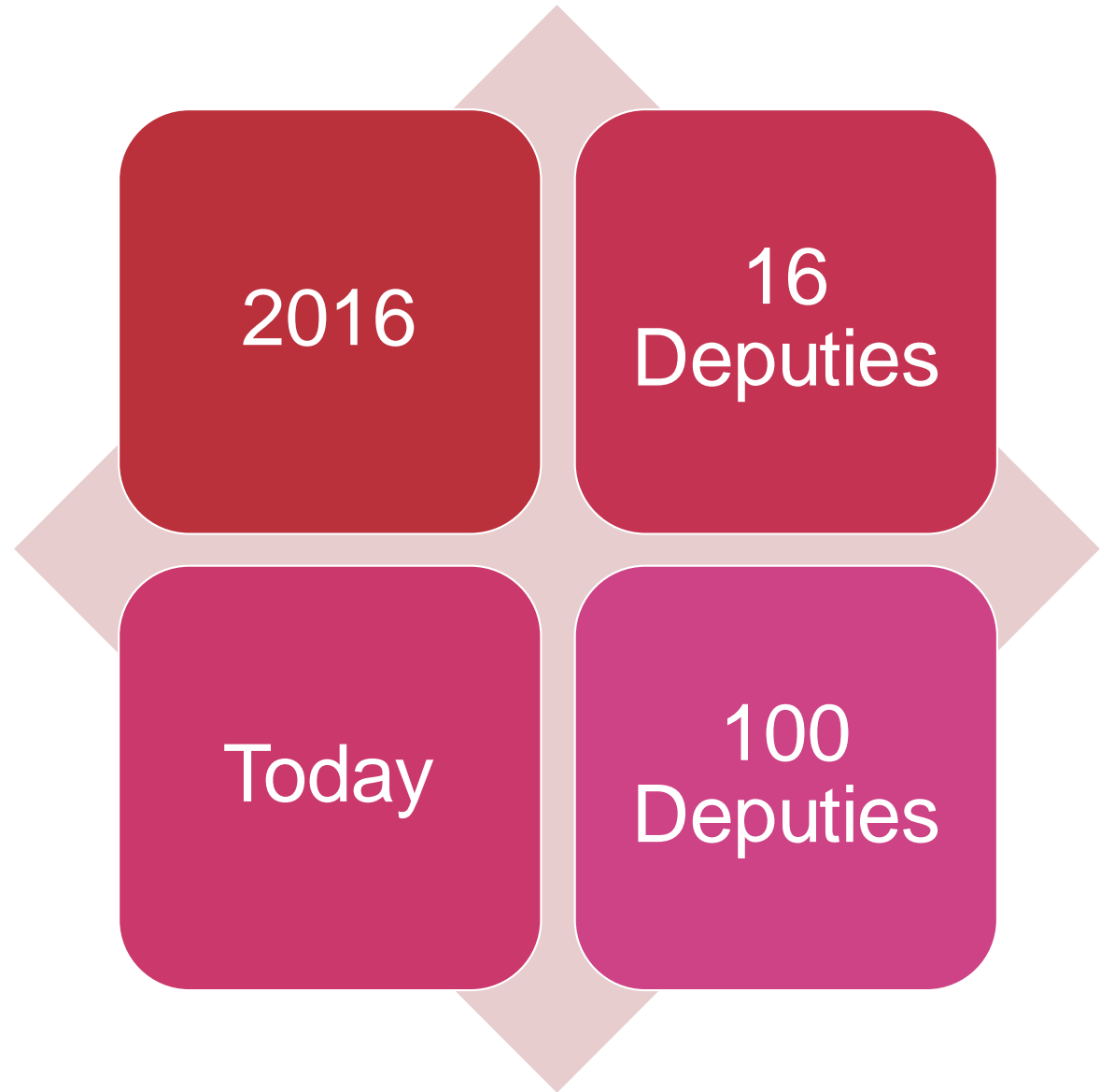
- 720 Hours
- 20 hours – Crisis Management
 - LE Response
 - Persons with mental disorders
 - Alcohol or drug problems
 - Other disorders
 - Chapter 51 requirements



Jail Academy

- 200 hours
- 16 hours Supervision of Special Needs Inmates/Crisis Intervention
 - Normal emotional distress
 - Suspected mental illness
 - Suicide risks
 - Developmental or intellectual disabilities

**CIT (Crisis
Intervention
Training)**





CIT

- Partnership with:
 - NAMI Wisconsin
 - NAMI Dane County
 - WellPath

- 40-hour course



CIT

- Introduction to Crisis Intervention Training
- Understanding Mental Illness
- Hearing Voices Experience
- Trauma Informed Care
- Suicide Prevention
- Correctional Officer Intervention, Communications, & De-escalation skills



CIT

- Autism & Developmental Disorders
- PTSD
- Legal Considerations
- Family Experiences
- Cultural Competency
- Scenarios
- Site Visits
- Implicit Bias Training



Administrative Review

- Weekly
- SPIRS
 - Medical/Mental Health Review



Future Goals





Family Care Coordinator

- Family Connections
- PIO
- Family Stress
 - Strengthen parental interaction

Brief Mental Health Screen

- ❖ Policy Research Associates
- ❖ 8 item assessment
- ❖ Early identification of severe mental illnesses and other acute problems

BRIEF JAIL MENTAL HEALTH SCREEN

Section 1

Name: _____ <small>First MI Last</small>	Detainee #: _____	Date: ___/___/_____	Time: _____ AM PM
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Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <u>ever</u> been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check <i>all</i> that apply):		
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Under the influence of drugs/alcohol	<input type="checkbox"/> Non-cooperative
<input type="checkbox"/> Difficulty understanding questions <input type="checkbox"/> Other, specify: _____		

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

Not Referred

Referred on ___/___/_____ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

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Booking Alerts

Recommendation from Familiar Faces Workgroup

- Develop alert system to identify those receiving services