POLICY STATEMENT:

The Department shall provide services to prisoners in Correctional Facilities Administration (CFA) and Field Operations Administration (FOA) facilities as set forth in this policy to reduce the risk of suicide or self-injury during incarceration.

POLICY:

DEFINITIONS

A. Mental Disability - Any of the following mental conditions:

1. Mental illness, which is a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of life.

2. Severe chronic brain disorder, which is characterized by multiple cognitive defects (for example, memory impairment resulting from a medical condition or brain injury due to trauma or toxins).

3. Developmental disorder, which usually manifests before the age of 18 years and is characterized by severe and pervasive impairment in several areas of development (for example, autism; retardation).

B. Prisoner Health Record - All information recorded in electronic form, paper form, or any other medium that pertains to a prisoner's mental and/or physical health care, history, diagnosis, or condition that is maintained by a health care provider.

C. Qualified Health Professional (QHP) - A health care professional licensed by the State of Michigan or registered/certified to practice within the scope of his/her training.

D. Qualified Mental Health Professional (QMHP) - A physician, psychiatrist, nurse practitioner, physician's assistant, psychologist, social worker, or registered nurse who meets the requirements set forth in MCL 330.1100b and is trained and experienced in the areas of mental illness or mental disabilities.

E. Self-Injurious Behavior - Deliberate self-effected bodily harm or disfigurement of a socially unacceptable nature that lacks conscious suicidal intention.

F. Suicidal Behavior - Written or verbal threats, acts, or gestures which could cause serious self-inflicted injury to one's body motivated by a decision to kill oneself.

GENERAL INFORMATION

G. For purposes of this policy, "prisoner" includes probationers and parolees housed in Special Alternative Incarceration (SAI). However, where this policy is in conflict with PD 05.01.142 "Special Alternative Incarceration Program" as to referral, evaluation, and transfer of probationers and prisoners who are believed to be at risk for suicidal or self-injurious behavior, PD 05.01.142 shall control.

H. There are "critical periods" during which some prisoners may be at increased risk for suicidal or self-injurious behavior. Such critical periods include the initial arrival in prison, a parole denial, an additional term of incarceration, a family or relationship crisis or loss, holidays, involvement as victim or perpetrator in a traumatic critical incident, and the diagnosis of debilitating or terminal illness.

I. All staff have a role and responsibility in the identification, referral, and management of suicidal and self-injurious behavior. The Administrator of the Training Division, Budget and Operations Administration, shall ensure that

training is available to staff regarding the identification of prisoners at risk of suicidal and self-injurious behavior. Training also shall be available to QMHPs and QHPs in how to conduct suicide risk assessments. Staff shall attend such training as required.

J. All critical incidents involving prisoner suicide, attempted suicide, and self-injurious behavior which require medical treatment shall be reported as required in PD 01.05.120 "Critical Incident Reporting."

K. The Evaluation of Suicide Risk template in the Prisoner Health Record shall be followed by all QMHPs and QHPs when assessing or evaluating a prisoner's risk for suicide or self-injurious behavior and in developing management plans to address these behaviors. All assessments and evaluations shall include a face-to-face interview with the referred prisoner, which may be conducted through telemedicine, and review of the prisoner's health record.

INTAKE RISK SCREENING AND EVALUATION

L. Whenever a prisoner arrives at a reception facility from a Sheriff's Department, or if sentenced in the Upper Peninsula, to the Marquette Branch Prison (MBP), custody staff shall immediately review the Sheriff's Questionnaire. If any indications of suicidal or self-injurious behavior are noted, or if warranted by the prisoner's behavior or statements, the prisoner shall be immediately referred to a nurse or other trained staff for a suicide/self-injury risk screening. The Suicide Prevention Screening template in the Prisoner Health Record or the Suicide Prevention Screening form (CHJ-179) shall be used to conduct the screening. If the screening indicates a risk of suicidal or self-injurious behavior, or if warranted by the prisoner's behavior or statements, the prisoner shall be referred to a QMHP or QHP for a mental health evaluation using the Mental Health Services Referral form (CHX-212). The prisoner shall be maintained under unrestricted face-to-face visual observation until the screening is completed, and if referred to a QMHP or QHP, the evaluation is completed and any management plan implemented.

M. Prisoners who are not immediately referred for screening under Paragraph L shall be screened for suicide or self-injury risk by a nurse or other trained staff as soon as possible but no later than by the end of the prisoner's day of arrival at the facility, using the Suicide Prevention Screening template or the Suicide Prevention Screening form (CHJ-179). A prisoner shall not be assigned a cell until the risk assessment screening is completed. If the screening indicates a risk of suicidal or self-injurious behavior, the prisoner shall be referred to a QMHP or QHP for a mental health evaluation using the Mental Health Services Referral form (CHX-212) and maintained under unrestricted face-to-face visual observation until the evaluation is completed and any management plan implemented.

N. Mental health evaluations conducted pursuant to Paragraphs L and M shall be completed by the QMHP or QHP as soon as possible after receipt of the referral but no later than the end of his/her workday. Upon completion of the evaluation, if a management plan is needed, it shall be developed as set forth in this policy and entered into the Prisoner Health Record.

REFERRAL OF PRISONER WHO THREATENS OR ENGAGES IN SUICIDAL OR SELF-INJURIOUS BEHAVIOR

O. If a prisoner engages in suicidal or self-injurious behavior which is life-threatening, staff shall immediately respond as set forth in PD 03.04.125 "Medical Emergencies." If the behavior is not life-threatening but needs medical attention as soon as possible, health care staff shall be immediately notified and any necessary treatment provided. In both cases, the prisoner shall then be referred by health care staff to a QMHP or QHP for a mental health evaluation, using the Mental Health Services Referral form (CHX-212). If it is necessary to release the prisoner from the hospital or health care unit prior to completion of the evaluation, the prisoner shall be placed on unrestricted face-to-face visual observation in an observation room.

P. If a prisoner engages in suicidal or self-injurious behavior which does not require medical treatment, or threatens to engage in suicidal or self-injurious behavior, the prisoner shall be promptly placed on unrestricted face-to-face visual observation in an observation room and referred to a QMHP or QHP for a mental health evaluation, using the Mental Health Services Referral form (CHX-212).

Q. Mental health evaluations conducted pursuant to Paragraphs O and P shall be completed by the QMHP or QHP as soon as possible after receipt of the referral but no later than the end of his/her workday. The evaluation shall be documented on the Evaluation of Suicide Risk template in the Prisoner Health Record. If a QMHP or QHP is not available to conduct the evaluation on-site, it shall be conducted through telemedicine. After completing the

evaluation, the QMHP or QHP shall develop a management plan, as required by the Evaluation of Suicide Risk template in the Prisoner Health Record and this policy, before ending his/her workday.

OBSERVATION ROOM

R. An observation room is a cell or room designated pursuant to PD 04.05.112 "Managing Disruptive Prisoners" to temporarily house prisoners referred for mental health evaluation or continued on observation status pursuant to a management plan developed by a QMHP or QHP. An observation room shall not contain structures, fixtures, or objects which could reasonably be used to aid in a suicide attempt or other self-injurious, assaultive, or destructive behavior or obstruct the view of the prisoner. It also shall be stripped, except for a mattress and a tear-resistant blanket, prior to a prisoner being placed in the room. However, medically necessary items shall be allowed as ordered by a physician or psychiatrist. In addition to routine observation during rounds, a prisoner in an observation room shall be monitored through unrestricted face-to-face visual observation until the prisoner is evaluated by a QMHP or QHP and a management plan implemented. This may be supplemented by video-camera monitoring, but video-camera monitoring shall not be used instead of unrestricted face-to-face visual observation.

S. The following precautions shall be implemented to reduce the risk of self-harm by the prisoner while in the observation room:

1. The prisoner shall be issued an approved tear-resistant gown of an appropriate size and length to provide for the prisoner's modesty. The prisoner also shall be issued toilet paper and, for female prisoners, necessary female personal hygiene items. Generally, other personal and state-issued clothing and personal property shall either be secured or stored, except for a ring or wedding band set, prostheses, and dentures. These items also shall be secured or stored if used by the prisoner in the behavior that resulted in his/her placement in the observation room. Any secured or stored prescribed medications shall be administered to the prisoner by appropriate health care staff. Prisoners will be allowed certain items as determined medically necessary by health care staff.

2. Finger foods shall be provided to prisoners as a substitute for regular meals. If bagged, the bag shall not be given to the prisoner.

3. Out-of-cell prisoner activity, including visits, shall be prohibited except as required to meet the prisoner's necessary personal hygiene needs, for treatment of urgent medical needs, for mental health evaluations or treatment, and as otherwise requested by the QMHP, QHP, or other health care staff.

T. If a prisoner uses or attempts to use any item identified in Paragraph S to impede observation or to attempt to engage in self-injurious behavior, staff shall immediately respond and remove the item. As soon as possible after doing so, the Duty Administrative Officer shall be contacted by telephone to determine if the item should continue to be withheld for custody and security measures.

U. A QHP shall monitor the prisoner's medical status and conduct assessments as needed. All staff shall document in the unit logbook pertinent information regarding the prisoner's behavior, including statements made by the prisoner and contacts with health care staff.

PRISONER OBSERVATION AIDE (POA) PROGRAM

V. Prisoners designated as a POA may be used to observe other prisoners under one-on-one direct observation. Prisoners selected for the POA program shall be classified as a POA or an alternative work classification that encompasses the same responsibilities as the POA classification. Prisoners shall be selected for this work assignment based on their ability and willingness to provide this service and their emotional stability, reliability, and credibility with both prisoners and staff. Other selection criteria may be utilized as determined by the CFA Deputy Director or designee, including misconduct history. The pay for this assignment shall be the highest daily rate of the advanced education/training pay scale for each 24 hour period during which the prisoner is called-out for the assignment. The prisoner may be classified to another work or school assignment while on a POA assignment. However, due to OMNI "rules" that will not allow dual work assignments to be entered, the 2nd work assignment must be manually tracked.

W. In conjunction with the administrator of the Bureau of Health Care Services (BHCS), the CFA Deputy Director

shall ensure that appropriate training is provided to prisoners assigned to the POA program. The training shall include instruction on the prisoner's duties and responsibilities as an observer as well as instruction in record-keeping, handling emergencies, basic communication skills, active listening skills, and maintaining confidentiality. Follow-up training shall be provided at least annually. Only prisoners who have received this training shall be utilized as an observer.

X. Each institution with a POA program shall have a POA program committee. The committee shall include the Classification Director and a Residential Unit Manager (RUM), Assistant Resident Unit Supervisor (ARUS)/Prison Counselor, or other appropriate staff designated by the Warden, one of whom shall be designated to chair the committee. The committee also shall include a Qualified Mental Health Professional (QMHP) designated by the Warden after consultation with the Mental Health Services Unit Chief. The committee shall be responsible for screening and selecting prisoners for assignment to the program, and ensuring adequate observation coverage is available. Prisoners may be removed from this assignment at the discretion of the POA committee. Since this is a voluntary assignment, a prisoner assigned to the program also may request removal for any reason. The request shall not be considered a refusal and shall not result in a negative work evaluation.

Y. The chairperson of the POA program committee shall serve as the Program Coordinator. The Program Coordinator shall be responsible for maintaining a roster of all trained observers at his/her facility, ensuring a current copy is available in the Control Center for reference during non-business hours. The Program Coordinator also shall be responsible for overseeing scheduling of the observers. In addition, the Program Coordinator shall meet at least quarterly with the observers to review procedures, discuss issues, and supplement training.

Z. Observer Aides will ordinarily work a three-hour shift. Except under unusual circumstances, an Observer Aide shall not work more than six hours in a 24-hour period. Observer Aides shall be strip-searched prior to and immediately after reporting to the assignment. They must maintain unrestricted one-on-one visual observation of the prisoner being observed at all times. Although the Observer Aide may communicate with the prisoner being observed, at no time shall the Observer Aide counsel or give advice to the prisoner. Observer Aides shall not be provided or allowed to have access to medical, psychiatric, or commitment files of the prisoner being observed and shall not be provided or allowed to access any confidential information regarding the prisoner.

AA. While on assignment, Observer Aides shall be supervised by designated staff in the immediate area of the observation room. The Observer Aide shall document his/her visual observation of the prisoner every 15 minutes in the POA documentation report and document any unusual or significant event as it occurs. Custody staff shall review and initial the report when making required 15 minute rounds. The Observer Aide shall immediately alert staff if the prisoner being observed is in apparent distress or engaging in self-injurious or other behavior that may indicate the need for staff intervention. Whenever an Observer Aide alerts staff of such behavior, staff must immediately respond and take appropriate action. At the end of each session, the Observer Aide shall meet with designated unit staff for debriefing. If observation continues with a different Observer Aide, staff shall ensure that observer aide is provided information regarding any issues/concerns raised during the prior observation session.

MANAGEMENT PLAN

BB. For each prisoner referred for a mental health evaluation, the QMHP or QHP shall collaborate with the Warden or designee to develop a management plan as required under the Evaluation of Suicide Risk template in the Prisoner Health Record. The management plan shall address in detail all of the following, tailored to the specific prisoner's needs:

1. Type and duration of precautions to be taken to reduce the prisoner's risk of self-harm, including any need to remain on observation status. The Mental Health Services Unit Chief and Regional Director shall be notified whenever a prisoner remains on observation status for seven continuous days, with notification every seven days thereafter until the prisoner is removed from that status. However, absent approval of the Mental Health Services Administrator, a prisoner shall not remain on observation status for more than 30 continuous calendar days. This restriction and notifications do not apply if the prisoner is in an in-patient mental health unit.

2. If continued on observation status, the type and duration of any allowed out-of-cell/room activity and frequency of required observation.

3. Types of behavior which should be observed and reported by staff.

4. Specific actions to be taken by staff when certain behaviors are observed.

5. Frequency of QMHP or QHP contact, including description of behavior which requires immediate notification of the QMHP or QHP.

6. Therapeutic interventions to be taken by staff to promote positive, rather than self-destructive, behavior by the prisoner.

CC. Appropriate health care staff shall personally deliver a copy of the management plan to the Control Center and to the unit in which the prisoner is housed. Staff shall note receipt of the management plan in appropriate logbooks.

DD. A QMHP or QHP shall review the overall management plan with the prisoner upon its completion. Upon receipt of the management plan by the housing unit, a QMHP or QHP shall review the management plan with appropriate housing unit staff, noting any special conditions required to be taken by unit staff. The housing unit staff who reviewed the plan with the QMHP or QHP shall personally review the management plan with other housing unit staff and the prisoner. These reviews, including the review with the QMHP or QHP, shall be noted in the housing unit logbook.

EE. The management plan shall be reviewed by a QMHP or QHP, and revised accordingly, at a frequency based on the prisoner's level of risk for suicide or self-injury. The management plan shall be reviewed, and revised as necessary, whenever the prisoner's risk level is changed.

FF. The Control Center shall maintain a master file of all currently active management plans for prisoners within the facility. A file shall be maintained in each housing unit of all currently active management plans for prisoners within that unit. Management plans shall be followed by all affected health care and housing unit staff, including custody staff assigned to the housing unit.

GG. When a prisoner for whom a management plan has been prepared is to be transferred to another facility, the Mental Health Services Unit Chief or designee for the sending facility shall personally discuss the management plan with the Mental Health Services Unit Chief or designee for the receiving facility prior to the transfer regarding the management plan. The transfer coordinator for the sending facility also shall personally discuss the management plan with the transfer coordinator for the receiving facility prior to the prisoner's transfer. In addition, the Control Center copy of the management plan shall be attached to the Prisoner Detail for Inter-Institution Transfer form (CAJ-959). Upon arrival at the receiving facility, a QMHP or QHP for the receiving facility shall review the prisoner's management plan and tailor the plan to meet the prisoner's needs at that facility. The plan of treatment and the management plan shall be personally reviewed with the prisoner and personally communicated to staff as set forth in Paragraph DD.

REFERRAL AND ADMISSION TO IN-PATIENT MENTAL HEALTH UNITS

HH. If a QMHP or QHP determines that a prisoner is in need of intensive assessment and treatment, s/he shall refer the prisoner for admission to the appropriate level of care in accordance with PD 04.06.180 "Mental Health Services" and PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners." All transfers shall be in compliance with PD 05.01.140 "Prisoner Placement and Transfer."

II. When a prisoner admitted to an in-patient mental health unit is to be discharged, a Discharge Summary shall be completed and a new management plan developed prior to the prisoner's transfer. The receiving facility shall be notified of the management plan as set forth in Paragraph GG.

JJ. Transportation of the discharged prisoner to the receiving facility shall be arranged whenever possible so that the prisoner arrives during normal business hours. Upon arrival, a QMHP or QHP at the receiving facility shall review the Discharge Summary and the prisoner's management plan and tailor the plan to meet the prisoner's needs at that facility.

PROCEDURES

KK. Wardens, in conjunction with the Regional Health Administrator and Mental Health Services Administrator, shall

ensure that procedures are developed as necessary to implement requirements set forth in this policy directive. This shall be completed within 60 calendar days after the effective date of the policy directive.

AUDIT ELEMENTS

LL. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self-audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures."

APPROVED: DHH 3/16/15