

Office of Programs and Services

MENTAL HEALTH SERVICES



Clinical Guidelines For Suicide Prevention

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# OFFICE OF PROGRAMS AND SERVICES

## MENTAL HEALTH SERVICES

### Section A Definitions

- I. Policy - DPSCS will remain proactive in the prevention of suicide.
- II. Procedure:
  - A. Because mental health services require special use of terms, the following definitions used in Mental Health policies and procedures are employed:
    - 1. **“Administrative Review”** means a case analysis of a suicide or an attempted suicide by the Director of Mental Health Services, or a designee, and a multi-disciplinary panel.
    - 2. **“Agency”** means an organization, institution, division, or unit established by statute or created by the Secretary of Public Safety and Correctional Services (Secretary) within the Department.
    - 3. **“Agency Head”** means the highest authority of a Department agency.
    - 4. **“Close Observation”** means an inmate, determined to be in need of further observation due to some change in his or her behavior.
    - 5. **“Continuous Observation”** means staff maintains an at-risk inmate in constant view.
    - 6. **“Correctional Employee”** means an individual employed by the Department working in a correctional facility with responsibilities that include the care, custody and control of an inmate under the control of the Department.

7. **“Correctional Mental Health Center”**
- a. **“Correctional Mental Health Center (CMHC)”**  
means an inpatient mental health unit at a Department facility where an inmate requiring acute mental health services is placed.
  - b. **“Correctional Mental Health Center (CMHC)”**  
includes:
    - i. **CMHC** – Baltimore located in the Baltimore City Detention Center where a Division of Pretrial Detention and Services (DPDS) inmate may be placed for mental health treatment; and
    - ii. **CMHC** – Jessup located at the Patuxent Institution where a Division of Correction inmate may be placed for mental health treatment.
    - iii. **CMHC** – Women’s located in the Maryland Correctional Institution for Women.
8. **“Deputy Secretary”** means the Deputy Secretary for the Office of Programs and Services
9. **“Intake Facilities”** within the Department means:
- a. Central Booking and Intake Facility (CBIF):
  - b. Maryland Reception Diagnostic and Classification Center (MRDCC):
  - c. Maryland Correctional Institution-Women’s.
10. **“Lethality”** means the likelihood that an action will lead to death.
11. **“Licensed Health Care Professional”**
- a. **“Licensed Health Care Professional”** means an individual in the medical or mental health field duly

licensed, registered, or certified according to State requirements.

b. **“Licensed Health Care Professional”** includes, but is not limited to a:

i. **Licensed Medical Health Care Professional**, such as a physician, dentist, nurse, physician’s assistant, nurse practitioner, medical assistant, or pharmacist; and

ii. **Licensed Mental Health Care Professional**, such as a psychiatrist, psychologist, psychology associate, social worker, professional, counselor, or psychiatric nurse.

12. **“Mental Health Unit”** means an organization within a Department facility responsible for providing mental health services.

13. **Observation Cell is a cell used for:**

a. **“Suicide Precautions”** means a place of confinement within a facility approved by the Director of Mental Health Services and from which all items that an inmate could use for self-harm have been removed to safely confine and monitor a suicidal inmate until alternate placement can be arranged.

b. **“Close Observation Status”** includes provisions for administrative segregation when a facility is unable to use a safe cell.

14. **“Offender”** means an individual in the custody of the Department.

15. **“Suicide Attempt”** means an action that is self-harming and has a high likelihood of resulting in death.

16. **“Suicide Gesture”** means an action that is self-harming, but has a very low likelihood of resulting in death.
17. **“Suicide Ideation”** means a verbal statement indicting the thought about self-harm or the desire to be dead.
18. **“Suicide Precaution Status”** means an inmate has exhibited an indication of actual or potential self-harm that identifies the inmate as a candidate for protection.
19. **“Standard Progress Report”** means written information in the Electronic Health Record about a clinical encounter with an inmate.

# OFFICE OF PROGRAMS AND SERVICES

## MENTAL HEALTH SERVICES

### Section B

#### **Suicide Prevention Committees**

- I. Policy - DPSCS will remain proactive in the prevention of suicide.

This will be done through active committees composed of mental health professionals and (as needed) medical, dental, and social work professionals. The committees will study suicide events and make recommendations for prevention of such events.

- II. Procedure:

- A. The mental health vendor contracted for services to DPSCS detainees and inmates shall establish a Suicide Prevention Committee in each service delivery area (SDA) across the State.

1. At a minimum, there will be committees for the Eastern Correctional facilities, Baltimore, Jessup, Hagerstown, and Cumberland.
2. Committees shall be facilitated by the Quality Assurance Director for the DPSCS Mental Health Contractor.
3. Composition of the committees shall include at a minimum:
  - a. The vendor's quality assurance coordinator
  - b. The Mental Health Medical Director for the SDA
  - c. The Medical Vendor's Regional Manager/Regional
  - d. Medical Director
  - e. Directors of Nursing from each of the medical and mental health vendors for the SDA

- f. The Regional State Psychologist for the SDA, and
- g. The ACOM (Area Contract Operations Manager)

4. The Committees will:

- a. Evaluate each suicide event in its SDA on no less than a monthly basis.
- b. Trend activities seen in those evaluations
- c. Prepare an action plan that will address trends and proactively avoid situations identified that occurred at the time of the ideations, attempts or suicide completions.
  - i. The action plan shall be available for presentation at the weekly video-conference meetings held with DPSCS.
  - ii. Updates to the action plan shall be documented at the time of the monthly meeting of the committee.
  - iii. The updated action plan shall be forwarded electronically no less than monthly to the Directors of Medical, Psychology, and Nursing for the Department.

III. References:

IV. Rescissions:

V. Date Issued: September, 2011

# OFFICE OF PROGRAMS AND SERVICES

## MENTAL HEALTH SERVICES

### Section C

#### **Suicide Prevention Training**

- I. Policy: Correctional and healthcare personnel working in corrections shall be provided information and strategies necessary to decrease the occurrence of suicide events including but not limited to:

- Identification of potentially suicidal patients
- Effective assessment of suicide risk factors, and
- Appropriate interventions for patients experiencing a suicide event.

II. Procedure: SUICIDE PREVENTION TRAINING

The purpose of this chapter is to ensure that correctional and healthcare personnel are provided with information and strategies needed to decrease the occurrence of suicide including how to: identify potentially suicidal offenders; effectively assess suicide risk factors; and appropriately intervene

- A. Training shall be provided to all staff annually by the DPSCS training department.

- B. There shall be three levels of suicide prevention training:

1. **Entrance-Level** - Every employee shall receive eight (8) hours training in the principles of suicide prevention as part of the pre-service Academy program. This training shall be designed to instruct the individual on the basic issues about the nature and prevalence of suicide;
  - a. An understanding and awareness about the indicators that represent a high risk of self-harm;
  - b. An awareness of the indicators that signal the potential for suicide;



- c. An awareness of the management strategies for preventing suicide;
  - d. An awareness and familiarity with the Department's policy and procedure in regard to suicide prevention.
- 2. **Orientation** - An agency head, or a designee, shall provide the Department's policy and procedure on suicide prevention as well as information specific to the facility's procedures related to suicide prevention as part of the employee's orientation.
- 3. **In-Service** – The Training department shall provide two (2) hours annual in-service modules on suicide prevention to all staff. The purpose of this training will be to reinforce the concepts learned during entrance-level training and to review the suicide prevention policies and procedures. Several short training modules shall be created and provided on a rotational basis to avoid repetition. These modules shall contain the following elements:
  - a. Signs and symptoms of predisposing factors of potentially suicidal inmates;
  - b. Risk factors associated with suicide potential;
  - c. Management of suicidal offenders and who will take that role in that management.
  - d. Review of DPSCS policies and procedures regarding suicide prevention. In addition, specific Institutional Directives for suicide prevention will be reviewed.
- C. All training module curricula shall be developed in collaboration with the Director of Mental Health, or designee. The curricula shall include assessment of mastery of instructional material.
- D. All levels of training shall be performed by a licensed mental health professional. The DPSCS Director of Mental Health or designee shall approve the licensed mental health provider for each level of training.

III. References: DPSCS Suicide Prevention Activities Manual 2007

ACA Standards for Health Services in Correctional Institutions,

Chapter Five (Mental health Services) E. Suicide Prevention.

NCCHC Standards on Correctional Health Care (Prisons):  
P-G-05 Suicide Prevention Program

NCCHC Standards on Correctional Health Care(Jails): J-G-05  
Suicide Prevention Program

IV. Rescisions: DPSCS Suicide Prevention Activities Manual 2007

V. Date Issued: April. 2011

# OFFICE OF PROGRAMS AND SERVICES

## MENTAL HEALTH SERVICES

### Section D **Suicide Screening**

I. Policy: To ensure that the occurrence of suicide is reduced through a comprehensive system of screening, assessment and appropriate management of at-risk juvenile and adult offenders. This screening is an on going process rather than a single event.

II. Procedure:

#### A. **Intake Screening**

1. Within 2 hours of initial reception into the custody of the Department, at any intake facility, i.e. CBIF, MRDCC, MCIW or any facility that accepts parole intakes, a licensed health care professional shall screen all incoming offenders to determine their health needs, mental health needs and potential for self-harm or suicide utilizing the *Suicide Potential Screening* form in the offender's electronic health record (EHR).
2. This suicide screening shall be conducted utilizing the *Suicide Potential Screening* form in the inmate's electronic health record (EHR).

#### B. **Institutional Transfer Screening**

1. When offenders are transferred from one DOC or DPSCS institution to another, a licensed health care professional in the receiving institution shall conduct a new suicide screening within 24 hours of arrival.
2. This suicide screening shall be conducted utilizing the *Suicide Potential Screening* form in the inmate's electronic health record (EHR).

C. **Disposition:**

Based on the opinion of the provider performing the suicide screening the offender will be either referred to an inpatient mental health unit or be placed in a close observation cell where he or she can be held safe until a face to face suicide assessment is performed.

An offender who has demonstrated a possibility of suicidality cannot be returned to general population without a face to face assessment and a documented treatment plan. A treatment plan should include at a minimum such factors as:

- a. Suggested housing
- b. Property allowed
- c. Medication
- d. Suggested counseling (type and frequency)
- e. Any treatment modalities that are considered to be conducive to assisting this patient in recovery or deterrence from suicidal ideation.

# OFFICE OF PROGRAMS AND SERVICES

## MENTAL HEALTH SERVICES

### Section E

#### **Suicide Assessment**

- I. Policy: Correctional and healthcare personnel working in corrections shall do a complete suicide assessment of any detainees/inmates identified to have certain risk factors revealed during the initial screening for risk of suicide.
- II. Procedure:
  - D. During the suicide screening, If, factors of current suicide risk are identified, the licensed health care professional needs to:
    - 1. **Assume an offender to be at maximum risk until the licensed mental health professional has completed the evaluation.**
    - 2. Keep the offender under continuous observation while help from other correctional staff is requested and a licensed mental health professional is able to respond.
    - 3. While under continuous observation, remove the inmates ability to commit self harm ie shoe strings, clothing items , consider placement in suicide smock while waiting for the licensed mental health professional.
    - 4. An Inmate Observation Aide may be assigned to assist in the observation; however, the assignment of an Inmate Observation Aide shall not be a substitute for the observation required by correctional staff and health care professionals.
    - 5. Correctional staff and health care professionals shall also make observations at least every 10 to 15 minutes. Their observations *shall be staggered* so that the offender does not go unobserved for longer than 5 to 7 minutes.

- B. **INITIAL TRIAGE** A suicide risk assessment shall be conducted by a mental health professional within two (2) hours of: receipt of the Referral form (124-400-1) or notification of the need for an assessment for suicide risk, and shall be accomplished by the following personnel:
- a. During regular State business hours, i.e., Monday through Friday 8:30 a.m. – 5:00 p.m. State Psychology or Vendor mental health staff shall provide the first responder triage.
  - b. During other hours, medical vendor staff shall contact the on-call vendor psychiatrist/CRNP who will assume the role of first responder for triage purposes.
  - c. All information pertinent to the referral and assessment with the initial treatment plan shall be recorded in the EHR immediately upon completion of the assessment.
- C. The initial triage consists of a structured interview where a detailed investigation is conducted to gather information from the offender on the following factors:
1. The structured interview includes but may not be limited to:
    - a. Past suicidal ideas and/or attempts;
    - b. Current suicidal ideas, threats or plans;
    - c. Homicidal ideas or threats
    - d. Prior mental health treatment including hospitalization; Recent significant loss (i.e. change in loved one's health, death of a loved one, major change in own health status, change in marital or significant relationship status, additional sentence, loss of appeal, termination from a special program);
    - e. History of suicidal behavior by family members or significant other;
    - f. Suicide risk during previous incarceration, and/or at most recent sending institution (including county facility);
    - g. Current health status according to offender (i.e. insomnia/hypersomnia, mood, health concerns, feelings);

2. Information gathering from others, such as:
  - a. Observations by transporting officer(s) or other staff, where appropriate (i.e., agitated, hostile, bizarre or out of character behavior, crying, uncommunicative);
  - b. Observation by the mental health professional conducting the assessment;
  - c. Medical status from medical record;
  - d. Institutional adjustment record;
3. Assignment of risk level according to the following guidelines:
  - a. High – high intent and high lethality
  - b. Medium – high intent and low lethality or low intent and high lethality
  - c. Low – low intent and low lethality
4. The initiation of a treatment plan for this problem/diagnosis should include the findings of the assessment and recommendations for the management of the problem. This treatment plan and all information shall be recorded into the patient's EHR immediately upon the completion of the assessment. A treatment plan should include at a minimum such factors as:
  - a. Suggested housing
  - b. Property allowed
  - c. Medication
  - d. Suggested counseling (type and frequency)
  - e. Any treatment modalities that are considered to be conducive to assisting this patient in recovery or deterrence from suicidal ideation.

References: DPSCS Suicide Prevention Activities Manual 2007  
ACA Standards for Health Services in Correctional Institutions,

Chapter Five (Mental health Services) E. Suicide Prevention.  
NCCHC Standards on Correctional Health Care (Prisons):  
P-G-05 Suicide Prevention Program

NCCHC Standards on Correctional Health Care (Jails): J-G-05  
Suicide Prevention Program

- IV. Rescisions: DPSCS Suicide Prevention Activities Manual 2007
- V. Date Issued: September, 2011



# OFFICE OF PROGRAMS AND SERVICES

## MENTAL HEALTH SERVICES

### Section F

#### **Management of Offenders at Risk of Self Harm or Suicide**

I. Policy: Offenders at risk of self harm and suicide shall be appropriately observed and managed in order to maximize their safety and to prevent a successful suicide.

II. Procedure:

Offenders will be assessed, observed, and protected from self-harm until a mental health provider determines that they no longer require special status.

A. Upon completion of the assessment, the mental health professional shall document the results of the assessment in a standard progress note in the offender's electronic health record. The note shall indicate the level of risk assessed and recommendations on the appropriate management of the offender as to the following issues:

1. Need for placement on suicide precautions or close observation as indicated;
2. Housing requirements, i.e. safe cell, close observation cell, mental health unit;
3. Observation frequency as determined by the clinician;
4. Property restrictions (i.e. personal clothing items, razors, bed linens);
5. Need for followUp care (i.e. emergency treatment, appointment with psychiatrist, psychologist, or somatic physician;

B. The mental health professional shall provide the recommendations to the following individuals:

1. The shift commander, immediately;
2. The correctional facility's licensed medical health care

- professional, immediately;
- 3. The facility's chief psychologist/ Lead as soon as possible, if he/she is not the assessor in this case:
- 4. The administration and the rest of the shift commanders by email;

C. The intensity of intervention is based on the level of risk as follows:

- 1. High Risk requires that the offender be:
  - i. Placed on suicide precaution;
  - ii. Placed in a safe/observation cell;
  - iii. Provided with a suicide smock;
  - iv. Continually observed as a cooperative effort between custody staff and health care professionals; and inmate observers
  - v. Immediately processed for transfer to a Correctional Mental Health Center.
- 2. Medium Risk requires that the offender be:
  - i. Placed on suicide precaution status;
  - ii. Placed in a safe/observation cell;
  - iii. Provided with a suicide smock;
  - iv. Observed at a frequency determined to be appropriate by a licensed mental health care professional with observations noted on the Safe Cell Observation Log (DPSCS Form OTS 124-420-3); and inmate observers.
  - v. Referred to a Correctional Mental Health Center if deemed appropriate by a licensed mental health care professional.
- 3. Low Risk requires that the offender be:
  - i. Placed on close observation status;
  - ii. Placed in a close observation cell if determined to be appropriate by a licensed mental health care professional;
  - iii. If placed in a safe/close observation cell provided with a

- suicide smock; and
  - iv. If placed in a safe/close observation cell observed with the frequency deemed appropriate for the circumstances by a licensed mental health care professional, to also include an inmate observers.
- D. The assessing licensed mental health care professional shall notify the Regional Director of Mental Health as well as the DPSCS Mental Health Director or a designee, of all incidents of suicide ideations, gestures, attempts and completed suicides by completing and forwarding, by facsimile or email, immediately after the incident, a Suicide Notification form (DPSCS Form OPS (124-420-4)).

## OFFICE OF PROGRAMS AND SERVICES

### MENTAL HEALTH SERVICES

#### Section G

#### **Out-of-Facility Transfers of At-Risk Offenders**

- I. Policy: To ensure that At-Risk Offenders receive proper intensity of service by appropriate transfer to a facility outside the institution when indicated.
- II. Procedure:
  - A. If it is determined that an offender is appropriate for a transfer to a Correctional Mental Health Center, the following steps shall be taken:
    - 1. A licensed mental health care professional shall complete a referral form with the medical clearance completed and documented in the electronic medical record. The referral will then be faxed to the appropriate Correctional Mental Health Center.
    - 2. The Correctional Mental Health Center shall make determination on whether admission of the offender is possible within 2 hours of receipt of the referral. The staff at the correctional Mental Health unit shall notify the referring licensed mental health provider of the appropriateness of the admission. If the admission is appropriate the mental health unit shall inform the referring clinical of the date and time for admission.
    - 3. Upon notification of the granting of admission, the licensed mental health care professional shall notify case management to assist in effectuating the transfer. (Per DPSCS.110.0006)
    - 4. Once the offender is transferred to the Correctional Mental Health Unit they will have 72 hours to determine if the referral was appropriate. If it is found that it is not appropriate a complete and comprehensive rationale, with a full diagnosis and mental status exam, will be placed in the offender's electronic medical record.

- B. **Federal Detainees** - If it is determined that a federal detainee must be transferred to a Correctional Mental Health Center, the procedure set forth above shall be followed. When the Director of Mental Health, or a designee, is notified that admission to the Correctional Mental Health Unit is denied, he/she shall consult with the U.S. Marshal to coordinate an alternative placement.
- C. **Medical Facility** - If it is determined by the medical vendor that an offender must be transferred to a community medical facility the individual initiating the transfer/designee shall notify a licensed mental health care professional of the transfer. Upon return of the offender from the community medical facility, a licensed mental health care professional shall be immediately notified so that the offender's mental status can be evaluated within 24 hours of return and determinations made on appropriate housing and the need for observation
- D. **Mental Health Facility** - If it is determined by the staff at the Correctional Mental Health Unit, that an offender must be transferred to a mental health facility outside of the Department, the individual(s) initiating the transfer shall ensure that appropriate correctional staff are notified of the transfer. Upon return of the offender from the community mental health facility, a licensed mental health care professional shall be immediately notified so that the offender's mental status can be evaluated within 24hours of return and determinations made on appropriate housing and the need for observation.

## OFFICE OF PROGRAMS AND SERVICES:

### MENTAL HEALTH SERVICES

#### Section H

#### **Managing Lethal Suicide Activity**

- I. Policy: The Department shall take every action to protect the safety and minimize the injury to any and all offenders who initiate self harm behavior.

- II. Procedure:

In order to minimize self harm and injury, all staff shall be trained in First Aid, Universal Precautions and CPR in order to provide assistance to any offender who attempts self harm.

- A. If an offender is successful in causing severe harm to him/herself, the first responder to the scene shall take whatever steps the situation demands to protect the offender from further harm (i.e., cut the offender down from hanging, apply appropriate first aid to any wounds, call for assistance from health care professionals and other correctional staff).
  - B. Health and mental health care professionals shall assist in ensuring that appropriate emergency assistance is provided and that the shift commander and any other appropriate institutional personnel are alerted, when necessary, to the need for emergency transport to a medical facility outside of the Department.

## OFFICE OF PROGRAMS AND SERVICES:

### MENTAL HEALTH

#### Section I

#### **Aftercare for At-Risk Offenders**

- I. Policy: DPSCS will take steps to ensure the safety of the offender in the aftermath of self injurious behavior when the nature of the suicidal incident has diminished in an effort to ensure a positive return to the offender's original status.
- II. Procedure:
  - A. Removal from Close Observation or Suicide Precautions:
    1. Only **a licensed mental health care professional** may authorize the removal of an offender from Close Observation or Suicide Precautions:
    2. In conjunction with the authorized removal from Close Observation or Suicide Precautions, a licensed mental health care professional shall:
      - i. Make determinations on the return of the offender to a regular housing assignment and what property shall be returned to the offender
      - ii. Complete the termination portion of the Close Observation Initiation form (DPSCS Form OTS 124-420-2);
      - iii. Document in the electronic medical record in a standard progress note, the rationale for the discontinuation of the Close Observation;
    3. The licensed mental health care professional removing the offender from special status shall provide follow-up care as follows:

- i. Within 24 hours of the inmate being removed from Close Observation status, he shall be seen by a licensed mental healthcare professional;
  - ii Within one week after the inmate was removed from special status, the inmate shall be evaluated a second time.
  - iii. Further follow-up is then determined by the mental health care professional as deemed clinically appropriate.
4. Document the determinations for removal and the results of each follow-up intervention in a progress note and place it in the electronic health record of the offender.

### **Managing Suicide Deaths**

1. When an offender dies as a direct result of, or suspected result of suicidal behavior, health care and/or mental health care professionals shall ensure that the shift commander and other appropriate institutional correctional staff are notified. The ACOM and Regional Mental Health Director shall be notified as well as the DPSCS Mental Health Director.
2. All provisions of DCD 270-1 and DPDS 270-3 shall be followed so that the scene of the incident can be secured and other notifications made.
3. Mental health care professionals shall be available for consultation with correctional staff, IIU investigators, and the medical examiner's office when necessary.
4. The offender's designated emergency contact person shall be notified by the appropriate faith chaplain in accordance with DCD 140-156.

### **Debriefing**

1. Offenders who observe suicide events and have emotional difficulty with their observations shall be provided critical incident stress management and debriefing services by a mental health professional.
2. The requests for services may be done by notifying correctional staff or the sick call process.
3. The Chief Psychologist/Lead Mental Health of the institutions shall ensure that offenders in the area surrounding the location of the



- incident are surveyed to determine emotional health following an incident.
4. Staff shall be surveyed by a mental health provider to determine the need for critical stress debriefing.
  5. The Director of Mental Health, or designee, will survey the mental health staff to determine the need for critical stress debriefing.

## **Quality Assurance**

This section sets forth a process to assess whether staff is performing their job duties in accordance with the procedures set forth in this manual and to improve processes so the safety of all offenders is maintained.

The quality assurance review shall consist of two activities: 1) administrative review of suicide and attempted suicide incidents, and 2) A clinical audit of the electronic and paper records directly related to the suicide and all processes associated with suicide risk reduction.

### **A. Administrative Review**

1. The Director of Mental Health Services, or a designee, and the Regional medical Director shall jointly conduct an administrative review of all suicide deaths within three days of the incident however it is expected that the mental health contractor Quality Improvement team conduct a more thorough review as necessary beyond the cursory 72 hour review and include any action items as part of their CQI submission agenda items incident and death reporting consistent with the departments policy Chapter 5 on mortality /morbidity .
2. The Director of Mental Health Services or a designee, shall chair an administrative multi-vendor /disciplinary review panel as part of the Continuous Quality Improvement committee process and call the following to participate as members:
  - a. Warden or designee.
  - b. The chief psychologist/ Lead and other institutional psychology staff members as deemed necessary,
  - c. Area Contract Operations Manager(ACOM)
  - d. The treating psychiatrist

- e. The treating physician and regional medical director
  - f. Nursing personnel involved with the case and other disciplines as indicated.(pharmacy, dental, )
3. The Psychiatrist is responsible for providing the panel with a summary of the completed suicide;
    - a. The panel shall review following information:
      - i. The inmate's mental health file;
      - ii. Related serious incident reports;
      - iii. Other documents related to the incident; and
      - iv. Related medical records;
  4. If there were medical or pharmacy related issues associated with the incident medical and pharmacy contractor staff are responsible for highlighting the contributing clinical factors.
  5. To the extent possible, the administrative review panel shall determine what:
    - a. Precipitated the act;
    - b. Mental health interventions or other actions that were taken to identify and address the problem before it occurred; and
    - c. What could have been done to prevent the occurrence?
    - d. Was the emergency response appropriate, timely etc.
  6. Following the institutional administrative review, the Chief Psychologist/Lead, will write a report of the findings within 10 days of the review and submit the original report to the Regional Director of Mental Health Services, with a copy to the Warden of the facility the DPSCS Mental Health Director and the Director of Clinical Services management associate for incorporation into the CQI death review folder.
  7. The Director of Mental Health Services/designee shall:
    - a. Provide a report of an administrative review with recommendations for improvement to:

- i. DPSCS Director Of Clinical Services
  - ii. Deputy Secretary for the Office of Program Services;
  - iii. The DPSCS CQI Director
- b. Collect and maintain data concerning incidents of suicide ideations, gestures, attempted suicide, and suicide;
- c. When requested by Deputy Secretary of Program Services, provide a written report on the information required;
- d. Provide quarterly reports on suicide statistics to the Deputy Secretary of Program Services
- e. Trend statewide data regarding suicides, self injurious behavior etc. performance measures

**B. Process and Record Audits**

- 1. The Director of Mental Health in conjunction with the DPSCS Director of Nursing /CQI shall ensure the following :
  - a. There is an audit tool developed to measure compliance with the suicide prevention activities as well as the record-keeping requirements set forth herein;
  - b. A schedule of auditing activities is developed so that every facility is reviewed at a minimum of once every two years; and
  - c. Form an audit team from State mental health professionals and CQI nursing staff across the state that allows for peer review of suicide prevention activities;
  - d. Collect the reports of the audits from the audit team, review the results, and disseminate those results to the DPSCS Quarterly CQI committee, Director of Mental Health , Director of Nursing /CQI, Medical and Mental health and Pharmacy ,Utilization management contractors, Managing Official of the correctional facility and to the Deputy Secretary Programs and Services.

2. The combined audit teams shall:
  - a. Conduct the process and record audits in accordance with the schedule determined by the Director of Mental Health and the DPSCS Director of CQI;
  - b. At the completion of each audit, create a report of the results and findings and forward it to the Director of CQI with a copy to the Director of Mental Health.

## **References**

SDD 07-05 Self-Harm and Suicide Prevention

NCCHC Standards for Prisons

P-E-05

P-G-05

NCCHC Standards for Jails

J-E-05

J-E-05

ACA Standards for Prisons

4-4368

4-4370

4-4371

4-4372

4-4373

ACA Standards for Jails 4E-34

## **Forms List**

*Close Observation Initiation Form* (Appendix A.)

*Referral for Psychological Services Form* (Appendix B)

*Suicide Notification Form* (Appendix C)

*Observation Log* (Appendix D)

**Wexford Health Sources, Inc.**  
**Maryland DPSCS**

**Mental Health Unit  
Referral Form**

Institution: \_\_\_\_\_

Name: \_\_\_\_\_

DOC \_\_\_\_\_

DOB: \_\_\_\_\_

Race: \_\_\_\_ Sex: \_\_\_\_

**Section 1: To be completed by, or based on information from, the sending institution**

Contact Person: _____	Title: _____
Phone Number: _____ Alternate Number: _____	

**Description of the reason for referral (include description of any injury to self or others)**

<input type="checkbox"/> Suicidal Behavior/Attempt	<input checked="" type="checkbox"/> Suicidal Thoughts/Ideation	<input type="checkbox"/> Severe Psychosis	<input type="checkbox"/> Severe Depression
<input type="checkbox"/> Suicidal Threats/Statements	<input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Severe Mania	<input type="checkbox"/> Severe Aggression
Decompensation in Mental Status <input type="checkbox"/> Other: _____			
Describe Symptoms/Behavior:          			

**Inmate has known history of:**

<input type="checkbox"/> Self Mutilation	<input type="checkbox"/> Fire Setting	<input type="checkbox"/> Verbal Altercations	<input type="checkbox"/> Sexual Acting Out	<input type="checkbox"/> Throwing Feces/Urine
<input type="checkbox"/> Assaultiveness/Violent Behavior	<input type="checkbox"/> Suicide Gestures/Attempts: (Currently Lethality <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low)			

**Inmate's status at sending institution.**

Housing Assignment: <input type="checkbox"/> General Population <input type="checkbox"/> Special Confinement <input type="checkbox"/> Other: _____
Mental Health Level of Care: <input type="checkbox"/> Special Needs Unit <input type="checkbox"/> Outpatient PRN MH Follow Up <input type="checkbox"/> No Mental Health Follow Up
Most Recent Diagnosis: _____
Level of Functioning Prior to Crisis: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Current Medications:          

Name: \_\_\_\_\_ #: \_\_\_\_\_ Date: \_\_\_\_\_



## CLOSE OBSERVATION Initiation Form

Name		Number:	Institution:
Last	First	MI	
Date of Placement:	Time: _____AM/PM	Official Authorizing Placement:	
Frequency of Observation:		Authorizing Mental Health Professional:	
Property? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what:			
Clothing? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what:			
Bedding? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what:			
Meals? <input type="checkbox"/> Bag <input type="checkbox"/> Regular		Specific Behaviors to Look For:	

### RATIONALE FOR INITIATION OF CLOSE OBSERVATION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bizarre Behavior              | <input type="checkbox"/> Severe Agitation               | <input type="checkbox"/> Recently received bad news |
| <input type="checkbox"/> Significant change in hygiene | <input type="checkbox"/> Significant change in attitude | <input type="checkbox"/> Threatening others         |
| <input type="checkbox"/> Appears depressed             | <input type="checkbox"/> Bizarre verbalizations         | <input type="checkbox"/> Serious Hygiene problem    |
| <input type="checkbox"/> Inmate isolating self         | <input type="checkbox"/> Significant change in behavior | <input type="checkbox"/> Other: _____               |

Events which led to current situation: \_\_\_\_\_

Unusual Circumstances: \_\_\_\_\_

### Check if Known:

- History:**
- |  |   |
|--|---|
| <input type="checkbox"/> History of Mental Health issues | <input type="checkbox"/> History of Aggressive / Hostile Behavior |
| <input type="checkbox"/> History of suicidal behavior    | <input type="checkbox"/> History of psychiatric admissions        |
| <input type="checkbox"/> Recent transfer to institution  | <input type="checkbox"/> History of Psychotropic medication       |

- Symptoms:**
- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Incoherent speech   | <input type="checkbox"/> Tearful      | <input type="checkbox"/> Poor Hygiene                           |
| <input type="checkbox"/> Bizarre appearance  | <input type="checkbox"/> Withdrawn    | <input type="checkbox"/> Disoriented                            |
| <input type="checkbox"/> Agitated            | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Angry / hostile                        |
| <input type="checkbox"/> Restless            | <input type="checkbox"/> Scared       | <input type="checkbox"/> Looks or acts in an irrational fashion |
| <input type="checkbox"/> Yelling / Screaming | <input type="checkbox"/> Pacing       | <input type="checkbox"/> Does not relate to Staff               |
| <input type="checkbox"/> Refusing medication | <input type="checkbox"/> Restless     | <input type="checkbox"/> Banging Door                           |
| <input type="checkbox"/> Other : _____       |                                       |   |

### Termination Form

Rationale for termination of Close Observation: \_\_\_\_\_

Name of authorizing Mental Health Professional \_\_\_\_\_ Date: \_\_\_\_\_  
Time: \_\_\_\_\_



## REFERRAL FOR PSYCHOLOGICAL SERVICES

\_\_\_\_\_ Institution

DATE: \_\_ / \_\_ /

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Housing Location: \_\_\_\_\_ Current Release Date: \_\_/ \_\_/ \_\_

**Reason for Referral:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Appears Depressed              | <input type="checkbox"/> Threatening Self Harm          | <input type="checkbox"/> Recently received bad news |
| <input type="checkbox"/> Significant change in behavior | <input type="checkbox"/> Significant change in attitude | <input type="checkbox"/> Threatening others         |
| <input type="checkbox"/> Bizarre Behavior               | <input type="checkbox"/> Bizarre verbalizations         | <input type="checkbox"/> Serious Hygiene problem    |
| <input type="checkbox"/> Inmate Isolating self          | <input type="checkbox"/> Received additional time       | <input type="checkbox"/> Was refused parole         |
| <input type="checkbox"/> Screening problems             | <input type="checkbox"/> MSE                            | <input type="checkbox"/> Adjustment                 |
| <input type="checkbox"/> Suicide Assessment             | <input type="checkbox"/> SNU placement                  | <input type="checkbox"/> MHU Admission              |
| <input type="checkbox"/> Psychological Evaluation       | <input type="checkbox"/> Risk Assessment                |   |
- Other: \_\_\_\_\_

Events which led to current situation: \_\_\_\_\_

Unusual Circumstances: \_\_\_\_\_

**Check if Known:**

- History:**
- |  |   |
|--|---|
| <input type="checkbox"/> History of Mental Health issues | <input type="checkbox"/> History of Aggressive / Hostile Behavior |
| <input type="checkbox"/> History of suicidal behavior    | <input type="checkbox"/> History of psychiatric admissions        |
| <input type="checkbox"/> Recent transfer to institution  | <input type="checkbox"/> History of Psychotropic medication       |
- Symptoms:**
- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Incoherent speech   | <input type="checkbox"/> Tearful      | <input type="checkbox"/> Poor Hygiene                           |
| <input type="checkbox"/> Bizarre appearance  | <input type="checkbox"/> Withdrawn    | <input type="checkbox"/> Disoriented                            |
| <input type="checkbox"/> Agitated            | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Angry / hostile                        |
| <input type="checkbox"/> Restless            | <input type="checkbox"/> Scared       | <input type="checkbox"/> Looks or acts in an irrational fashion |
| <input type="checkbox"/> Yelling / Screaming | <input type="checkbox"/> Pacing       | <input type="checkbox"/> Does not relate to Staff               |
| <input type="checkbox"/> Refusing medication | <input type="checkbox"/> Restless     | <input type="checkbox"/> Banging Door                           |
- Other \_\_\_\_\_

Summary of reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Location / extension \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ ☐ Verbal ReferralDate seen: \_\_\_\_\_ ☐ Progress note attached.

**THIS FORM IS NOW ELECTRONIC****Suicide Notification Form**

Psychology Department

\_\_\_\_\_ **Institution****Date:** \_\_\_\_\_**To: Assistant Director of Mental Health****From:** \_\_\_\_\_

The attached report is being sent to you for the following reason:

_____ <b>Suicide:</b> When an inmate has died as a result of suicide, this notification form shall be sent within 24 hours with preliminary documentation about the event. A post mortem report summarizing the situation and all contacts with mental health professionals shall be sent as soon as complete.	_____ <b>Suicide Attempt:</b> When an attempt has been made, a summary of the situation and a ssessment by the Chief Psychologist shall accompany this form.
_____ <b>Suicidal Gesture:</b> A suicidal gesture is an action which has very little chance of lethality. In these cases, a brief summary is sufficient and shall accompany this form.	_____ <b>Suicidal Ideation:</b> In these situations the inmate has discussed his/her thoughts of suicide, but has not acted. In these cases, a brief summary of the situation is sufficient and shall accompany this form.

Comments (or attach progress note):

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## OBSERVATION LOG

[illegible]

Attach Additional Pages as Necessary

Distribution: Inmate Medical File