Education on Major Depression Screening in the Jail System: A Quality Improvement Project

Linxi Xiong

School of Nursing, Oregon Health & Science University

NURS 703B

DNP Chair: Dr. Constance Henderson, DNP, PMHNP-BC

Abstract

The jail system has witnessed a surge in population as a consequence of legislative modifications. As the population has increased substantially, so has the number of individuals suffering from severe mental illness. The jail often fell short in providing adequate care for inmates grappling with severe mental illness as a result of resource constraints and overcrowding. The presence of major depression among incarcerated individuals frequently escaped early detection, resulting in prolonged treatment delays. Suicidal behaviors and prolonged suffering have been associated with untreated severe depression among inmates. The utilization of a validated major depression screening instrument, namely the Ultra-Brief 2-item Depression Screening, could assist clinicians in promptly identifying incarcerated individuals who may be experiencing major depression and in delivering appropriate treatment. The principal aim of this quality development initiative was to enhance clinicians' knowledge and application of the validated major depression screening instrument, Ultra-Brief 2-item Depression Screening, within the jail system. Utilizing questionnaires administered prior to and following education had enabled the monitoring of clinicians' progress and responses concerning the implementation of the screening tool. The primary objective of this project had been partially accomplished, as indicated by the 20% increase in screening tool utilization in the post-intervention period, in comparison to less than 30% in the baseline questionnaire. Regrettably, the limited number of clinicians who participated in the study had restricted its current applicability; therefore, more work would be required to achieve further clarity.

Key Words: mental health, major depression, correctional mental health, depression screening, quality improvement, jail setting

Problem Description

Inmates initiated legal proceedings against the county jail in 2018, alleging that incarcerated individuals were denied adequate access to medical and mental health services. From 2004 to 2018, the county jail system witnessed a twofold increase in the need for psychiatric care for incarcerated individuals, citing Correctional Realignment (*County Jail Class Action Lawsuit Agreement Reached*, 2019). Because of lengthy wait times, the inmates frequently deteriorate and become unstable, particularly those with severe mental illness (SMI). According to Lange (2023), the county jail system has emerged as the largest provider of mental health services in the region. Yet, it remains unable to conduct sufficient screenings for depression among inmates. The average duration from onset to diagnosis of depression was found to be 26 months during incarceration, whereas nearly 90% of mental disorders have been diagnosed by the sixth year of incarceration (Al-Rousan et al., 2017). The failure to accurately diagnose inmates with depression carries significant ramifications, including the heightened risk of suicide (Eno Louden et al. 2023). Suicide stands as the primary cause of death among inmates throughout jails in the United States and self-inflicted violence constitutes one-third of deaths that occur in jail custody (Cain & Ellison, 2022). The suicide mortality rate among inmates is 46 per 100,000 individuals, which significantly exceeds the corresponding rates of 16 and 13.4 per 100,000 for the general public and prisoners, respectively (Carson, 2021). The objective of this project is to develop a workflow for mental health clinicians utilizing evidence-based depression screening for inmates.

Available Knowledge

The United States maintains the highest detained population globally, comprising more than 2 million individuals who are held in jails and prisons every day (Bonfine at al., 2020). Several factors contribute to the high prevalence, 33.1%, of depression diagnosis in the prison population, including loss of privacy, violence within correctional facilities, social isolation, and limited or nonexistent access to mental health services (Bedaso et al., 2020). The prevalence of depression among inmates is two times

higher than the general population, 18.4% (Bedaso et al., 2020; Lee et al., 2023). Inmates have the fundamental right to mental health services, with inmates in jails facing a significantly elevated risk of suicide in comparison to the general population (Fazel et al., 2016). In their research, Fazel et al. (2016) found that inmates and prisoners were frequently diagnosed by lay interviewers using self-report approaches, without the use of validated instruments or appropriate triage for further evaluation by clinically trained mental health professionals. According to Eno Louden et al. (2023), neglecting to diagnose individuals with profound depression can result in severe repercussions, including suicidal ideation and violent behavior. The utilization of validated depression screening is strongly advised (Butcher et al., 2021; Eno Louden et al., 2023). Hence, the implementation of a validated depression screening in the setting of incarceration constitutes a crucial initial measure in detecting inmates who are susceptible to or exhibiting symptoms of depression.

In settings ranging from jails to community health centers, the Patient Health Questionnaire Depression Scale (PHQ-9) is the most widely utilized and validated screening instrument for depression on a global scale, but the half of the positive PHQ-9 screenings do not exhibit core symptoms of depression daily in the setting of incarcerated population (Butcher et al., 2021). The Brief Jail Mental Health Screen (BJMHS) and the Kessler Psychological Distress Scale-6 (K6) are widely used for depression screening in correctional settings (Eno Louden et al., 2023). Since 2004, the BJMHS has undergone numerous revisions and has been evaluated in a variety of correctional settings. However, in its current revision, the tool exhibits a significant number of false negatives, and half of the individuals who meet the criteria for mental health conditions remain undetected by the BJMHS (Kopak et al., 2022). The K6 has demonstrated considerable potential through rigorous validations, exhibiting high levels of sensitivity and specificity, but it should be noted that the K6 is not intended to screen for depression (Umucu et al., 2021). Proctor et al. (2021) investigated and validated with high specificity and sensitivity

an Ultra-Brief 2-items Depression Screening Tool (UB2DS) designed specifically for screening for depression in the correctional population.

Despite the availability of validated screening tools, the jail system does not currently have a structured procedure in place guiding depression screening. Per recommendations by the National Commission on Correctional Health Care (NCCHC), a depression screening should be conducted within fourteen days of the booking (NCCHC, 2018). Although the US Preventive Services Task Force (USPSTF) also recommends depression screening the general adult population, it does not specify the optimal time (USPSTF, 2023).

Rationale

The project is guided by the Institute for Healthcare Improvement's (IHI) Model for Improvement framework. The assessment of the existing procedure and practice for screening for major depression will be guided by the Model for Improvement, which entails meticulous adjustment and training of mental health clinicians on the utilization of the evidence-based screening. The IHI Model for Improvement facilitates incremental progress through the implementation and customization of enhanced practices to suit the particular requirements of this demographic (IHI, 2023). The Plan-Do-Study-Act (PDSA) cycle is frequently utilized to expedite development initiatives through the rapid testing and monitoring of incremental modifications (IHI, 2023).

Specific Aims

The primary objective of this project was to educate mental health clinicians via in-service training regarding the use of UB2DS as a designated depression screening tool during mental health encounters, in light of the current lack of major depression screening. Furthermore, by fostering interdisciplinary collaboration among mental health providers and implementing data-driven and evidence-based adaptations, this initiative aimed to enhance services for depression.

Context

The County Sheriff oversees the administration of the Jail System, which daily accommodates an average 2800 inmates. All inmates in the jail have access to a comprehensive array of psychiatric services, such as inpatient psychiatric services, individual case management services, psychiatric medication evaluation, discharge planning, and routine mental health screenings. Unlicensed and licensed social workers, licensed psychologists, clinical support staffs, and psychiatric providers comprise the staff. Monthly, the mental health division conducts between 3000 and 4000 mental health visits.

Intervention

Questionnaires were used to assess which stage of change the mental health team was at, perceived barriers to the intervention, and implementation of the intervention. The questionnaires would be focusing on tracking attitudes regarding use of screening tool UB2DS (Table 1), likeliness of implementing tool, and feedback around satisfaction with the in-service. The main sources of data would be the questionnaires before the education in-service and the follow up questionnaires provided after the educational in-service set at 4-week intervals. This would track data for how frequently providers utilize the UB2DS.

Measures

Increasing clinician utilization of UB2DS for depression screening was the outcome measure in order to enhance the quality of mental health services through early detection of depression and implementation of appropriate interventions. The process measure would consist of the frequency with which the clinician utilizes UB2DS for depression screening, the cost associated with UB2DS usage, and the duration required to administer the UB2DS. Depression screening should be performed when clinically indicated, annually per recommendation, and no later than 30 days after a recent arrest. Utilizing UB2DS was free because redistributing it did not necessitate payment. The UB2DS consists of four yes/no questions and would take no longer than three to five minutes to complete during the encounter. The balance measure would impose additional clinical documentation and referral

requirements on clinicians as a result of the new process. Implementing a brief screening during a routine mental health visit was not expected to impose a substantial burden on clinicians. By utilizing pre-fillable electronic documents or by updating the existing EMR template to include UB2DS, clinical documentation could be streamlined.

Analysis

Quantitative data were collected at four distinct time points using questionnaires: baseline, pre-intervention, post-intervention, and one month follow-up. The quantitative data analysis was performed using the Microsoft Excel software, and the findings are illustrated in Figures 2 through 5. Qualitative data was collected via individual interviews with clinicians who provided consent with knowledge for follow-up visits. In all interviews, an identical set of interview questions (Table 2) was applied. Through the analysis of interview notes, themes and meaning were developed.

Ethical Considerations

The participants were chosen voluntarily and by their prospective clinical supervisors. The clinical site's consent, as specified in the signed letter of support for this undertaking. This endeavor was exempt from the requirements of the Health Insurance Portability and Accountability Act, given that it did not involve direct interactions with patients. The collected information was de-identified and stored in a password-protected encrypted file. This project was submitted to the Oregon Health & Science University Investigational Review Board (Study #00026798) and deemed not research, not requiring further review. There were no conflicts of interest disclosed by the author. The author had received no compensation for this project.

Results

The project was conducted for a period of one month, initially aiming to include an additional group of clinicians. As a result of the clinical site's short-term contract imposing the time constraint, the second cohort was subsequently canceled. A training presentation was conducted for a cohort of ten

participants. A baseline questionnaire (Appendix A) was distributed to participants. A total of ten responses were collected, with each response being displayed in Figure 2. Although all ten participants completed the baseline questionnaire, only seven responded and offered full consent to participate in this study and completed the pre-education questionnaire (Appendix B). Their responses were demonstrated in Figure 3. Following the conclusion of the presentation, seven participants filled out the post-education questionnaire (Appendix C) and their response were recorded and showed in Figure 4. Six participants responded in the follow-up questionnaire (Appendix D) that was administered one month after the educational session and their responses were displaced in Figure 5. Unfortunately, for the purpose of providing feedback on the project and its utilization of the screening tool, only four participants consented to a subsequent interview.

Based on the responses obtained from the baseline questionnaire, it was found that in this correctional setting, screening tools were utilized by less than 30% of participants during mental health encounters to guide clinical decision making. According to the pre-education questionnaire, over 80% of the participants expressed apprehension regarding the difficulty in determining the most suitable screening instrument or the absence of guidance in this regard. Participant agreement regarding the clinical relevance of the screening instrument in assessments exceeded 80%. Moreover, approximately 80% of the participants presumably held the belief that patients might not be interested in participating in the screening procedure itself. All respondents to the post-education questionnaire expressed a willingness to engage with the screening tool during subsequent visits. Greater than eighty percent of participants obtained knowledge and comprehension regarding the EBP screening tool. A similar sentiment was expressed by the participants regarding how the educational session heightened their awareness of the significance of EBP in clinical proficiency. Fifty percent of the respondents to the follow-up questionnaire stated that they had consistently employed the EBP screening instrument. Approximately 70% of the participants expressed the belief that the screening tool contributed to the

improvement of assessing and quantifying clinical outcomes, and they had successfully utilized the screening tool. Regrettably, the majority of the participants (over 80%) informed that their visit appointments were insufficient time to allow for the screening.

From the four interviews conducted subsequent to the educational session, three overarching themes surfaced (see Table 3): [1] detection of a potential major depressive episode via screening questions; [2] insufficient time for implementing screening questions; and [3] further practice was required to integrate screening into routine interviews. The participants recognized that the time constraint was a result of the day's extensive schedule of appointments. In conjunction with the mandatory core questions for each interview, the screening questions introduced an additional category of questions. Additionally, one month was deemed insufficient by the participants to completely incorporate the screening tool into their established template and interview approach. The participants also indicated that if they identified affirmative responses to the screening questions, the discussion could progress quicker regarding depression.

Summary

The utilization of an EBP screening instrument in a historically underserved and challenging correctional setting yielded some positive outcomes. The participants were introduced to the concept of EBP and the significance of incorporating EBP into clinical practice in order to enhance clinical work through EBP implementation. The responses regarding the adaptation and expansion of the screening tool's use to guide clinical practice and quantify clinical outcomes were favorable. Nevertheless, the undertaking also revealed the significance of ongoing education in cultivating constructive and operational transformations within the department. Lastly, the question of how to expedite clinicians' adaptation was an additional obstacle that has hindered the quality improvement drive. Moreover, this was the department's inaugural quality improvement effort involving the implementation of EBP.

Interpretation

The education session had increased awareness of EBP for clinical improvement. The intervention had improved the utilization of UB2DS by approximately fifty percent. It had seen a significant improvement by twenty percent compared to baseline responses that less than thirty percent of clinicians utilized any screening tools at all in this correctional setting. The largest drawback was the clinician buy-in for adapting the UB2DS. In the follow up interview, two of clinicians had openly admitted that they had not attempted to adapt this screening tool in their routine practice by citing needing more time or having an existed template the clinician followed for long period of time. The responses also could indicate some push-back against the changes that commonly happened during transition. Unfortunately, the current literature on quality improvement projects within correctional setting has been extremely limited. The lack of sufficient pre-admission screening for psychiatric disorders poses a substantial obstacle to ensuring that incarcerated individuals receiving adequate treatment (Fovet et al., 2023). Significant divergence of opinion exists with respect to screening methodologies employed for incarcerated individuals (Fovet et al., 2023). Additional research and quality improvement initiatives are urgently required to fill the vast void in the literature concerning the screening of major depression in prisons (Fovet et al., 2023). Consequently, the ongoing quality improvement initiative lacks the ability to critically evaluate recent projects that have attempted to tackle comparable challenges in correctional facilities.

This quality improvement effort represented the inaugural attempt to implement EBP within the present setting. EBP has been implemented and broadly embraced throughout the healthcare system. The primary impediment to the implementation of quality improvement initiatives has been the intricate nature of correctional mental health, the distinctive and underserved characteristics of the incarcerated population, and the complexities of systemic issues and policy within the legal and correctional systems. Kitt-Lewis et al. (2020) provides further details regarding the constraints that improvement initiatives

face in general, including the hierarchical structure of the correctional system, legal liability, the need to maintain accreditation, and adherence to professional conduct. There was an optimistic expectation that this attempt would stimulate additional dialogue regarding quality improvement efforts and incite further modifications to the system in order to incorporate the most recent research and recommendations that reflected the system's aspiration to provide incarcerated individuals with higher-quality care.

Limitation

The project was presently constrained by the restricted number of educational sessions that were offered to a minority of clinicians. Moreover, due to the limited timeline, additional support in terms of implementation and adjustment were not possible. Furthermore, the responses were produced by a limited number of participants, which complicated the task of deriving significant conclusions and identifying overarching themes that reflected the consensus. The potential for a conflict of interest to arise due to concurrent employment with clinicians in the same department and the execution of this work was an additional limitation. It was indisputable that the clinicians' level of engagement in the educational sessions was impacted by pre-existing relationships, which might have introduced bias into the survey responses. To reduce this risk, all clinicians were apprised of the survey's anonymity and encouraged to provide insightful feedback pertinent to their positions.

Conclusions

This quality improvement initiative was the initial effort and inaugural attempt to implement an EBP screening tool for major depression in the mental health services of this correctional facility. By doing so, the agency aimed to get closer to aligning with the established standard of practice. Promoting the rapid adoption of a validated screening instrument by clinicians had resulted in an improvement of more than twenty percent attributable to the initiative. Furthermore, the efforts to enhance quality should not be halted due to obstacles inside the system and apprehension regarding legal liability. The

project should be extended to include additional cohorts in order to expand its reach to a larger number of clinicians and to introduce the validated screening method to all clinicians in the department. Thus, a more accurate evaluation of the screening tool's effectiveness in raising awareness regarding major depression could be achieved.

References

Al-Rousan, T., Rubenstein, L., Sieleni, B., Deol, H., & Wallace, R. B. (2017). Inside the nation's largest mental health institution: a prevalence study in a state prison system. *BMC Public Health*, *17*(1), 342. https://doi.org/10.1186/s12889-017-4257-0

Bedaso, A., Ayalew, M., Mekonnen, N., & Duko, B. (2020). Global Estimates of the Prevalence of Depression among Prisoners: A Systematic Review and Meta-analysis. *Depression Research and Treatment*, *2020*, 3695209. https://doi.org/10.1155/2020/3695209

Bonfine, N., Wilson, A. B., & Munetz, M. R. (2020). Meeting the Needs of Justice-Involved People With Serious Mental Illness Within Community Behavioral Health Systems. *Psychiatric Services*, *71*(4), 355-363. https://doi.org/10.1176/appi.ps.201900453

Butcher, E., Packham, C., Williams, M., Miksza, J., Kaul, A., Khunti, K., & Morriss, R. (2021). Screening male prisoners for depression and anxiety with the PHQ-9 and GAD-7 at NHS Healthcheck: patterns of symptoms and caseness threshold. *BMC psychiatry*, *21*(1), 446. https://doi.org/10.1186/s12888-021-03453-2

Cain, C. M., & Ellison, J. M. (2022). Identifying Individuals at Risk of Suicide and Self-Harm in Jail. *Corrections*, *0*, 1-16. https://doi.org/10.1080/23774657.2022.2031350

Carson, E. A. (2021). *Mortality in Local Jails, 2000-2019 – Statistical Tables*. Bureau of Justice Statistics

Centers for Disease Control and Prevention. (2013). CDC's Policy Analytical Framework. https://stacks.cdc.gov/view/cdc/25335#:~:text=and%20local%20level.-,Suggested%20citation%3A%20Centers%20for%20Disease%20Control%20and%20Prevention.,Health%20and%20Human%20Services%3B%202013.

Eno Louden, J., Adair, R., Romero, I., & Barber Rioja, V. (2023). Mental health screens used in U.S. corrections settings: evidence of fairness with Black and Latinx people. *Psychology, Crime & Law*, 1-23. https://doi.org/10.1080/1068316X.2023.2206657

Erin Kitt-Lewis, S. J. L. V. M. T. J. R. K. W., & Julie, L. M. (2020). Barriers to and Strategies for Gaining Entry to Correctional Settings for Health Research. *Nursing Leadership*, *33*(1), 71-80. https://doi.org/10.12927/cjnl.2020.26190

Fazel, S., Hayes, A. J., Bartellas, K., Clerici, M., & Trestman, R. (2016). Mental health of prisoners: prevalence, adverse outcomes, and interventions. *Lancet Psychiatry*, *3*(9), 871-881. https://doi.org/10.1016/s2215-0366(16)30142-0

Fovet, T., Mundt, A. P., & Fazel, S. (2023). Psychiatry in prisons and corrections. In *Tasman's Psychiatry* (pp. 1-28). Springer. https://doi.org/10.1007/978-3-030-42825-9_103-1

Kopak, A. M., Singer, A. J., Ballenger, M., & Hoffmann, N. G. (2022). Revisiting the Brief Jail Mental Health Screen in a Rural Jail Sample. *Journal of Forensic Psychology Research and Practice*, 1-13. https://doi.org/10.1080/24732850.2022.2083537

Lange, A. (2023, August 8). Sacramento County may spend almost $1 billion on new annex at the downtown jail. Here's why. *The Sacramento Bee*. https://www.sacbee.com/news/local/article278044128.html#storylink=cpy

Lee, B., Wang, Y., Carlson, S. A., Greenlund, K. J., Lu, H., Liu, Y., Croft, J. B., Eke, P. I., Town, M., & Thomas, C. W. (2023). National, State-Level, and County-Level Prevalence Estimates of Adults Aged ≥18 Years Self-Reporting a Lifetime Diagnosis of Depression — United States, 2020. *Morbidity and Mortality Weekly Report*, *72*(24), 644-650. https://doi.org/http://dx.doi.org/10.15585/mmwr.mm7224a1

National Commission on Correctional Health Care. (2018). *Standards for Health Services in Jails 2018*. National Commission on Correctional Health Care.

Proctor, S. L., Hoffmann, N. G., & Kopak, A. M. (2021). An Ultra-Brief 2-Item Depression Screening Tool for Correctional Populations. *J Correct Health Care*, *27*(1), 36-39. https://doi.org/10.1089/jchc.19.06.0049

The US Preventive Services Task Force. (2023). Screening for Depression and Suicide Risk in Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*, *329*(23), 2057-2067. https://doi.org/10.1001/jama.2023.9297

Umucu, E., Fortuna, K., Jung, H., Bialunska, A., Lee, B., Mangadu, T., Storm, M., Ergun, G., Mozer, D. A., & Brooks, J. (2021). A National Study to Assess Validity and Psychometrics of the Short Kessler Psychological Distress Scale (K6). *Rehabilitation Counseling Bulletin*, *65*(2), 140-149. https://doi.org/10.1177/00343552211043261

Table 1

Ultra-Brief 2-Item Depression Screening

It is a four-items **Yes** or **No** screening questionaries. It can be administered in two to four minutes.

- Did you have trouble getting to sleep and staying asleep or did you find yourself sleeping a lot?
- Did you have trouble thinking or concentrating?
- Did you have little energy or were easily fatigued most days?
- Did you feel worthless or guilty?

- The screening is positive when answering **Yes** to **both** question **2** and **4**.

Table 2

The interview questions

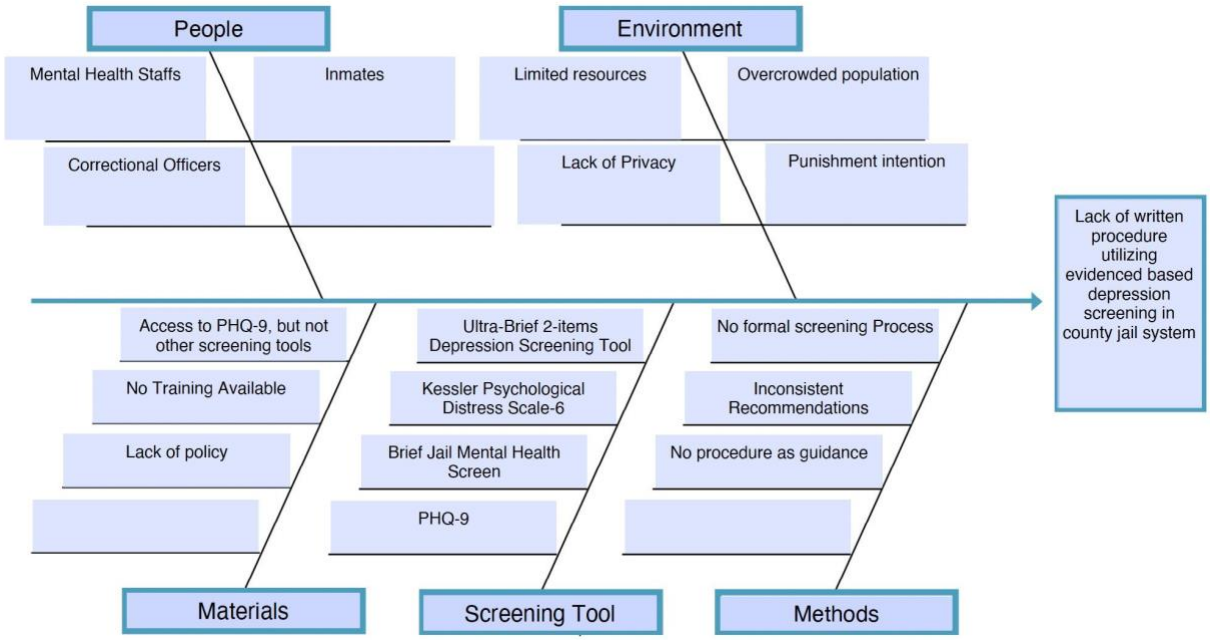
1. What is the most useful part utilizing the UB2DS during the clinical encounter?
2. What is the most challenging part utilizing the UB2DS during the clinical encounter?

Table 3

Themes and Quote

Theme	Quote
Detection of a potential major depressive episode via screening questions	"It initiated topics on potential symptoms of depression." "I was able to connect with patient and started conversation about his/her struggles around mood." "I was not sure at first but it really helps to narrow down things easier [depression symptoms] and the tool can help me to track any changes."
Insufficient time for implementing screening questions	"I keep forgetting to do it. Maybe I try it next month." "I know I need to do that but it is not on my template yet." "I was reminding myself but I just never get to it. Then one month is gone."
Further practice is required to integrate screening into routine interviews	"I think it will be helpful to have follow up sessions routines so I can get into habit." "I know I will need to do it [screening tool] and I am having difficulty to intergrade into it." "It feels awkward to ask them [patients] screening questions because it is not my style." "I am integrating them into my routine questions, and I am not good at it yet."

Figure 1. Cause and Effect Diagram



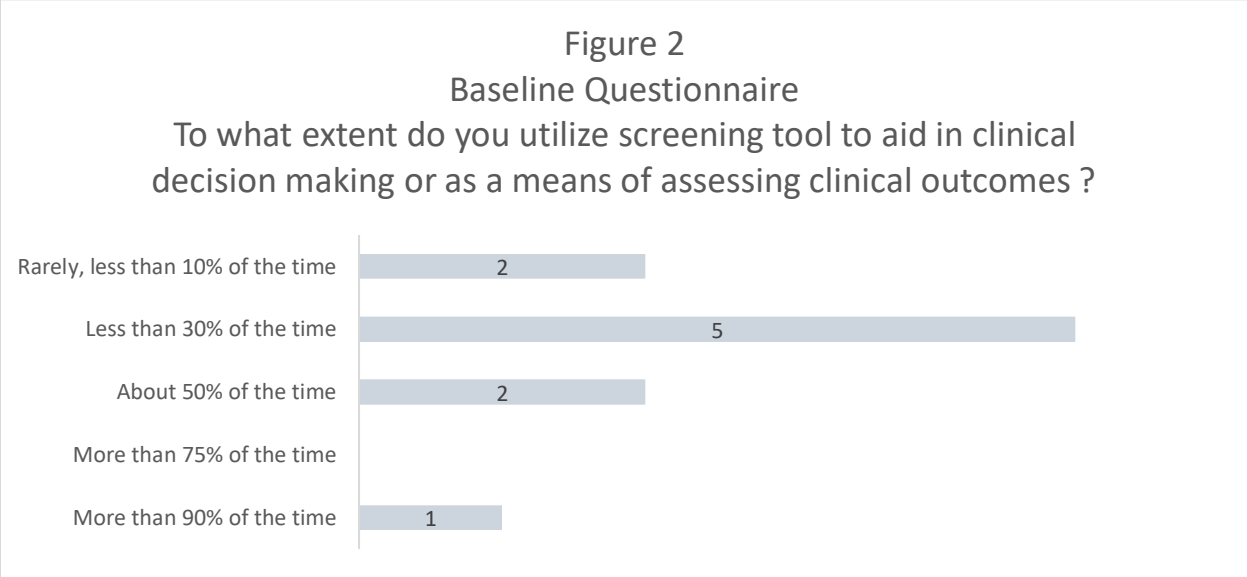


Figure 3
Pre-Education Questionnaire

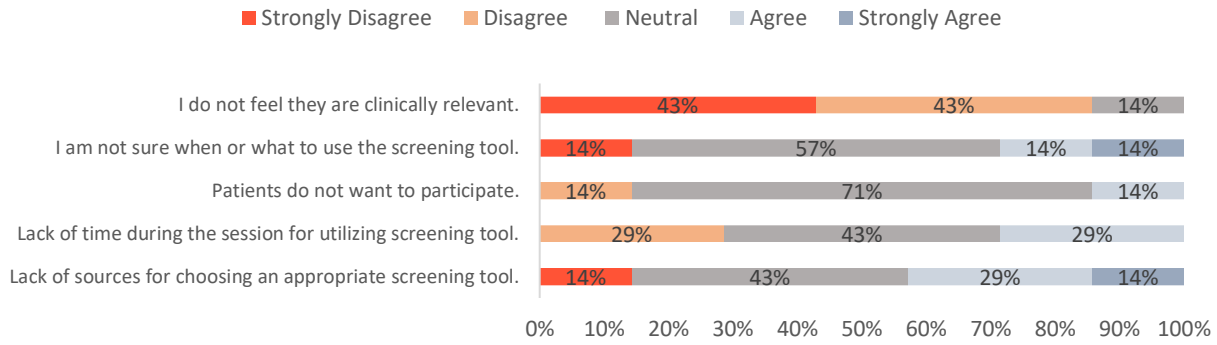


Figure 4
Post-Education Questionnaire

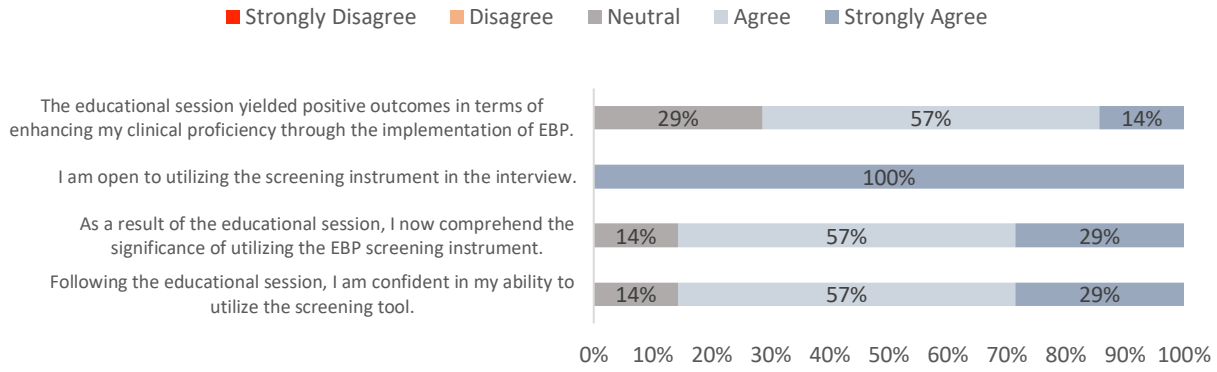
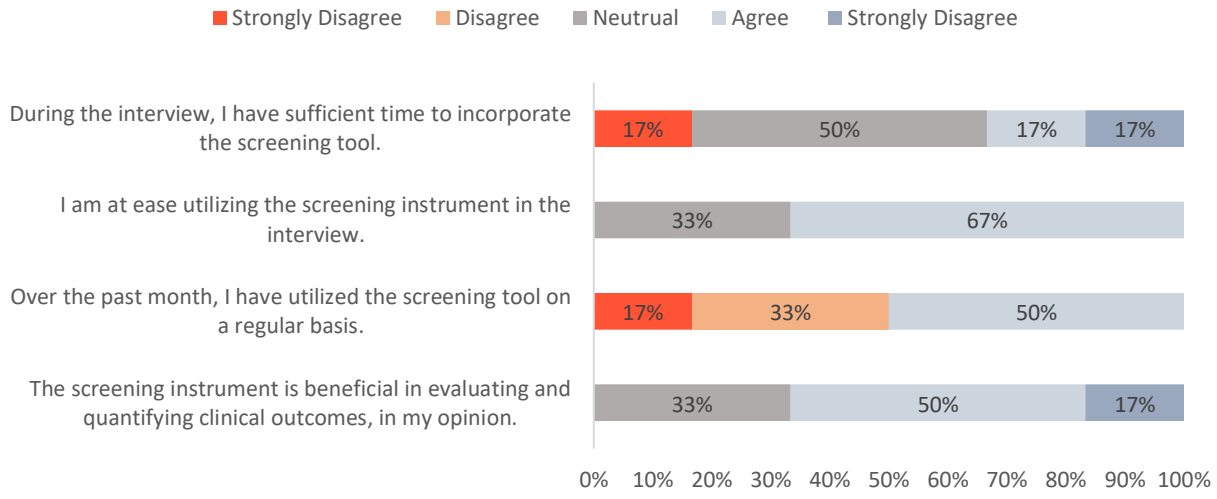


Figure 5
Follow-Up Questionnaire



Appendix A

Baseline Questionnaire

To what extent do you utilize screening tool to aid in clinical decision making or as a means of assessing clinical outcomes? (Please circle one response)

5 More than 90% of the time	4 More than 75% of the time	3 About 50% of the time	2 Less than 30% of the time	1 Rarely, less than 10% of the time

Additional comments:

Appendix B

Pre-Education Questionnaire

Kindly select the response (one) that most accurately reflects your perspective on the exclusion of the screening tool.

1) Lack of sources for choosing an appropriate screening tool.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

2) Lack of time during the session for utilizing screening tool.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

3) Patients do not want to participate.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

4) I am not sure when or what to use the screening tool.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

5) I do not feel they are clinically relevant.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

Additional comments:

Appendix C

Post-Education Questionnaire

Please choose the best statement that describe your perspective in regard to utilize EBP screening tool after educational session:

1) Following the educational session, I am confident in my ability to utilize the screening tool.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

2) As a result of the educational session, I now comprehend the significance of utilizing the EBP screening instrument.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

3) I am open to utilizing the screening instrument in the interview.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

4) The educational session yielded positive outcomes in terms of enhancing my clinical proficiency through the implementation of EBP.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

Appendix D

Follow-up questionnaire

Please choose the best statement that describe your perspective in regard to utilize EBP screening tool one month after educational session:

1) The screening instrument is beneficial in evaluating and quantifying clinical outcomes, in my opinion.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

2) Over the past month, I have utilized the screening utility on a regular basis.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

3) I am at ease utilizing the screening instrument in the interview.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

4) During the interview, I have sufficient time to incorporate the screening tool.

5 Strongly Agree	**4 Agree**	**3 Neutral**	**2 Disagree**	**1 Strongly Disagree**

Letter of Support from Clinical Agency

Date 11/27/2023

Dear *Linxi Xiong,*

This letter confirms that I, *Jason Roof, MD*, allow *Linxi Xiong* (OHSU Doctor of Nursing Practice Student) access to complete his/her DNP Final Project at our clinical site. The project will take place from approximately *Jan 2024* to *March 2024.*

This letter summarizes the core elements of the project proposal, already reviewed by the DNP Project Preceptor and clinical liaison (if applicable):

- **Project Site(s)**: Sacramento County Main Jail, 651 I Street, Sacramento CA, 95817
- **Project Plan:**
  - Identified Clinical Problem: The objective of this project is to provide education for mental health professionals utilizing evidence-based depression screening for inmates in the county jail.
  - Rationale: The implementation of a validated depression screening instrument in the setting of jail system and a guideline for establishing a routine mental health screening constitute a crucial initial step in detecting incarcerated individuals who are susceptible to or exhibiting symptoms of depression.
  - Specific Aims: The primary objective of this project is to educate mental health clinicians via in-service training regarding the use of UB2DS as a designated depression screening tool during mental health encounters, in light of the current lack of depression screening.
  - Methods/Interventions/Measures: The in-service training will be provided for selected group of mental health clinicians with the screening tool. The pre and post questionnaires will be used to assess barriers, readiness, and feedbacks. Increasing clinician utilization of UB2DS for depression screening is the outcome measure in order to enhance the quality of mental health services through early detection of depression and implementation of appropriate interventions.
  - Data Management: The response to questionnaire is the primary data for this project. The responses without personal identifications will be stored in encrypted flash-drive.
  - Site(s) Support: Two scheduled in-services sessions will be made available to the selected group of mental health clinicians during regular work time, as permitted by the ACMH. The chosen cohort of mental health clinicians will be encouraged to participate in this endeavor by the ACMH. Additionally, it will aid in the procurement of space for on-site in-service sessions.

During the project implementation and evaluation, *Linxi Xiong,* will provide regular updates and communicate any necessary changes to the DNP Project Preceptor.

Our organization looks forward to working with this student to complete their DNP project. If we have any concerns related to this project, we will contact *Linxi Xiong* and *Constance Henderson, henderco@ohsu.edu* (student's DNP Project Chairperson).

Regards,

Jason G. Roof, M.D. Date Signed 12/7/2023

DNP Project Preceptor (Name, Job Title, Email, Phone):_Jason Roof, MD, Medical Director

NOT HUMAN RESEARCH

January 16, 2024

Dear Investigator:

On 1/16/2024, the IRB reviewed the following submission:

Title of Study:	Quality Improvement Project: Education on Depression Screening in the Jail System
Investigator:	Constance Henderson
IRB ID:	STUDY00026798
Funding:	None

The IRB determined that the proposed activity is not research involving human subjects. IRB review and approval is not required.

Certain changes to the research plan may affect this determination. Contact the IRB Office if your project changes and you have questions regarding the need for IRB oversight.

If this project involves the collection, use, or disclosure of Protected Health Information (PHI), you must comply with all applicable requirements under HIPAA. See the HIPAA and Research website and the Information Privacy and Security website for more information.

Sincerely,

The OHSU IRB Office