

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/23/2016	NUMBER: G-53.1
	Replaces: 11/10/2015	
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SUICIDE PREVENTION PLAN		

PURPOSE: To provide policy, defined procedures, and a program for identifying and responding to suicidal individuals. Prevention of suicide is the responsibility of Health Services staff as well as security and other correctional personnel.

POLICY: A program exists to provide specialized programming, intervention, training and tracking for the prevention of offender suicide.

I. DEFINITIONS:

1. Mental Health Observation (MH Obs): A status ordered by a Qualified Mental Health Professional (QMHP) for an offender who is determined to be at risk of self-injury but is not actually suicidal or an imminent risk to do significant medical harm. The offender is to be placed in a specially prepared and approved cell. Offenders in MH Obs are observed for psychiatric symptoms at least every thirty minutes by medical/MH staff.
2. Crisis Management: A status ordered by a QMHP for an offender who is determined to be at imminent risk of significant self-injury or suicide. The offender is to be placed in a specially prepared and approved cell. Offenders in Crisis Management are observed for psychiatric symptoms at least every fifteen minutes by medical/MH staff or a CO with special training at the Inpatient Psychiatric Facility.
3. Constant and Direct Observation (CDO): A status in which an offender who is determined to require movement to Crisis Management is pending transport. In CDO the offender is constantly observed by an officer who is close enough and has the means to intervene to prevent self-injury. Note: this status is not ordered by providers but is a function that security provides upon providers issuing an order for Crisis Management until the offender can be delivered to Crisis Management.

II. Training

- A. All staff receives training in suicide prevention during pre-service and/or new employee orientation and at least annually thereafter.
- B. Suicide prevention training includes, but is not limited to the following areas:
 1. Identifying warning signs and risk factors of suicide
 2. Demographic and cultural parameters of suicide
 3. Responding to suicidal and/or depressed offenders
 4. Referral procedures
 5. Communication between correctional and health care personnel
 6. Monitoring and observation procedures, including follow-up
 7. Critical incident debriefing and staff support following completed or near-completed offender suicides
- C. Health Services staff who provide training will maintain copies of lesson plans and rosters of all participants in a secure file for at least three years.

III. Identification, Intervention and Referral

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- A. Offenders may be identified as at risk for suicide or self-injury through self-referral or by referral from any other party.
- B. Offenders who are identified as “at risk” for suicide or self-injury will be evaluated immediately by a mental health or medical clinician. In the event there are no medical or mental health staff at the facility, the ranking security officer will contact the on-call psychiatrist/mid-level practitioner (MLP) for disposition. Suicidal offenders will be moved immediately to an environment in which offender safety is ensured, and constant and direct observation (CDO) can be maintained.
- C. A mental health professional, when available, will assess the patient for suicide risk to determine if placement in Mental Health Observation or referral to Crisis Management is indicated. When no mental health professional is available, nursing will contact the on-call psychiatrist/MLP for disposition.
- D. An offender is appropriate for outpatient Mental Health Observation if:
 - 1. She/he has made no act of self-injury requiring ongoing medical attention
 - 2. Behavior and/or mental status do not necessitate the use of physical restraint
 - 3. Behavior and/or mental status do not necessitate enforced medication
 - 4. The offender/patient is not acutely psychotic, acutely suicidal, severely depressed or otherwise seriously mentally ill.

Those offenders who do not meet the above criteria are inappropriate for Mental Health Observation and should be transferred immediately to a crisis management or inpatient facility. Offenders awaiting transfer to a crisis management facility must be held in a safe environment under constant and direct observation (CDO) until departure from the facility.
- E. An offender is appropriate for Crisis Management if he/she exceeds the criteria for Mental Health Observation or is being transferred to inpatient care due to mental illness that cannot be managed on an outpatient basis. The procedure for referral to Crisis management is detailed in Correctional Managed Health Care Policy G-51.6.
- F. Documentation:
 - 1. Documentation of all referrals, assessments and intervention of suicidal offenders are made in the health record. Assessment forms, if used, will be documented in the health record. Nursing staff will utilize a nursing protocol to assess all patients.
 - 2. The unit QMHP will report each incident of offender self-injurious behavior and/or suicide by completing the EHR template, MH Self-Injurious Report, appropriate for the facility where the incident occurred no later than the next working day following the incident.
 - 3. A completed HSM-14 (99) will be included in the health record before transfer of an offender to Crisis Management.

IV. Constant and Direct Observation (CDO)

- A. Security officers will provide constant and direct observation according to Security Procedures.
- B. All offenders placed in CDO and awaiting transfer to Crisis Management will have a provider’s order for crisis management documented in the EHR.

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C. A QMHP when available, will assess all offenders in CDO at least once per day. Nursing will make rounds once per day.

V. Mental Health Observation and Crisis Management documentation are to be included in the offender's EHR at the time of admission.

A. All admissions to Mental Health Observation and Crisis Management require the documented orders of a Psychiatrist/MLP or QMHP.

The entry will include:

1. The time and date of admission
2. Reason for admission
3. Description of behavior which has resulted in the admission and the offender's mental status
4. Duration of order, not to exceed three working days, Crisis Management duration can be extended one time for an additional three working days with clinical justification
5. Items which the offender may possess and appropriate clothing and serving ware for meals
6. Information given to the patient about reason for admission

B. Crisis Management admissions will also include pertinent physical findings and current medications if any.

C. The Mental Health Observation Checklist (HSP-5) will be initiated by medical or mental health services staff upon the offender's admission to Mental Health Observation or Crisis Management and completed in accordance with instructions.

VI. Housing Criteria for Mental Health Observation/Crisis Management

A. Any room or cell used for Mental Health Observation/Crisis Management must have the following:

1. Adequate lighting
2. No exposed electrical outlets
3. Ability for the observer to see the entire room without entering
4. No fixtures which the offender may use to harm him/herself
5. Adequate ventilation during warm weather and adequate heat during cold weather

B. Immediate availability of items that would be necessary to save life if a suicide attempt is made, including (but not limited to)

1. Instrument to cut down a hanging victim
2. Emergency response equipment

C. Prior to use, all cells or rooms intended for use as Mental Health Observation/Crisis Management areas must be visually inspected and approved by the Facility Warden, Supervising qualified mental health professional, Facility medical Director and Director of Nurses. Written confirmation of this approval must be maintained as an addendum to this policy in the Facility Health Services Manual. Modifications to cells or rooms used for Mental Health Observation/Crisis Management necessitate a re-inspection and approval.

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- D. Facilities using Mental Health Observation must have onsite nursing coverage whenever an offender is in observation. If a facility does not have a suitable, approved housing area in which to provide Mental Health Observation, the offender must be transferred to a Crisis Management Facility.
- E. Each offender in Crisis Management will have a Mental Health Crisis Management Evaluation within 1 work day of placement that includes reason for admission.

VII. Care and documentation for offenders while in Mental Health Observation or Crisis Management.

- A. Clothing, mattress, blanket, eating utensils and legal material are allowed unless otherwise ordered by a QMHP. Offenders who are at risk for self-injury should not be permitted to possess items with which they may injure themselves. Offenders may be provided with agency approved “suicide” blankets in lieu of regular linen. Paper gowns must be provided if all clothing is removed. If the QMHP considers the paper gown to be contraindicated or dangerous to the patient, the offender will be placed on one to one observation.
- B. Offenders may not be denied possession of legal materials except under the following circumstances:
 - 1. Items with which the offender may harm him/herself, such as pencils, pens, paper clips and staples may be denied with written justification in the health record.
 - 2. State furnished legal materials may be restricted or denied when the offender/patient exhibits behavior, which may result in the destruction of such materials. Justification of any restriction must be documented in the health record.
- C. Offenders in Mental Health Observation must be visually checked a minimum of once every 30 minutes by mental health, medical staff or by security staff. Offenders in Crisis Management must be visually checked a minimum of once every 15 minutes by mental health staff, medical staff, or by a CO with special training at the Inpatient Psychiatric Facility. Behavior is documented on the Mental Health Observation Checklist (HSP-5).
- D. A QMHP will be notified if the offender’s mental status significantly deteriorates.
- E. Offenders in Mental Health Observation or Crisis Management are allowed daily bathing privileges in accordance with established security procedures.
- F. Offenders in Mental Health Observation or Crisis Management may not engage in routine out of cell activities.
- G. Previously scheduled routine off-site medical appointments for Offenders in Mental Health Observation or Crisis Management should be rescheduled if clinically appropriate.

VIII. Discharge documentation for Offenders in Mental Health Observation and Crisis Management

- A. Offenders may be discharged from Mental Health Observation or Crisis Management any time up to the duration specified in the admit order or upon expiration of the admit order. A discharge order must be given by a psychiatrist/MLP or other qualified mental health professional.

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- B. Upon discharge from Mental Health Observation the offender must be returned to his/her assigned housing area and referred to mental health staff for further treatment and follow-up, or transferred to Crisis Management.
- C. Upon discharge from Mental Health Observation or Crisis Management a qualified mental health professional will document a Discharge Summary note in the EHR that includes:
 1. Reason for admission
 2. Presenting symptoms, clinical course of stay, and current level of symptomatology
 3. Current Mental Status Exam
 4. Diagnosis
 5. Orders and recommendations

IX. Facilities will maintain a log of Mental Health Observation and Crisis Management admissions which includes at a minimum patient name, TDCJ#, date of admission, referring unit (if applicable), and date of discharge.

X. Completed Suicide

- A. In cases of completed suicide, the QMHP will notify the appropriate Director of Mental Health Services within 24 hours and will work with the Facility Warden or designee, the Medical Director, Practice Manager, Facility Health Administrator and Nurse Manager/Director of Nurses to schedule and conduct a critical incident debriefing(s). The purpose of the critical incident debriefing is two-fold:
 1. To review the circumstances of the incident, including the timeliness and appropriateness of staff response and intervention in order to identify any areas in need of improvement of staff evaluation and training needs.
 2. To provide staff and offenders who were directly involved or witness to the suicide with supportive counseling and to offer referrals to individuals in need of further intervention.
- B. Documentation of the critical incident debriefing(s) is confidential.
- C. In cases of completed suicide, a Post-Suicide Mental Health Evaluation will be conducted as per Correctional Managed Health Care Policy (A-11.1).

Reference: ACA Standard 4-4389 (Ref. 3-4351) Emergency Response (Mandatory)
 ACA Standard 4-4373 (Ref. 3-4364) Suicide Prevention and Intervention (Mandatory)
 ACA Standard 4-4368 (Ref. 3-4336) Mental Health Program (Mandatory)