




SUBJECT: Suicide Prevention	PAGE <u> 1 </u> OF <u> 15 </u>
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	APPROVED: 

I. AUTHORITY

Ohio Revised Code 5120.01 authorizes the Director of the Department of Rehabilitation and Correction, as the executive head of the department, to direct the total operations and management of the department by establishing procedures as set forth in this policy.

II. PURPOSE

The purpose of this policy is to establish procedures for the identification and management of potentially suicidal inmates.

III. APPLICABILITY

This policy applies to all persons employed by the Ohio Department of Rehabilitation and Correction (ODRC), all contractors providing direct mental health and medical services to inmates, and all inmates confined in institutions operated by the ODRC.

IV. DEFINITIONS

Close Watch - A level of suicide precaution that requires close staff observation with physical checks and documentation of the watch at irregular, staggered intervals not to exceed fifteen (15) minutes. Documentation is completed at the time of the actual physical observation on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).

Constant Watch - A more intense level of suicide precaution that requires continuous, uninterrupted observation, with documentation at irregular, staggered intervals not to exceed fifteen (15) minutes on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).

Credentialed Mental Health Professional (CMHP) - A mental health professional who by virtue of his/her training, experience, and with supervisory approval have been assigned identified tasks in policy approved by their supervisor or the regional behavioral healthcare administrator (RBHA). To be credentialed to do the tasks outlined in any MNH policy, CMHP staff must have had a documented training regimen per protocol and a signed agreement with the supervisor and/or the RBHA acknowledging a willingness to co-sign the tasks and said agreement shall be on file with the OSC Bureau of Behavioral Health Services (BOBHS) CQI coordinator. Any task that is correlated with an independently licensed mental health professional (ILMHP) and is completed by a CMHP shall have a

co-signature by the person supervising the individual for advanced licensure, or in the absence of this staff, an exempt ILMHP. Wherein this policy references tasks a Mental Health Professional (MHP) can complete, so can a CMHP, regardless of it specifically stating so – by definition.

Cut-down Devices - A tool, designated by the managing officer for each specific institution, such as a pair of blunt nosed scissors or a curved cutting device, used to cut through materials that have been fashioned into a noose.

Independently Licensed Mental Health Professionals (ILMHP) - Psychiatrists, psychologists, advanced practice nurse – mental health (APN-MH), licensed professional clinical counselors (LPCC) and licensed independent social workers (LISW), who, by virtue of their training, experience and state licensure laws, are qualified to provide mental health care and have been specifically assigned identified tasks in this policy.

Limited Privilege Housing (LPH) - Assignment of an inmate to a designated area for the purpose of reducing their privileges, controlling movement, and reducing their access to other inmates. An LPH inmate is considered general population and shall have access to prison services, although that access can be reasonably limited as part of the privilege reduction. Designated out-of-cell time shall be more than two (2) hours daily.

Mental Health Administrator/Mental Health Manager (MHA/MHM) - Those who by position manage the Mental Health departments at each of the institutions.

Mental Health Professionals (MHP) - Those persons who, by virtue of their training and experience, are qualified to provide mental health care within the provisions of the state's licensure laws, policies and guidelines and position descriptions. This category includes psychology assistants, licensed professional counselors (LPC), licensed social workers (LSW), registered nurses (RN), activity therapists (AT), credentialed mental health professional (CMHP), BOBHS social workers, RBHA, MHA 3, MHA 4 as well as the ILMHPs.

Mental Health Special Observation Status (MHSOS) - A level of increased monitoring, special housing, mental health and other interventions that can only be initiated by an ILMHP. MHSOS may be used as step-down from suicide watch status when an inmate is assessed as no longer presenting an imminent risk of suicide and/or crisis care for inmates experiencing mental health crisis or other mental health condition requiring a temporary increase in level of mental health care. Inmates placed on MHSOS require physical checks and documentation of the watch at irregular intervals not to exceed thirty (30) minutes by security staff, and daily contact by mental health staff, excluding weekends and holidays. Additional detail regarding MHSOS procedures is detailed in DRC policy 67-MNH-32, Mental Health Special Observation Status.

Quality Improvement Coordinator (QIC) - The individual/registered nurse who is responsible for the oversight of all quality improvement programs within an assigned institution.

Regional Behavior Health Administrator (RBHA) - Assigned by region as the BOBHS primary staff member responsible for technical assistance and site visit monitoring.

Restrictive Housing (RH) - Housing that separates an inmate from the general population and restricts the inmate to their cell twenty-two (22) hours or more per day.

Safe Cells - Designated cells within each institution for placement of inmates on watch status. Safe cells must permit clear visibility to all areas of the cell to allow continuous visual observation. These cells shall be suicide resistant and include stainless steel fixtures, fine mesh screens over windows and vents with no exposed plumbing or other fixtures/objects from which a person could hang him or herself. The cell door must contain a food/cuff port with locks, and the cell must be outfitted with a maximum-security bed and suicide resistant mattress or moduform bed.

Specialized Mental Health Training Mandated Staff Group - The group of correctional staff identified as needing additional specialized mental health training. This group includes custody professionals assigned to reception, infirmary, residential treatment units, day treatment programs, security adjustment units, death row, restrictive housing, transitional program unit, and limited privilege housing. It includes all relief officers and transportation officers. It also includes all medical and mental health staff who are responsible for the direct supervision or treatment of inmates.

Suicide Attempt - A conscious, deliberate, self-injurious act intended to take one's own life with non-fatal outcomes which may include, but are not limited to, injury by jumping, asphyxiation, laceration, overdose, hanging, drowning, injury by firearm, and poisoning.

Suicide Prevention and Review Team (SPART) - A review team comprised of the appropriate deputy warden, MHA/MHM, health care administrator, unit management chief, security chief and quality improvement coordinator (QIC). The SPART is chaired by the Suicide Prevention Coordinator. The review team shall meet as needed but no less than quarterly to discuss the management of, including but not limited to, suicide incidents, close watch, constant watch and mental health special observation status concerns, restraints, drills, assaults, prolonged threats and death of an inmate or staff member.

Suicide Prevention Coordinator(s) - An ILMHP who, by virtue of their training and experience, is appointed by the mental health administrator/mental health manager (MHA/MHM), to serve as lead clinician in overseeing, coordinating, and implementing suicide risk assessment and prevention activities within each respective institution. The Suicide Prevention Coordinator shall chair the Suicide Prevention and Review Team (SPART) and be a member of the Quality Improvement Team.

Transitional Program Unit (TPU) - A specialized housing unit requiring close supervision of inmates that are placed in Restrictive Housing (RH), Extended Restrictive Housing (ERH), or may be placed in Limited Privilege Housing (LPH).

V. **POLICY**

It is the policy of the Ohio Department of Rehabilitation and Correction (ODRC) to maintain a program for managing crises and suicide prevention that addresses each of the following components: training, identification, referral, evaluation, treatment, housing and monitoring, communication, intervention, notification, review and debriefing.

VI. **PROCEDURES**

A. **Training** - All employees shall receive mental health training. The type and amount of training shall be in accordance with their position and post.

1. 2-Day Specialized Mental Health Training
 - a. Mandated staff are required to take this training one time, followed by refresher training at a fixed interval of five (5) years.

Due to the overwhelming overlap in training content, any staff member in good standing as an ODRC Crisis Intervention Team member, including being up-to-date on CIT annual refresher training, is exempt from taking the initial 2-Day Specialized Mental Health Training course and the 5-year refresher courses.
 - b. After January 1, 2017, all new employees shall receive the 2-Day Specialized Mental Health Training at the Corrections Training Academy (CTA) during New Employee Orientation (NEO).
 - c. Staff who graduated from CTA prior to January 1, 2017 shall be required to complete this training only if they are part of the Specialized Mental Health Training Mandated Staff Group, as defined in this policy.
 - d. Staff who have not received this training at NEO and require the training shall be identified by the institution training officer, in conjunction with all other responsible managers (i.e., HCA, MHA/MHM, security chief, deputy wardens, etc.), and they shall host or schedule this training accordingly.
 - e. Such training shall include but not be limited to:
 - i. General information about mental health;
 - ii. General information about suicide and self-injury;
 - iii. Signs and symptoms of suicidal behavior;
 - iv. Factors that increase the risk of suicide while incarcerated;
 - v. Factors that increase the risk of suicide for a specific inmate; and
 - vi. Introduction to the ODRC's suicide prevention policy and procedures.
 - f. The institution training officer is responsible for maintaining a record of staff attendance and reporting it to the MHA/MHM on a quarterly basis.
2. 8-hour Specialized Mental Health Training Refresher
 - a. An eight (8) hour mental health refresher course shall be required every five (5) years for staff who are included in the Specialized Mental Health Training Mandated Staff Group.
 - b. The refresher course curriculum shall be updated annually by the BOBHS education and training manager and instructed by professionals regionally.
3. Institutional Orientation - The institutional training officer, in collaboration with the MHA/MHM, shall orient all new institutional staff with responsibility for inmate supervision to the institutional suicide prevention policy and procedure.

4. Annual In-Service Training - All staff shall receive suicide prevention training annually. The training shall cover:
 - a. Signs and symptoms of predisposing factors of potentially suicidal inmates and impending suicidal behavior;
 - b. Demographics and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors;
 - c. Risk factors in the evaluation of suicide potential;
 - d. Responding to suicidal and depressed inmates and referral procedures;
 - e. Communication between correctional and mental health care personnel;
 - f. Housing, observation and suicide watch levels;
 - g. Follow-up and monitoring of inmates who make a suicide attempt; and
 - h. Review of institutional procedures regarding suicide prevention including, cell entry, location, use of the cut-down device, and notifications.

5. Summary of Staff Training Related to Suicide Prevention

The following chart provides a quick summary of suicide prevention training requirements for staff.

WHO	WHAT	WHEN
All new staff who graduated from CTA after January 1, 2017	2-day Specialized Mental Health Training	During New Employee Orientation (NEO)
Staff who graduated from CTA prior to January 1, 2017 who are part of the Specialized Mental Health Training Mandated Staff Group	2-day Specialized Mental Health Training	Within 3 months of hire or post determination
All new staff	Site-specific suicide prevention policy and procedure	During Institutional Orientation
All staff	In-Service MH Update	Annually
Staff who are part of the Specialized Mental Health Training Mandated Staff Group	8-hr mental health refresher course	At least every 5 years

6. Drills - At each institution, there shall be one (1) real time suicide drill and one (1) real time restraint drill on each shift per quarter for a total of six (6) separate drills. These shall be actual documented drills, not tabletop exercises. A narrative shall be submitted to the SPART committee chair and the managing officer after each drill detailing the date, time, location and participants in the drill and policy and procedural compliance. Drill narratives shall be reviewed during SPART meetings.

7. Suicide Awareness Video – A suicide awareness video shall be offered to all inmates during inmate orientation at reception and parent institutions within seven (7) calendar days of arrival. For any inmate removed from the routine reception process and transferred into alternative housing (e.g., death row, residential treatment, protective custody, etc.), the Suicide Awareness Video shall be shown on the day of transfer into the alternative housing. This shall be documented on the Inmate Orientation Checklist (DRC4141) in accordance with ODRC policy 52-RCP-01, Reception Admission Procedures.

B. Identification

1. The Initial Medical/Mental Health/Substance Use Screening (DRC5170) shall be utilized to screen inmates for suicide potential upon arrival at reception or upon arrival at the transferred institutions in accordance with ODRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification.
 - a. Reception inmates who are received on a current suicide precaution from the county jail shall continue on constant watch until seen by an ILMHP.
 - b. If the inmate was on watch in the county jail in the previous six (6) months but did not arrive at reception on a suicide precaution, mental health staff shall ensure the inmate is evaluated as soon as possible, but no later than the next business day, to determine if there is a current risk.
2. The Detailed Mental Health Screening (DRC5163) shall be used to identify static and dynamic suicide risk factors and to identify immediate need for follow-up. The MHP conducting the Detailed Mental Health Screening (DRC5163) shall review available collateral information. Records shall be requested if the inmate reports receiving mental health services in the community, including suicide watch placement in the county jail. The MHP shall also verify whether the inmate was on the mental health caseload or was on suicide precautions during any prior ODRC confinement.
3. Restricted Housing Units
 - a. Pre-Placement Suicide Screening

When an inmate enters Restrictive Housing status, the shift supervisor shall ensure notification to Mental Health and Medical is made and received immediately. The Restrictive Housing Admission Screening (DRC5404) shall be completed in the electronic health record and appropriate notifications made in accordance with ODRC policy 67-MNH-31, Mental Health Procedures for Transitional Programming Units and Death Row Housing Units.
 - b. Mental Health Rounds

Weekly rounds shall be done in accordance with ODRC policy 67-MNH-31, Mental Health Procedures for Transitional Programming Units and Death Row Housing Units.

C. Referral

1. Any employee who receives information from the community of an inmate's suicide risk is responsible for assuring the safety of the inmate. Staff shall take immediate steps to ensure the Suicide Prevention Coordinator or designee is informed. If mental health staff is available immediately, they can consult about the disposition. If no mental health staff is available due to the time the information is received, the inmate shall be placed on constant watch until mental health staff is available.
2. If an inmate is notified of a serious change in his/her health condition or other significant life event (e.g., death of family member, new sentence or adverse parole decision, etc.) medical staff or any staff who becomes aware of this significant information shall make a referral to mental health in accordance with ODRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification, on the same day that the inmate is notified.
3. Any staff who comes in contact with an inmate exhibiting signs or symptoms of suicide risk shall maintain constant observation/supervision of the inmate and notify the shift commander of the risk. Constant observation of the inmate shall be maintained until security staff arrive to escort the inmate to a designated area where preparations can be made for suicide watch placement in a safe cell. Any staff member may contact the shift supervisor if they feel an inmate should be placed on constant watch. The shift supervisor or MHP shall initiate a constant watch by utilizing the Authorization for Crisis Precaution (DRC5200).

D. Evaluation

1. The ILMHP shall complete an evaluation of the inmate placed on watch, conduct a risk assessment using the Initial Crisis Assessment (DRC5201) and document the results within twenty-four (24) hours of watch placement. Risk assessment shall include treatment recommendations to reduce risk of self-injurious behavior and/or suicidal ideation.
2. The ILMHP shall inform the Suicide Prevention Coordinator of the results of the evaluation and watch status of the inmate.
3. While an inmate is on a crisis precaution, physical restraints for mental health purposes shall only be used as a last resort for periods in which the inmate is physically engaging in self-destructive behavior. The restraint shall be in compliance with ODRC Policy 63-UOF-04, Physically Immobilizing Restraints.

E. Treatment

1. Inmates on crisis precaution, constant or close suicide watch require daily evaluation by an ILMHP. The Crisis Precaution Disposition and Property (DRC5202) shall be completed daily by the ILMHP completing the crisis assessment to apprise the correctional staff of the level of watch and property permitted. With safety of the inmate in mind, the ILMHP shall evaluate and document on the Crisis Precaution Disposition

and Property (DRC5202) whether the inmate is permitted to shower. Once showers are approved, an inmate shall be offered a shower at least five (5) times per week. The Crisis Precaution Disposition and Property (DRC5202) is updated daily and shall be reviewed daily by each staff person assigned to monitor that inmate. A notation of "shower offered but declined" or "shower offered and provided" shall be entered on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534). Custody staff are responsible to ensure access to a shower while maintaining the adequate level of supervision for the type of watch, with respect to human dignity. Depending on the layout of the shower area, this may mean the officer observes the inmate's head or feet to ensure he/she has not self-injured. When the physical plant prevents adequate supervision by staff, clean water and soap shall be provided in a way that allows the inmate to wash and dry for hygiene maintenance.

2. Special diet – If typical utensils pose a safety risk, the inmate shall be given approved paper utensil while on watch status. Finger food diets are not allowed. Refer to Protocol D-5, Diet Formulary Protocol.
3. A Crisis Treatment Plan (DRC5263) shall be developed in the electronic health record (EHR) by a qualified MHP within one (1) business day for any inmate on watch for more than seventy-two (72) hours. The plan shall be developed with the treatment team and the inmate in a meeting format. The plan shall include an explanation of the inmate's current needs and one or more planned interventions to address those needs and reduce the inmate's risk of self-harm. Signatures are not required, but documentation must include who is present at the meeting. The rationale for continuation of the crisis precaution shall be documented in the progress notes. Consider for referral to RTU after seventy-two (72) hours of watch status.
4. At the termination of crisis watch, the ILMHP or CMHP shall document on the Crisis Precaution Disposition and Property (DRC5202) whether standard watch follow-up is required. Assigning standard watch follow-up shall be based on whether the watch was initiated for suicide risk, or if any other clinical indication is present that would require follow-up. When standard watch follow-up is determined due to suicide risk, a Safety Plan (DRC5061) will be completed with the inmate prior to release from watch. If the inmate already has a Safety Plan (DRC5061), it shall be reviewed with the inmate and modified if the inmate or clinician identifies new or different components of the plan. When possible, the inmate will write out his/her Safety Plan (DRC5061) in language he/she selects. The Safety Plan (DRC5061) shall be scanned into the electronic health chart and the original plan provided to the inmate. If the inmate declines to keep the written Safety Plan (DRC5061), it shall be shredded. The Safety Plan (DRC5061) does not expire; nor does it require signature. The Safety Plan (DRC5061) shall be reviewed at the treatment team that occurs within seven (7) days of release from crisis watch precaution and added to the inmate's list of interventions on the Treatment Plan (DRC5197). The rationale for not needing standard watch follow-up, as outlined below in section VI.E.5, shall be documented in the progress note for the watch status termination.

5. Post Watch Follow-Up

a. Standard Watch Follow-Up

In every instance in which a crisis watch was initiated or continued due to a risk of suicide as assessed by an ILMHP, the inmate shall be seen by a MHP on the calendar day following release from watch. A second follow-up appointment shall be conducted on the third calendar day following release from watch. A third follow-up appointment shall be conducted within seven (7) calendar days after release from watch. If at any time more frequent contact is indicated, the follow-up contacts shall be increased. These timeframes are inclusive of holidays and weekends. The MHP shall be assigned by the suicide prevention coordinator to ensure the crisis is resolved and the inmate is no longer at elevated risk of suicide. If risk remains, the MHP shall document what intervention is needed and provided. These encounters shall be documented on a mental health progress note. In addition, inmates on the mental health caseload at the time of watch initiation or admitted to the caseload as a consequence of the crisis episode, shall have a treatment team meeting within seven (7) calendar days of the watch discontinuation in order to update planned interventions and the frequency of follow-up for continued care. When clinically indicated, the Mental Health Treatment Plan (DRC5197) shall be updated to include the concern of management of suicidality, incorporating information from the most recent Initial Crisis Assessment (DRC5201) and Crisis Treatment Plan (DRC5263). When Treatment Team is attended by the inmate within the first seven (7) days post watch release, that meeting can take the place of the third follow-up appointment.

b. Follow-Up for Non-Caseload Inmates

Inmates not on the mental health caseload shall receive mental health follow-up as clinically indicated. Non-caseload inmates who have made a serious suicide attempt shall be assessed by an ILMHP to determine any need for ongoing mental health services. This assessment may result in the inmate being added to the mental health caseload with access to the full spectrum of mental health interventions that the department offers.

F. Housing and Monitoring

1. Any inmate placed on constant or close watch shall be housed in a safe cell.

a. The safe cell shall be inspected for safety immediately before the inmate's placement, and at least once daily, according to ODRC policy 310-SEC-01, Inmate and Physical Plant Searches. Inmate shall be strip searched prior to being placed in cell and prior to returning to the cell. The completion of the cell search and strip search shall be documented on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).

b. A BOBHS approved suicide-resistant gown and suicide blanket shall be provided at the conclusion of the strip search and prior to being placed in the safe cell to preserve the inmate's dignity. Provisions shall be made to supply the inmate with a security garment that will promote inmate safety in a way that the product is designed. The

ILMHP may modify what property the inmate can keep utilizing the Crisis Precaution and Disposition Property (DRC5202).

2. Specifications for Safe Cells and the SPART inspection criteria are located in Mental Health Protocol I-8: Safe Cell Specifications and Inspection Criteria and the Safe Cells Inspection form (DRC5526).
3. Suicide Precautions
 - a. Constant Watch
 - i. Constant watch is used for any crisis situation in which the highest level of control, containment and monitoring is indicated. This may include an inmate who is actively suicidal, threatening or engaging in self-injury, who poses a high risk for suicide or as an initial precaution prior to an evaluation by an ILMHP.
 - ii. Inmates placed on constant watch shall be housed in a safe cell.
 - iii. A designated correction officer must observe inmates at this level on a continuous, uninterrupted basis, with documentation of observation at staggered intervals not to exceed fifteen (15) minutes using the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534). The exception occurs during assessments with mental health staff who will maintain continuous observation. The correction officer shall document on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534) that inmate is with mental health staff.
 - iv. If the safe cells utilized for constant watch at a given institution are physically located next to one another, with an unobstructed view of both inmates and both entire cells, one (1) officer may be assigned to observe two (2) inmates at this level of observation.
 - v. Documentation of an inmate's condition/behavior must occur at irregular, staggered intervals, not to exceed fifteen (15) minutes, using the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534). The designated correction officer assigned to conduct constant watch shall be provided periodic rotation from the assignment during the course of their shift. In addition, whenever possible, an employee of the same sex as the inmate shall be utilized to maintain observation whenever the inmate on constant watch uses the toilet.
 - vi. Although contact with other inmates shall be kept at a minimum, there may be times when another inmate must come into contact with a suicidal inmate (i.e., porter, food service worker). In those rare occasions, the officer conducting the watch must observe all interactions, check food trays, etc. for the conveyance of contraband.
 - vii. Only an ILMHP may downgrade or discontinue this level of watch after a face-to-face assessment of the inmate in an environment that ensures the maintenance

of privacy and confidentiality. Inmates shall be assessed out of their cell unless contraindicated, and the reason shall be documented in the chart.

b. Close Watch

- i. Close Watch is a lesser degree of observation reserved for the inmate who is not actively suicidal but is clinically assessed by the ILMHP as requiring continued control, containment and monitoring due a continued but lower risk for suicide.
- ii. This level of watch requires the designated correction officer to observe inmates at irregular, staggered intervals, not to exceed fifteen (15) minutes, and with documentation of the inmate's condition as the observation occurs, using the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).
- iii. Only an ILMHP may initiate this level of observation.
- iv. Any staff member may notify the shift supervisor to recommend upgrading the crisis precaution watch level of an inmate.
- v. Only an ILMHP may downgrade or discontinue this level of watch after a face-to-face assessment of the inmate in an environment that ensures the maintenance of privacy and confidentiality.

4. Transport of Inmates on Constant/Close Watch or Mental Health Special Observation Status

- a. Inmates on constant watch, close watch, or mental health special observation status shall not be transported while on any crisis precaution watch status unless they are being transported to a Residential Treatment Unit (RTU), a psychiatric hospital, or a medical facility for a medical emergency. Under extenuating circumstances this requirement can be waived utilizing the process outlined in ODRC policy 67-MNH-04, Transfer and Discharge of the Mental Health Caseload.
- b. Inmates being transported on constant watch, close watch, or mental health special observation status shall not be transported to a residential treatment unit (RTU) on the hub.
- c. The Crisis Precaution and/or Immobilizing Restraints Log (DRC2534) shall be completed by a transportation officer during the transport when an inmate is transported on constant watch, close watch or MHSOS. The inmate shall also be required to sit in the front seat of the secured passenger compartment of the transportation vehicle to assist officers conducting visual observations of the inmate.

G. Communication

1. In each institution, the MHA/MHM is responsible to ensure compliance with the Suicide Prevention policy. This shall be completed in conjunction with the suicide prevention coordinator.

2. The suicide prevention coordinator shall track and monitor all suicide watches and provide quarterly updates to the MHA/MHM and the CQI committee and SPART subcommittee.
3. Any issues with compliance, safe cells, suicide drills, restraint drills that are considered an immediate risk shall be communicated to the MHA/MHM immediately (same day). This information shall then be shared with the appropriate deputy warden and others as appropriate within one (1) working day.
4. Each institution shall develop a mechanism that allows for ease of sharing relevant crisis/suicide information between all Office of Correctional Health Care (OCHC) staff, custody staff and unit staff that is involved or should be involved in an inmate's care. The following information must be appropriately shared:
 - a. Notification to shift supervisor about the continuation or discontinuation of watches.
 - b. Notification to Medical when an inmate's location has changed to ensure medication administration and chronic care treatment.
 - c. Notification to other mental health staff as appropriate for identified interventions.
5. The suicide prevention coordinator shall ensure information is shared and coordinated when an inmate is being transferred between institutions while on watch or if the inmate has been on watch within the last seven (7) calendar days, or if the inmate is under mental health follow-up due to being on watch pursuant to section VI.F.4 above. This information shall also be noted on the Mental Health Transfer Summary (DRC5180).

H. Intervention

1. Each institution shall develop a written plan for twenty-four (24) hour emergency mental health service availability. The plan shall include an on-site emergency crisis intervention. This plan shall be shared with the RBHA at least annually and any time there is a change to the plan.
2. An approved cut-down device to quickly cut through fibrous material shall be safely secured in a lock box in every housing unit or on the person of the correctional staff.
3. Officers need to enter the cell, cut down the inmate and start basic life support while calling for medical assistance.

I. Notification

1. In the event of a completed suicide or suicide attempt that has left the inmate unresponsive, the MHA/MHM or HCA shall notify the managing officer, responsible deputy warden, BOBHS chief, BOBHS QIC, and RBHA assigned to the inmate's prison as soon as the inmate is discovered. In the event of a suicide, suicide attempt, or self-injurious behavior, the applicable institutional staff must report the incident to all appropriate prison officials and the Operation Support Center (OSC) staff in accordance with ODRC policy 67-MNH-17, Mental Health Continuous Quality Improvement, using the Major Healthcare Occurrence Incident Notification/MH (DRC5370).

J. Review

Suicide Prevention and Review Teams (SPART)

1. At a minimum, SPART shall be chaired by the suicide prevention coordinator and comprised of the appropriate deputy warden, MHA/MHM, HCA, unit management chief (UMC), security chief and quality improvement coordinator (QIC). SPART shall meet after critical incidents as needed, but no less than quarterly. At a minimum, the following information shall be reviewed during these meetings:
 - a. All watches shall be reviewed with an adequate sample of documentation of crisis/suicide watches undergoing intensive review for accuracy and thoroughness. In institutions with less than ten (10) crisis/suicide watches, the institution shall review all of the documentation. In institutions with ten (10) or more watches, the institution shall review at least ten (10). Any problematic documentation shall be discussed with the managing officer and documented in the BOBHS CQI Quarterly Report (DRC5558). The problems shall be discussed in the institution Mental Health CQI meeting and an action plan developed to address the problems in accordance with ODRC policy 67-MNH-17, Mental Health Continuous Quality Improvement.
 - b. The MHA/MHM or designee shall complete the Mental Health Quarterly SPART report in DOTS Portal by the 15th of the month following each quarter. This quarterly report shall include information from any special SPART held for the period being reviewed. Special SPART information shall be included in the section of the report entitled Suicide Back-to-Basics Process.
 - c. Environmental Assessment: All members shall give an assessment of issues which may contribute to increased risk.
 - d. Training shall be reviewed to ensure all staff who work in Medical, Mental Health and transitional program units (TPUs) receive the Specialized Mental Health Training. The MHA/MHM shall provide updates regarding the upcoming training schedule and identified staff who need to complete the training.
 - e. Drills shall be reviewed to ensure one (1) real time suicide drill and one (1) real time restraints drill was conducted on each shift per quarter for a total of six (6) separate drills. These shall be actual documented drills, not tabletop exercises.
 - f. SPART shall conduct safe cell inspections on a quarterly basis, prior to their meetings and shall document these inspections on the Safe Cells Inspection form (DRC5526) for review in SPART meetings.
2. Special SPART Meeting
 - a. If there is a serious suicide attempt or suicide, the SPART committee shall convene within seventy-two (72) hours for a special SPART meeting. The purpose of this meeting is to initiate the healthcare occurrence investigation or mortality review in the

case of a suicide for the purpose of continuous quality improvement. This meeting shall incorporate all SPART members and any OSC members as needed.

- b. For the purpose of this section, a serious suicide attempt is defined as an attempt that, had immediate intervention not been provided, would most likely have resulted in death.
- c. In cases of a completed suicide, a mortality review shall also be conducted by the RBHA. This shall include a review of the clinical as well as custodial aspects of the case, emergency response and identification of any potential precipitating factors. The notification and review process for a suicide mortality is outlined in ODRC Policy 67-MNH-17, Mental Health Continuous Quality Improvement.
- d. If the chosen process to review the issue at hand is a Back to Basics project, refer to ODRC Policy 50-PAM-03, Back to Basics. The deadline for the Back to Basics project shall be thirty (30) days. Alternatively, the After-Action Review (DRC2579) is completed in accordance with ODRC policy 74-UMA-01, Accessibility to Unit Management Staff. The Back to Basics Review Report (DRC2716) and/or After-Action Review (DRC2579) is completed and included with the monthly CQI minutes in accordance with ODRC policy 67-MNH-17, Mental Health Continuous Quality Improvement.
- e. Within thirty (30) calendar days of the seventy-two (72) hour special SPART meeting, the team shall reconvene to discuss the suicide mortality review (if applicable) or Back to Basics findings (if applicable) or any relevant information for follow up. The thirty (30) day SPART meeting shall include the managing officer, the RBHA or designee, and other members of the regional team as available in order to identify any regional specific issues, learn from the incident and make recommendations to other institutions within the region.
- f. Action items or recommendations shall be shared at this meeting. Any recommendation or changes in procedures identified during this process shall be an agenda item for the next four (4) SPART meetings to ensure ongoing compliance.
- g. Documentation of the seventy-two (72) hour and thirty (30) day special SPART meetings shall be included in DOTS with the Mental Health Quarterly SPART Report for the time period being covered. Special SPART information shall be included in the section of the report entitled Suicide Back to Basics Process.

K. Debriefing

After critical incidents ~~occur~~ that could have an impact on staff or inmates occur, the following shall be offered:

1. Critical Incident Stress Debriefing (CISD) shall be provided to staff in accordance with ODRC policy 37-EAP-02, Employee Support and Assistance Program.

2. For all inmates, regardless of whether they are on the caseload or non-caseload, mental health staff shall be available at the request of the inmate. Mental Health shall post information on how to access services and shall track the use of those services.
- L. Review of this policy shall be documented annually and upon revision by the managing officer and the-MHA/MHM by both individuals signing and dating a current copy of the policy.

Related Department Forms:

Crisis Precautions and/or Immobilizing Restraints Log	DRC2534
After Action Review	DRC2579
Back to Basics Review Report	DRC2716
Restrictive Housing Individual Record	DRC4118
Inmate Orientation Checklist	DRC4141
Safety Plan	DRC5061
Detailed Mental Health Screening	DRC5163
Initial Medical/Mental Health/Substance Use Screening	DRC5170
Mental Health Services Rounds Log	DRC5171
Mental Health Transfer Summary	DRC5180
Mental Health Treatment Plan	DRC5197
Authorization for Crisis Precaution	DRC5200
Initial Crisis Assessment	DRC5201
Crisis Precaution Disposition and Property	DRC5202
Crisis Treatment Plan	DRC5263
Referral to Mental Health Services	DRC5265
Major Healthcare Occurrence Incident Notification/MH	DRC5370
Restrictive Housing Admission Screening	DRC5404
Safe Cells Inspection	DRC5526
BOBHS CQI Quarterly Report	DRC5558