

VT DOC and VitalCore Health Strategies Suicide Prevention/Risk Screening/Identification, Assessment, and Treatment:

Current Practice and Recommendations

Glossary:

Mental Health (MH) Caseload: The MH caseload, defined in Contract, includes all patients with a clinically verifiable diagnosis, for either a mental health condition or substance use disorder or both, and all patients prescribed a psychotropic medication on the Mental Health and Co-occurring Caseload. The Part B Assessment (Mental Health Evaluation) is used by MHP's to clinically determine whether an inmate is on the MH Caseload.

Daily Care Management: Daily phone calls with each facility's medical and MH personnel, medical and mental health administrators, to review acute patients as defined by VCHS Daily Care Management QAPI team.

Mental Health Care Management Review: DOC Mental Health Chief reviews the Daily Care Management updates and provides oversight by sending follow-up questions via a weekly tracker regarding acute Mental Health patients.

Serious Functional Impairment (SFI): This designation given to an individual who has shown persisting functional impairment in the correctional environment because of mental illness and/or who had one of the statutorily defined waivers immediately prior to incarceration.

Delayed Placement Person (DPP) – A person ordered by the court to be held in corrections, under the care of the Department of Mental Health (DMH), while awaiting an evaluation from a psychiatrist from the Vermont Psychiatric Care Hospital (VPCH) to determine if they are a person in need of hospital level of treatment.

NCCHC Standard PE04 Initial Health Assessment "Part A" Assessment: Mental Health (MH) screening performed on incarcerated individuals to determine the need for further assessment and MH services and substance use services.

NCCHC Standard PE05 Mental Health Screening and Evaluation "Part B" Assessment: Initial Mental Health Evaluation which includes assessment of substance use disorders and is intended to evaluate need for placement on MH Caseload and referral to Psychiatric Provider.

Risk Assessment: An assessment that evaluates a patient's risk of suicidality, self-harm and homicidality.

Treatment Plan: Plan created with patient that sets measurable goals related to the treatment of their MH and substance use diagnoses.

Columbia Suicide Severity Rating Scale (CSSR-S) for Corrections: The CSSR-S is an evidence-based suicide screen. In this system, the CSSR-S is administered by Department of Corrections (DOC) staff during Booking Process (new intake, return from court or transfer from other facility). It is also used by the Health Care Contractor as part of ongoing suicide risk assessment.

Department of Corrections Suicide Prevention and Response to Self-Injurious Incarcerated Individuals Policy: This document outlines the DOC staff response to positive/affirmative responses to suicide screen questions

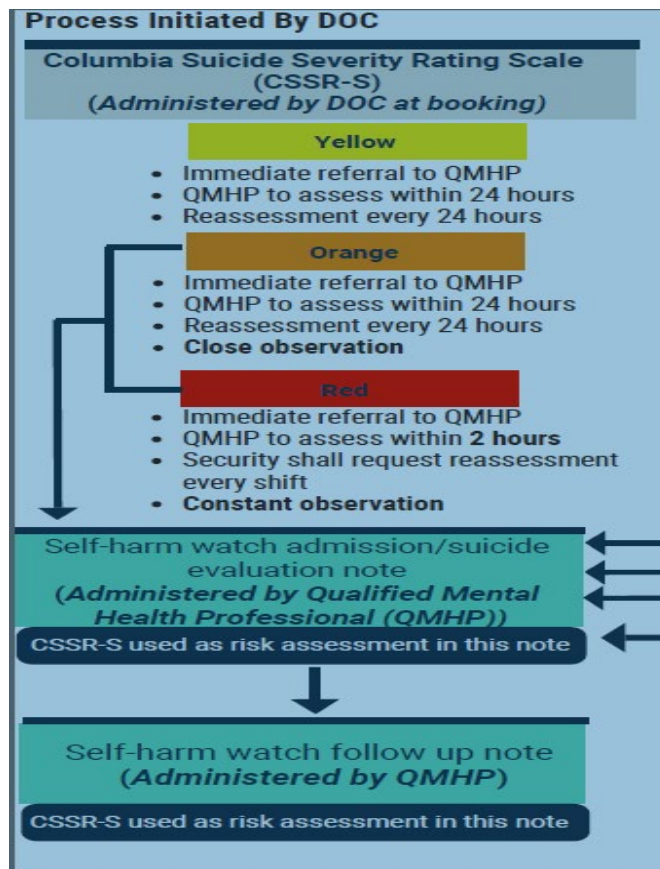
and to any other indication that the person has or is exhibiting suicidal thoughts, feelings, or behaviors. The document also outlines DOC staff communication and coordination with qualified health care providers

A. Screening/Identification/Assessment

1. At Intake/transfer from facility or return from Court

a. DOC Booking officer administers the CSSR-S as per the Suicide Prevention and Response to Self-Injurious Incarcerated Individuals Policy. Security notifies nursing verbally and adds the scored form into OMS. The length of time from CSSR-S administration to nursing notification is approximately 30-mins.

(See Appendix 1).



b. If the individual is non-compliant, security notifies nursing as soon as possible and the individual is placed on a minimum of 15-minute MH-checks. The MHP is also notified about the person’s presentation and makes recommendations about the level of precautions.

c. If the individual ‘s CSSR-S score indicates the need for MH observations/suicide precautions, nursing contacts the MHP and provides the CSSR-S score and current presentation. The MHP makes a determination about level of MH observation and suicide precautions. The individual is typically held in an observation cell to be visible by

officer during this process. Any time an individual is placed on MH checks, they are placed on the special observation report (DOC report) which is also reviewed at the multidisciplinary team meeting daily.

2. NCCHC Standard PE02 Receiving Screening: Comprised of VC Form 105, plus High-Risk Mental Health Screening/Risk Assessment; Correctional Mental Health Screen for Men and Women/transfer/return from Court (MH portion) TCU 5:

a. Completed as soon as possible pending the individual's risk based on CSSR-S, compliance, and facility operations.

b. Review of CSSR-S score: An individual's responses on the CSSR- S will be reviewed by nursing and if further assessment is indicated, Nursing will place them on MH checks. And either an "on site" or "on call" BH Professional will be notified so that further assessment can be initiated.

c. Administration of PREA Questions: If PREA questions are affirmative and incident was not previously reported, nursing staff will report incident to DOC Shift Supervisor and PREA investigation will take place. The Mental Health Professional will respond in accordance with PREA Protocols. If PREA questions are affirmative, and incident has been previously reported/investigation took place, nurse will create a referral to BH Professional, and individual will be seen with 7-days.

d. Administration, scoring and disposition of VC Form 105 is as follows:

i. Affirmative answers to any questions in 1-3 will result in the patient being placed on full precautions automatically, and a Mental Health Clinician will be consulted on site if during working hours, or if after hours an on-call clinician will be contacted. But Form 105 says "immediate suicide/safety watch refer to QBHP for BH assessment (Form #140) w/in 24 hours. What is Form 140 and is the HER configured to reflect "any"

ii. Affirmative answers to any questions 4-11 result in patient being placed on MH checks automatically, and Mental Health Clinician consulted on site if during working hours or on call clinician contacted after hours to discuss. Form 105 says "a yes response to any question 4-11 Either place on immediate "other monitored Status" or alternatively contact the QBHP for a disposition decision. Pt to be seen at the next BH clinic when Form 140 BH intake assessment will be completed."

e. Administration, scoring and disposition of Correctional Mental Health Screen for Men and Women is as follows:

i. Men: Yes to 6 or more items or concerned for any other reason refer to QMHP for CSSR-S.

ii. Women: Yes to 5 or more items or concerned for any other reason refer to QMHP for CSSR-S.

f. Administration, scoring and disposition of Texas Christian University 5 alcohol and drug screening:

i. if response is more than "never" to any opioid question- refer to Nursing for Opioid assessment using the TCU Opioid Supplemental (TCU OS) and further evaluation assessment as clinically indicated which includes a MAT medical need determination.

g. Administration of High-Risk MH Screening/Risk Assessment: (see below)

High Risk MH Screening / Risk Assessment (these questions have been added to the Medical and MH intake. They are in addition to Form 105 but are not part of 105).

Transporting officer believes the patient may be a suicide risk?
Patient held a position of respect in the community and/or crime is shocking in nature?
Patient is thinking about killing himself/herself?
Patient lacks close family or friend in the community?
Patient has experienced a significant loss within the last 6 months.
Patient is very worried about major problems other than legal situation?
Patient's family or significant other has attempted or committed suicide?
Patient has a psychiatric history?
Patient has history of drug or alcohol abuse?
Patient has previous suicide attempts?
Prior arrests or convictions?

i. Disposition any affirmative answers to ANY Risk Assessment questions, are automatically placed on MH checks, and an "on site" or "on call" MH Professional is notified. The MHP is on shift/on site is notified by phone or the afterhours "on-call" is contacted. The afterhours on-call staff must respond within 15 minutes of being contacted. Therefore, in the case of utilizing afterhours support, the assumption can be made that this will occur within 60 minutes of the originating call.

- ***Recommendation: Replace current pre-intake screening with Pre-Booking Screening (VC Form 104) See Appendix 2 and current Nursing Medical Intake with Medical and Mental Health Intake (VC Form 105) See Appendix 3. Add Correctional Mental Health Screen for Men and Women as per the MH workflow outlined in the contract. See Appendix 4.***

3. Mental Health Review of all Intakes Post NCCHC PE02 Receiving Screen:

a. All intakes are reviewed/signed off by MH Professional. The EHR has a queue function which holds these orders for MHP's called "Intakes for MH Review". MH reviews this queue and signs off on these daily whiles on site.

b. Individuals who answer YES to ANY High-Risk MH Screening/Risk Assessment questions which have been added to the medical and mental health intake completed by nursing are automatically placed on appropriate level of mental health observation and seen by MHP daily while on site until it is clinically indicated for individual to be removed from this status.

Additionally, individuals who answer YES to ANY High-Risk MH Screening/Risk Assessment questions are referred for a Part A_{assessment} via an order and alert created in the EHR.

c. Timelines for NCCHC PE04 Initial Health Assessment (Part A), and NCCHC PE05 Mental Health Screening and Evaluation (Part B).

i). Part A- referrals are placed by nursing to MH queue from the medical intake. Referral is sent to the MH Professional queue for completion of Part A assessment (MH screening/structured interview), which occurs within 7 days.

ii). If Part A (PE-04) screen is positive, an order for Part B (MH evaluation) is created and Part B assessment is completed within 14 days.

iii). For individuals assessed with acute MH symptoms, referrals and assessments are prioritized based on clinical presentation. Per the NCCHC standards (J-E-05) "Mental health evaluations of patients with positive screens should be completed within 30 days or sooner if clinically indicated."

4. Psychiatric Treatment/ Bridge Orders for Medications ordered within 24 hours:

Individuals who enter a facility and self-report that they are on mental health medication(s) will automatically be placed on MH caseload and a Part B will be completed, but no Part A. Part B assessment will be completed within 14-days, and Release of Information for outside MH records obtained if indicated. Medications will be verified within 24 hours. Verified medications, in addition to other pertinent health information, will be reviewed by a psychiatric provider who based on an evaluation will determine medical necessity for continuation of the medication. Medications that are onsite will be administered as ordered. Should there be a critical medication that is needed, a local pharmacy will be contacted to provide the medication on-site prior to being received from contracted pharmacy. If medication not in stock on site, provider will make determination as to whether medication to be obtained by local pharmacy, an alternative medication will be used, or the medication will be held until arrival at facility from contracted pharmacy.

5. Initial Psychiatric Evaluation:

Initiated by MH Professional after completion of Part B Assessment and completed within 14-days of entering the facility or more immediately if clinically indicated. MH referrals for individuals not on psychiatric medications are to be completed within 14-days of a referral or more immediately as clinically indicated. When there are emergent/urgent needs the response is based on clinical acuity and medical necessity.

- ***Recommendation: Implement SCID-5 [APA - The Structured Clinical Interview for DSM-5® \(appi.org\)](http://www.appi.org) in the MH /SUD workflow outlined in the contract and /or alternative placement pending DOC approval. See Appendix 5.***

Per the NCCHC standards (P-E-05) "Mental health evaluations of patients with positive screens should be completed within 30 days or sooner if clinically indicated." The SCID-5 would be part of the IPE completed by psych provider and completed within 14 days if individual comes into facility on bridge order of medication, or within 30 days is referred from Part B assessment and not already on MH medication from community. As mentioned, this is completed sooner if determined to be clinically indicated based on clinical acuity/presentation.

6. Initial and ongoing access to Mental Health Services: Mental Health Services are voluntary unless the individual is clinically determined to be a "person in need of treatment" via the Emergency Evaluation Process for Involuntary Hospitalization outlined in this document.

- a. Individuals may submit a sick slip, as per NCCHC standard P E07, which are available in the living units, to request Mental Health and/or Psychiatric services.
- b. Any staff member (Health Contractor and/or DOC) can also submit a sick slip either on behalf of an individual or for any reason.

c. Individuals who are not designated as Seriously Functionally Impaired (SFI), as per 28VSA906 and additionally APA rule 05-049, and who are on the MH Caseload will have a clinical encounter with the MH Professional at least every 90-days or sooner if clinically indicated, to include a subjective report, mental status exam, risk assessment, review of treatment plan and goals, plan for next follow-up as well as referral/consultation with psychiatric provider if clinically indicated. Treatment Plans updated every 6-months or more immediately as clinically indicated. Individuals designated as SFI will have a clinical encounter with the MH Professional at least every 30-days or more immediately if clinically indicated, to include a subjective report from patient, mental status exam and risk assessment, review of treatment plan and goals, plan for next follow-up as well as referral/consultation with psychiatric provider if clinically indicated. In addition, SFI periodic reviews will occur every 90-days to assess ongoing SFI status. And will have a clinical encounter with the Psychiatric Provider every 90-days or more frequently if clinically indicated (regardless if they are prescribed psychiatric medications), to include a subjective report from patient, mental status exam and risk assessment, review of medication compliance (if taking medications), tolerability (if taking medications), review of clinical symptoms, plan for next follow-up as well as referral/consultation with MH Professional and/or medical provider, if clinically indicated.

- ***Recommendation: Implement Collaborative Assessment and Management of Suicidality (CAMS)- An evidence-based suicide-specific clinical intervention and treatment for those at risk of suicide or those who are suicidal.***

d. Individuals designated by the Court as “Delayed Placement Person (DPP)” will have

- i) a clinical encounter with the MH Professional at least twice daily unless more frequent encounters are clinically indicated or otherwise indicated by Treatment Plan, to include a subjective report from patient, mental status exam and risk assessment, review of treatment plan and goals, plan for next follow-up as well as referral/consultation with psychiatric provider if clinically indicated.
- ii) a clinical encounter with Psychiatric Provider weekly or more frequently if clinically indicated (regardless of if they are prescribed psychiatric medications), to include a subjective report, mental status exam, risk assessment, review of medication compliance (if taking medications), tolerability (if taking medications), review of clinical symptoms, plan for next follow-up as well as referral/consultation with MH Professional and/or medical provider, if clinically indicated.
- iii) Coordination and collaboration with DMH and Vermont Psychiatric Care Hospital will occur throughout the process of involuntary hospitalization.

7. Acute and Residential Mental Health Units: Individuals may be housed in these units as medically and clinically indicated. Suicide screening, assessment and interventions are outlined in the Mental Health Unit Policy and Procedures. For individuals housed at the female facility, Chittenden Regional Correctional Facility (CRCF), there are designated acute and residential cells located in Alpha and Echo unit. For individuals housed at the male facilities, Alpha at Southern State Correctional Facility (SSCF) is the designated acute unit and Bravo is the designated residential unit.

Refer to the MH Unit Policy and Procedures, and MH Unit Guidelines. See Appendix 6.

8. Levels of self-harm watch/MH observation: Any staff member (Health contractor and DOC staff) can place a patient on Mental Health checks or refer to MH Professional. Considerations are made for trauma informed care to include accommodations that promote an environment of safety rather than inadvertently retraumatizing patients.

For example: If we have an inmate with a known hx of trauma, we might not force smock placement and instead place them on constant observation (with their clothing) as to not inadvertently retraumatize while trying to keep them safe. We are also working with external services to secure training for staff.

Constant Observations – 24-hour observation by DOC security, typically placed on full-precautions (safety smock, safety blanket, finger foods, paper tray, no flip-flops, observed showers), risk assessment by MH Professional once daily while on-site.

Full- Precautions – Smock, finger foods, paper tray, no flip-flops, observed showers, safety blanket, risk assessment by MH Professional once daily while on-site.

MH Checks – Observed by security with staggered 15-minute observations; risk assessment by MH Professional once daily while on-site; Once clinically indicated, MH checks discontinued as determined by risk assessment, the patient will have a clinical encounter, to include a risk assessment by MH Professional for 7-day follow-up. Patients may be placed on MH Caseload as clinically indicated. Pt's on MH checks/precautions are reviewed by multidisciplinary team once daily while on site.

Delayed Placement Person (DPP) – If not already on MH observation (see above), once determined by the court to be a Delayed Placement Person, this patient will be placed on appropriate level of MH observation as clinically indicated.

Involuntary Hospitalization: If a patient is determined to be “a person in need of treatment” as per title 18 statute an emergency evaluation will be initiated. This person will be placed on appropriate level of MH observation as clinically indicated.

Voluntary Hospitalization: If a patient is determined to be “a person in need of treatment” as per title 18 statute an emergency evaluation will be initiated. This person will be placed on appropriate level of MH observation as clinically indicated.

- **Recommendation: Implement Columbia-Suicide Severity Rating Scale (CSSR-S). See Appendix 7.**
- **Recommendation: Implement Collaborative Assessment and Management of Suicidality (CAMS). See Appendix 8.**

9. Restrictive Housing: Restrictive Housing Clearance (Form 1901) Suicide Screening and Identification

a. Administration of Restrictive Housing Clearance (Nursing) which includes:

MH screening:

(Are you) Currently experiencing suicidal thoughts or thoughts of self-harm?

Have you tried or considered hurting yourself within the last 24 hrs?

Past history of suicide attempts:

Have you recently taken a large amount of drugs or are you packing any drugs within your body?
Have you been sexually assaulted within the last 72 hours?
Recently seen by mental health professional:
Does the patient have any immediate MH needs?

Recent Special Housing Placement:

Orientation:

Does patient exhibit any sort of disorganized, paranoid or illogical thoughts:

Does the patient seem to be behaving in an appropriate manner during interview?

Has the patient recently experienced a traumatic event?

High Risk: Yes/No

b. Once placed in Segregation: Nursing completes daily rounds and mental health completes weekly rounds. Individuals designated as SFI are seen at a minimum 3 (three) times per week.

Per NCCHC standard P G 02, the compliance indicators are: MH rounds on restrictive housing units weekly and medical rounds daily. Currently a mental status exam (MSE) is completed weekly by site MHP's on all individuals in the restrictive housing units statewide. The MSE note includes suicide risk questions, focuses on current presentation observed by the MHP, and is found in the user defined record portion of the EHR. Completing CSSR-S daily would not be feasible given the large number of inmates in restrictive housing statewide.

10. Quarantine and Medical Isolation Units:

Currently all individuals held in the quarantine or medical isolation units are assessed daily using a mental status exam (MSE). This is completed daily by site MHP's when MHP is on site. When MHP's are not on site, a QHCP completes the MSE and unit rounds. The MSE includes suicide risk questions, focuses on current presentation observed by the MHP, and is found in the user defined record portion of the EHR. The DOC also provides "tablets" which gives access to entertainment options and the DOC also provides extra paper entertainment like puzzles and word games.

11. PREA Incidents: VCHS adheres to all laws and directives in accordance with PREA.

12. Peer Support: In collaboration with DOC, Open Ears coaches will be utilized as Suicide Companions. These coaches/companions will not replace QMHP/MHP roles/responsibilities that are outlined in this document- but will add human/peer connection.

Appendix 1

State of Vermont Agency of Human Services Department of Corrections	Title: Suicide Prevention and Response to Self-Injurious Incarcerated Individuals		Page 1 of 9
Chapter: Health Services	#362	Supersedes: Interim Memo #362, <i>Suicide Prevention and Response to Self-Harm</i> , dated 6/03/2019	
Local Procedure(s) Required: No local procedure required Applicability: All DOC staff, contractors and volunteers Security Level: "B" - Anyone may have access to this document.			
/s/ [type name here]	/ /2022	/ /2022	
Nicholas J. Deml, Commissioner	Date Signed	Effective Date	

PURPOSE

The purpose of this policy is to outline the Vermont Department of Corrections' (DOC) approach and response to self-injurious behavior by incarcerated individuals and establish procedures for suicide prevention.

POLICY

This policy seeks to address the health and safety of incarcerated individuals at risk for self-injurious ideation and behavior, establish standard procedures for suicide prevention, and direct staff to apply these procedures consistently in all facilities. The DOC is committed to providing those under its custody and care with the best available treatment and according them the dignity that all human beings deserve.

Also, the Department recognizes that trauma can create an impact on an individual's body, including their brain. These impacts may, at times, limit an individual's ability to regulate their behavior. The Department also recognizes that individuals with mental-health/substance-use challenges are likelier to have experienced trauma in their lives.

AUTHORITY

28 V.S.A. §101(1), 28 V.S.A. § 801, 28 V.S.A § 907

GUIDELINES and PROCEDURES

A. Booking, Admissions, Transfers, and Returns

This section applies to new admissions, facility transfers, facility returns from community supervision, and returns from medical appointments or court.

1. Booking Officers shall solicit from law enforcement or corrections field personnel any information that might indicate an individual being admitted may have suicidal or self-injurious ideation, behaviors, or plans.
2. Booking Officers shall administer the Columbia-Suicide Severity Rating Scale questionnaire (C-SSRS) as part of the booking process. The Booking Officer shall:
 - a. ask the incarcerated individual the questions in the C-SSRS,
 - b. enter their responses in the booking wizard in OMS, and
 - c. follow all instructions that appear after they enter the answer to each question.
3. Booking Officers shall administer the C-SSRS to all incarcerated individuals prior to completing a housing assignment except for circumstances in which the individual is unable to answer the C-SSRS questions (e.g., refusal, incapacity, violence). In these circumstances, the Booking Officer shall take the following steps:
 - a. Document, as well as possible, the reasons the individual was unable to answer the questionnaire section;
 - b. Complete the remainder of the individual's intake, if possible; and
 - c. Notify the QHCP that the individual was unable to answer the C-SSRS questions.
4. Booking Officers shall immediately notify the appropriate Correctional Facility Shift Supervisor (CFSS) of any individual who screens positive on the C-SSRS as part of booking.
5. When the incarcerated individual screens positive for the C-SSRS, the Booking Officer shall document the result as an incident in the individual's OMS record (see Documenting section below).
 - a. When the Booking Officer receives information from law enforcement or corrections field personnel that the individual may have suicidal or self-injurious ideation, behaviors, or plans, the Officer shall document this information in the narrative of the positive C-SSRS incident.
 - i. OMS generates a notification to the facility Health Services Administrator (HSA) or designee, and the CFSS whenever:
 - a) the C-SSRS identifies an at-risk individual or
 - b) there is an incident of suicidal or self-injurious behavior.
 - ii. The HSA shall notify the appropriate mental health provider (MHP) to initiate clinically driven follow-up care or assessment.

6. When an incarcerated individual does *not* screen positive for the C-SSRS but the Booking Officer receives information from law enforcement or corrections field personnel indicating that an individual being admitted may have suicidal or self-injurious ideation, behaviors, or plans the Booking Officer shall document this as an incident in the individual's OMS record.
 - a. The Booking Officer shall include in their documentation all of the relevant information received from law enforcement or corrections field personnel in the narrative of the C-SSRS incident while noting that the C-SSRS result was negative.
 - i. When the C-SSRS or Booking Officer (due to information from law enforcement or corrections field personnel), identifies an at-risk individual, and the Booking Officer documents this as an incident in the individual's OMS record, OMS generates a notification to the facility HSA or designee and the CFSS.
 - ii. The HSA shall notify the appropriate MHP to initiate clinically driven follow-up care or assessment.
7. As part of the medical intake, a Qualified Health Care Professional (QHCP) shall assess and document the degree of suicide risk on each new admission. The QHCP shall review any prior C-SSRS screenings, in addition to the current screening, as part of their assessment.
 - a. Whenever an MHP recommends a higher level of observation than is indicated through the C-SSRS, security staff shall follow the MHP's recommendation.
 - b. The QHCP shall conduct their review within 60 minutes of notification.

Table 1. C-SSRS Level Table

Screening Result	Housing Placement	Property Allowance	Observations	Mental Health
Yellow	General Population	As determined by the MHP and CFSS.	Routine Observation	<ul style="list-style-type: none"> • Immediate referral to an MHP. • The MHP shall assess within 24 hours. • Security shall request reassessment every 24 hours. Reassessment shall end when an MHP determines that the reassessment is no longer necessary.
Orange	General Population	As determined by the MHP and CFSS.	Close Observation	<ul style="list-style-type: none"> • Immediate referral to an MHP. • The MHP shall assess within 24 hours. • Security shall request reassessment every 24 hours. Reassessment shall end when an MHP determines that the reassessment is no longer necessary.
Red	Removal from General Population and placed in the least restrictive alternative housing option available that allows for the safety and observation of the incarcerated individual.	As determined by the MHP and CFSS.	Constant Observation	<ul style="list-style-type: none"> • Immediate Referral to an MHP. • The MHP shall assess within 2 hours. • Security shall request reassessment every shift. • Reassessment shall end when an MHP determines that the reassessment is no longer necessary.

B. Limits to Placement in Disciplinary Segregation

DOC staff shall, under no circumstances place an incarcerated individual on disciplinary segregation for self-harming behaviors. Staff shall refer to the Department's policy on response to incarcerated individuals' behavior in violation of facility rules.

C. Ongoing Identification of Incarcerated individuals at Risk of Suicide

1. When staff observe, or have knowledge of, an incarcerated individual's suicidal or self-injurious ideation, behaviors, or plans they shall:
 - a. immediately contact a QHCP or MHP;
 - b. consult with the QHCP or MHP about the individual's level of confinement;
 - c. notify the appropriate CFSS; and
 - d. document their observations or knowledge of the suicidal or self-injurious ideation, behaviors, plans, or other concerning behaviors in the individual's OMS record.

D. Observation

1. Observation Types
 - a. Routine observation is appropriate for incarcerated individuals who acknowledge some degree of suicidal ideation but deny any intent or plan. They are deemed unlikely to self-injure.
 - i. Staff may maintain the incarcerated individuals that are under routine observation in general population and carry out checks and documentation per usual head count procedures.
 - b. Close observation is appropriate for incarcerated individuals who are not actively suicidal but express suicidal ideation or have recent prior history of suicidal planning or behavior. At this level of observation, DOC staff shall:
 - i. observe the individual at staggered intervals, not to exceed every 15 minutes; and
 - ii. document the individual's behavior and general condition when the observation occurs by using either the barcode scanners for the Residential Housing (RH) unit or in the Manual Movements module in OMS.
 - c. Constant Observation is appropriate for incarcerated individuals who are actively suicidal or self-injurious, or who are threatening or engaging in suicidal or self-injurious behavior.
 - i. Staff shall observe such individuals on a continuous, eye-contact basis, unless clinically contraindicated.

- ii. This level of observation may require that the individual be placed in the infirmary, mental health unit placement, or specialized housing as determined by the psychiatrist or advanced practice nurse.
 - iii. In addition to maintaining constant sight of the individual:
 - a) staff shall document the individual's behavior and general condition at 15-minute intervals by using either the barcode scanners for the RH unit or in the Manual Movements module in OMS and
 - b) staff shall have a break every hour. Superintendents or their designee shall ensure coverage during all breaks.
2. When an incarcerated individual is placed on observation:
- a. staff conducting the observation (or "check," if conducting Close Observation) shall document any individual placed on Close or Constant Observation by using either the barcode scanners for the RH unit or in the Manual Movements module in OMS; and
 - b. staff may use closed-circuit television monitoring as a supplement to, but never a substitute for, the physical observation checks. Staff shall use the current circumstances and Safety Plan to guide their decision about whether or not to visually supervise the individual's toileting and bathing.
 - i. A "Safety Plan" for the purposes of this document is meant to refer to a written plan created by the MHP as a contingency in case there are indicators that the individual has begun to experience thoughts of self-injury.
 - ii. Staff shall coordinate with the MHP, and others, as appropriate.
3. The CFSS shall ensure that appropriate staff are properly informed of the status of each individual who is placed on an observation status. The on-duty CFSS shall also be responsible for briefing the incoming CFSS regarding the status of all individuals on observation.

E. Observation and Housing Placement

- 1. The MHP, CFSS, Security & Operations Supervisor, Assistant Superintendent or Superintendent, may, as appropriate:
 - a. direct staff to implement a *higher level* of observation, regardless of the observations and assessment scores;
 - b. assign an alternative housing placement if the individual's risks and needs cannot be met with the housing placement determined using the C-SSRS,
 - c. request and utilize a Peer Recovery Coach to provide compassionate support.
 - i. The services of a Peer Recovery Coach are always voluntary for both parties.

- ii. Security staff shall inform the health care providers that the Recovery Coach has been requested.
2. If the observation level or housing assignment is overridden Security shall document the override in OMS.

F. Housing

1. Staff shall house incarcerated individuals who have engaged in a moderate or high-lethality self-injury attempt, or who are assessed as being at significant risk for suicidal or self-injurious behavior, in the least restrictive housing option available that allows for the safety and observation of the individual.
2. Staff shall ensure that, as much as possible, suicidal or self-injurious individuals remain in the proximity of staff consistent with the level of observation and/or their Safety Plan.
3. Staff shall situate themselves, or work, closer to individuals who require closer observation.

G. Evaluation and Treatment by an MHP

1. An MHP shall conduct clinically-driven follow-up care or assessment for all incarcerated individuals who screen positive on the C-SSRS or for whom there is information from law enforcement or corrections field personnel indicating that the individual may have suicidal or self-injurious ideation, behaviors, or plans.
 - a. The MHP shall conduct assessments within:
 - i. two hours of notification, for individuals whose screen indicates “RED” risk level (see Table 1. C-SSRS Level Table above); or
 - ii. twenty-four hours of notification for all others.
 - b. The MHP shall enter the assessment results into the individual’s electronic health record (EHR).
2. The MHP shall develop an individual Safety Plan for incarcerated individuals who screen positive on the C-SSRS, as medically necessary. The MHP shall place the Safety Plan in the EHR and include:
 - a. recommendations about the level of observation and restraints,
 - b. recommendations about the least restrictive conditions of confinement for the incarcerated individual,
 - c. recommendations about the frequency and duration of follow-up by an MHP, and
 - d. recommendations about the incarcerated individual’s property allowances.

3. The MHP shall make the Safety Plan available to Superintendent, or designee, and the CFSS.
 - a. The MHP shall ensure that the Safety Plan is medically necessary, includes clear direction for correctional staff, and is modified to respond to increased - or decreased - risk of suicidality and self-injurious behavior.
4. The CFSS shall upload the Safety Plan into the OMS.
5. The MHP shall carry out regularly scheduled visits for incarcerated individuals as follows:
 - a. Daily for the first five days after screening,
 - b. Once per week for the following two weeks, and then
 - c. As necessary while the individual remains incarcerated.

H. Rounds and Continual Monitoring

1. The CFSS:
 - a. shall make periodic visits to the housing units containing incarcerated individuals on suicide precautions to ensure that the observations are being documented in OMS using the barcode scanners for the RHU or in the Manual Movements module in OMS;
 - i. The CFSS shall also ensure that documented observations are complete and accurate.
 - b. may adjust the observation level of an individual, in consultation with a QHCP and if circumstances warrant;
 - c. shall review the observations documented in OMS by running and electronically signing the appropriate report in OMS at the end of each shift; and
 - d. base any changes in status on the MHP's assessment of the individual's presentation.
2. The MHP shall:
 - a. make rounds to the housing units containing individuals on suicide precautions as required above;
 - i. During these rounds, the MHP shall visually observe each individual on suicide precautions.
 - b. document any significant findings in the individual's EHR;
 - c. assess each individual on suicide precautions daily to determine if a status change is needed; and
 - d. recommend discontinuation, or changes in the level, of observation status when appropriate.
 - i. When an MHP recommends changes to the observation status they shall notify the CFSS.

3. The Housing Unit Officer shall:
 - a. document the MHP's rounds using the barcode scanners for the RHU or in the Manual Movements module in OMS and
 - b. base any changes in status on the MHP's assessment of the individual's presentation.
4. The CFSS shall:
 - a. implement their part of the MHP's safety plan, or carry out duties as otherwise directed by their supervisor and
 - b. base any changes in status on the MHP's assessment of the individual's presentation.

I. Restraints

1. Staff shall avoid using restraints on suicidal incarcerated individuals as much as possible.
2. If other, less restrictive, methods of preserving the individual's safety have been found inadequate, the use of restraints shall follow the procedures outlined in the relevant (e.g., Use of Restraints) policy.

J. Communication

A multidisciplinary team (including the Superintendent or designee and representative from casework staff, facility security, health services, mental health services) shall discuss the status of incarcerated individuals who have screened positive on the C-SSRS as part of the morning meeting.

K. Security Responses to Self-Injurious Behaviors

1. Any correctional staff member who discovers an incarcerated individual engaging in suicidal or self-injurious behavior shall immediately alert other staff to:
 - a. notify a QHCP;
 - b. respond to the relevant unit; and
 - c. initiate whatever action the situation demands to prevent further injury including CPR and first aid, if appropriate.
 - i. Staff shall always initiate appropriate life-saving measures and continue until they are relieved by a QHCP.
2. Staff shall never presume that a self-injurious incarcerated individual is deceased.
3. The Superintendent or designee shall ensure that each building contains a collection of emergency equipment that includes a:
 - a. first aid kit,
 - b. pocket mask, and
 - c. face shield.
4. The CFSS shall daily ensure that the equipment in section J.4. is in working order.

L. Training


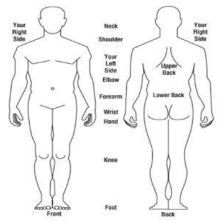
1. The relevant Superintendent shall ensure that security staff are appropriately trained in the timely response to self-injurious behaviors and in the assessment of potential security threats.
 - a. All staff that work with offenders shall complete an initial 8 hours of suicide-prevention training with an annual 2-hour recertification. The Correctional Academy shall deliver the initial 8-hour training to all new hires.

M. Documenting Self-Injurious/Suicidal Ideation, Behavior, and Death


1. Staff shall document all incidents of suicidal or self-injurious ideation, behaviors, or plans as incidents in the incarcerated individual's OMS record. Staff shall include in their report:
 - a. the behavior;
 - b. the surrounding circumstances;
 - c. the actions taken by correctional staff;
 - d. antecedent events and precipitating factors, if known; and
 - e. anything believed to be related to the event.
2. Health care personnel shall complete an assessment of all instances of self-injurious/suicidal behavior and inform the CFSS of:
 - a. whether or not an incident of self-injury constitutes a suicide attempt and
 - b. the seriousness and lethality of that attempt.
3. Upon receipt of this information, the CFSS shall update the appropriate subcategories of the incident in the individual's OMS record.
4. In the event of a death staff shall follow procedures set out in the appropriate policy.
5. The QHCP and the Superintendent shall ensure that all staff and incarcerated individuals affected by an attempted or completed suicide are provided with clinical services and support.
 - a. For staff, this may include the use of peer support, grief counselors, mental health personnel, or other designated personnel.
 - b. For incarcerated individuals, this may include facility-based peer support and counseling (including mental health and grief counseling) provided by the health care contractor.
6. DOC staff shall document the death in OMS.
7. DOC staff shall store historical unit observations in an incarcerated individual's OMS record.
8. DOC staff shall enter any observation information in OMS.
9. If the incarcerated individual is in a Residential Housing Unit (RHU), DOC staff shall use the barcode scanners to record all observations.
10. DOC staff shall enter all other (i.e., non-RHU) units' observation monitoring in the Manual Movements module of OMS.

11. the Superintendent or designee shall review the Facility RHU Scanner Log by Date report in OMS.
12. The Chief of Mental Health shall review the reports generated by the health care contractor as described in the health care contract.

Appendix 2

 <p>VitalCore Health Strategies <i>Redefining healthcare</i></p>	<p>Form# 104</p> <p>Revised: 4-16-2020</p>	<p>NAME: _____ #: _____</p> <p>DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p style="color: red; text-align: center;">If more space is needed, write "See Back →"</p> <p>Form to be completed Prior to Admission to the Detention Center</p>				
PRE-BOOKING HEALTHCARE SCREEN		<p>VITAL SIGNS: <input type="checkbox"/> Unable to obtain a vital sign? If so, which one:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Temperature</td> <td style="width: 25%;">Pulse/SaO2</td> <td style="width: 25%;">Respirations</td> <td style="width: 25%;">Blood Pressure</td> </tr> </table>	Temperature	Pulse/SaO2	Respirations	Blood Pressure
Temperature	Pulse/SaO2	Respirations	Blood Pressure			
<p>FACILITY: _____</p> <p>DATE: _____ TIME: _____</p>						
<p><input type="checkbox"/> NKA ALLERGIES: _____</p>		<p>TYPE OF REACTION:</p>				
Y	N	Y	N			
ACUTE MEDICAL PROBLEMS (Check all that apply)		ACUTE MEDICAL PROBLEMS (Check all that apply)				
	Cardiovascular		Tuberculosis (TB)			
	Diabetic		Epilepsy/Seizures			
	Dialysis: Type: <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Peritoneal Number of times per week: _____ Last Dialyzed: _____		Hepatitis			
	Hypertension		Other Infectious Disease: _____			
	COPD/Emphysema: O ₂ dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Y	N	CURRENT STATUS: SELF REPORT		COMMENTS		
		1. Have you or anyone you have been in contact with in the past 30 days traveled out of the Country?				
		2. Did the arresting/transporting or booking officer report any unusual/pertinent behavior about the individual? If yes, comment.				
		3. Do you currently have any acute medical problems or were you treated for any medical problems before you entered the jail? If yes, list medical problems.				
		4. Do you currently have any serious Mental Health problems, or have you received inpatient psychiatric care in the past month? ?				
		5. Have you had an ED visit in the past 24-hours or had a major surgery or hospitalization in the past 30 days?				
		6. Do you have any current thoughts of harming yourself or others? If yes, do you have a plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		7. Is the individual in a severely psychotic state? (Responding to external stimuli, endorsing hallucinations of any type etc.)				
		8. Does the individual appear severely intoxicated by alcohol or another substance? If yes, is the individual able to stand/walk/talk without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If severely intoxicated, do they have control of bodily functions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		9. What substance(s) do you use and how much per day? (List in comments)				
		10. Did use of force occur by a Law Enforcement? If yes, were there any injuries sustained or observed?				
		11. Were you Tased by Law enforcement? If so, was medical clearance given via an ED Physician?				
		INJURIES AND OBJECTIVE OBSERVATIONS		DISPOSITION		
		<p>Bruise(s):</p> <p>Contusions/Redness:</p> <p>Lacerations:</p> <p>Incision(s)/Soreness:</p> <p>Swelling:</p> <p>Other/Comments:</p>		<p><input type="checkbox"/> The individual is accepted for admission to this facility (complete Form #105 Medical & BH Admission Screening)</p> <p><input type="checkbox"/> Sent for Medical Clearance/Stabilization</p> <p><input type="checkbox"/> HCP/Site Medical Staff Consulted</p> <p><input type="checkbox"/> Delayed Entry, Site Supervisor notified</p> <p>Describe Reasons for Referral/Medical Clearance:</p>		
<p>The individual cannot be admitted into the facility until Medically Cleared/Stabilized. If there is a disagreement about this requirement, if the individual refused care at the Emergency Dept./Healthcare facility, or any challenges arise while obtaining Medical Clearance; contact the site HCP.</p>						
<p>Nurse or Qualified Healthcare Staff Name & Title _____</p> <p>Name of HCP: _____</p>		<p>Date _____</p> <p>Time HCP was Notified: _____</p>	<p>Time _____</p> <p>_____</p>	<p><input type="checkbox"/> N/A</p>		

Appendix 3

 <p>VitalCore Health Strategies <i>Redefining healthcare</i></p>		Form# 105 Revised: 4-16-2020 Page 1 of 4	NAME: _____ #: _____ DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <i>If more space is needed, write "See Back ->"</i>				
		ENTITLEMENTS: <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> HEALTH CARE INSURANCE (Specify): _____ <input type="checkbox"/> NO HEALTH INSURANCE COVERAGE					
MEDICAL & BEHAVIORAL HEALTH ADMISSION SCREENING							
FACILITY: _____		Date: _____ Time: _____					
<input type="checkbox"/> NKA ALLERGIES: _____		TYPE OF REACTION: _____					
VITAL SIGNS: <input type="checkbox"/> Unable to obtain a vital sign? If so, which one:							
Temperature	Pulse	Respirations	Blood Pressure	BGL	Height	Weight	Pulse Ox
Y	N	CHRONIC MEDICAL PROBLEMS (Check all that apply)					
		Asthma: How long? _____ Hospitalized for Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, when? _____ Peak Flow: <input type="checkbox"/> Yes <input type="checkbox"/> No; Currently on Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently on steroids? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Cardiovascular: Chest pain: <input type="checkbox"/> Yes <input type="checkbox"/> No; Stents: <input type="checkbox"/> Yes <input type="checkbox"/> No; Heart Attack: <input type="checkbox"/> Yes <input type="checkbox"/> No; Atrial Fibrillation: <input type="checkbox"/> Yes <input type="checkbox"/> No; Pacemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No; Internal Defibrillation: <input type="checkbox"/> Yes <input type="checkbox"/> No; Endocarditis: <input type="checkbox"/> Yes <input type="checkbox"/> No; Blood clots in lungs or legs: <input type="checkbox"/> Yes <input type="checkbox"/> No; Taking Warfarin, Coumadin, or another blood thinner: <input type="checkbox"/> Yes <input type="checkbox"/> No; Last Episode: _____					
		Cerebrovascular Disease: CVA (stroke): <input type="checkbox"/> Yes <input type="checkbox"/> No; TIA: <input type="checkbox"/> Yes <input type="checkbox"/> No; If any are yes, when? _____					
		Diabetes: How long? _____; Currently taking medication for diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, what?; Insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No; Previous hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No; If fingerstick >300: Nausea? <input type="checkbox"/> Yes <input type="checkbox"/> No; Vomiting? <input type="checkbox"/> Yes <input type="checkbox"/> No; Excessive Thirst? <input type="checkbox"/> Yes <input type="checkbox"/> No; Urine Ketones? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Hypertension: How long? _____; Current medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Three or more anti-hypertensives? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Epilepsy/Seizures: Last seizure? _____; More than one seizure a month? <input type="checkbox"/> Yes <input type="checkbox"/> No; Two or more anticonvulsants? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Gastrointestinal: Ever vomited blood? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, last time: Ever had black stools from bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, when? _____					
		Cancer: Do you currently have cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No; Are you currently being treated for cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type: _____; Have you had cancer previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type: _____ Date of Last Treatment: _____					
		Dialysis: Type: <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Peritoneal Number of times per week? _____ Last dialyzed: _____					
		COPD/Emphysema: O2 dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No; Peak flow: _____ Current Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Hepatitis: (check) Hep A _____ Hep B _____ Hep C _____ Have you been treated for Hep C? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		HIV or AIDS? Are you on medication? <input type="checkbox"/> Yes <input type="checkbox"/> No When was the last lab drawn? _____					
		Sexually Transmitted Diseases: Type: _____					
		Other Infectious Disease: _____					
Comments: _____							
MEDICATIONS							
Are you prescribed medications? <input type="checkbox"/> Y <input type="checkbox"/> N		If Yes, perform medication verification and refer Individual for provider examination.					
Current Medication:		Dose:		Frequency:			
MAR Written: <input type="checkbox"/> Y <input type="checkbox"/> N		Referred for Provider Exam: <input type="checkbox"/> Y <input type="checkbox"/> N					
Comments: _____							
FEMALES ONLY: Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No; Date of LMP: _____; Urine Pregnancy Test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative							
If Positive, was there Prenatal Care in the Community? <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Due Date: _____			Are you Lactating? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Form# 105
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Page 2 of 4

NAME: _____ #: _____

ORAL SCREENING

- | | | |
|------------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pain/Discomfort/Drainage |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lesions |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Swelling |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dentures |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Partial Denture |

MEDICAL & BEHAVIORAL HEALTH ADMISSION SCREENING

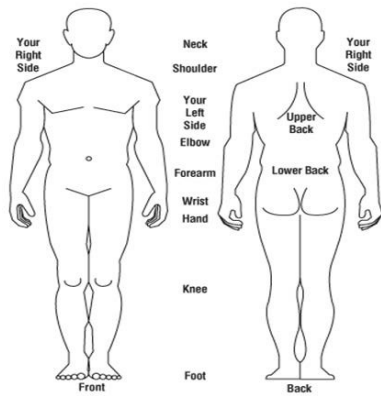
TB SCREENING (In the last year, have you experienced any of the following symptoms?)

ACTION: If there are 3 triggers indicated, ISOLATE the Patient & contact the HCP for guidance.

- | | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Exposure to a known TB patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Weakness & Lethargy? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Coughing up blood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Loss of Appetite? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Productive or Persistent Cough (longer than 3 weeks?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unintentional Weight Loss? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reoccurring Shortness of Breath? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Persistent Fever (Over 100° Degrees F) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pain in the Chest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chills or night sweats for no known reason? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other Symptoms: | | | |

OBSERVATIONS

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any signs of fever, swollen lymph nodes, jaundice or infection that might spread? <i>(Describe):</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Evidence of poor skin condition, to include: Deformities (skin or extremities), Ectoparasites, Rashes, Needle marks, Scars, Tattoos, & Piercings? <i>(Describe):</i> |




INJURIES AND OBJECTIVE OBSERVATIONS


- Bruise(s):**
- Contusions/Redness:**
- Lacerations:**
- Incisions:**
- Soreness:**
- Swelling:**
- Other/Comments:**

PRISON RAPE ELIMINATION ACT (PREA)

ACTION: If any of the Next 6 Questions have a "Yes" response, notify the Shift Supervisor.

- | | | |
|---|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Have you ever been approached for sex or been a victim of sexual assault while incarcerated? |
| <i>(If Yes, please explain):</i> | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Are you concerned about being sexually assaulted or abused while incarcerated? |
| <i>(If Yes, please explain):</i> | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Do you have a Hx of sexual or violent convictions? |
| <i>(If Yes, please explain):</i> | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Have you ever been Dx with Gender Dysphoria? |
| <i>(If Yes, please explain):</i> | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Do you identify as Transgender, Gender Variant, or are you transitioning? |
| 6. Does the individual express that they are, or perceived to be: <input type="checkbox"/> Developmentally Disordered; <input type="checkbox"/> Unable to protect themselves in Jail; <input type="checkbox"/> Picked on or bullied by other individuals; <input type="checkbox"/> Vulnerable (small in stature, frail, or youthful appearing); <input type="checkbox"/> Other: | | |

		Form# 105 Revised: 4-16-2020 Page 3 of 4	NAME: _____ #: _____ SUICIDE/SAFETY WATCH = Place the Patient in a Safety Smock on the Highest Level of Supervision possible in the facility. OTHER MONITORED STATUS = Place on increased monitoring, but a lower level than Suicide/Safety Watch, as determined by the facility; or call the VitalCore's QBHP/Outsourced Mental Health Provider to receive a disposition decision. Place Pt on the next BH clinic schedule/make referral if BH is Outsourced.
MEDICAL & BEHAVIORAL HEALTH ADMISSION SCREENING			
BEHAVIORAL HEALTH RISK ASSESSMENT			
ACTION: A "Yes" response to any of Questions (1-3) = Immediate SUICIDE/SAFETY WATCH, refer to QBHP for BH Intake Assessment (Form #140) w/in 24 hours. If MH is Outsourced, make a referral, and recommend a BH Intake Asmt. within 24 hours.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Are you having Suicidal/Homicidal thoughts now?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Do you have a plan (for suicide/homicide)? (If yes, describe if the individual provides details):	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Observation of: <input type="checkbox"/> uncontrollable crying, emotional flatness; <input type="checkbox"/> excessive hostility, paranoia, or violent behavior; <input type="checkbox"/> bizarre appearance, mute, evidence of poor/no self-care, denial of obvious and significant psychiatric issues; <input type="checkbox"/> significant difficulty attending to conversation; <input type="checkbox"/> lack of orientation to person/place/time; <input type="checkbox"/> listening to, talking to, or responding to things that are not apparent; <input type="checkbox"/> Incoherent	
ACTION: A "Yes" response to any of Questions (4-11) = Either place on immediate "OTHER MONITORED STATUS" or alternatively, contact the QBHP/Outsourced BH Provider for a disposition decision. Pt to be seen at the next BH clinic when Form #140 BH Intake Assessment will be completed. If BH is Outsourced, make a referral for an assessment.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Are you experiencing current, uncontrolled depression or anxiety?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Are your charges related to murder or a sexual offense/child molestation?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Do you feel there is nothing to look forward to in the immediate future? (<input type="checkbox"/> helplessness <input type="checkbox"/> hopelessness)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Have you tried to attempt suicide in the past? If yes, when was the last time? How did you attempt?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Do you currently engage in self-harming behaviors?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Have you recently experienced a significant loss (relationship, death of a family member/close friend)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Do you hold a position of respect in the community and/or charged with a high profile/highly publicized crime?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. What is your Age? _____ (Is this individual a Juvenile?)	
ADDITIONAL BEHAVIORAL HEALTH FACTORS			
ACTION: A "Yes" response to any of Questions (12-20) = Submit form to the QBHP for Review. If BH is Outsourced, send this document to the Provider for Review. Add to next QBHP clinic to be seen.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Do you currently receive treatment by a psychiatrist or MH provider?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Have you received treatment /hospitalized by a psychiatrist or MH provider in the past?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Is this your first incarceration?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Do you have a hx of self-harming behaviors?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Do you have an intellectual disability?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Have you ever received special education services while in school?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. Do you have a hx of loss of consciousness or hospitalization due to head trauma?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Do you have a family member who has attempted or committed suicide?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. Have you experienced recent physical/sexual/emotional abuse?	

	Form# 105	NAME: _____ #: _____
	Revised: 4-16-2020	
Page 4 of 4		MEDICAL & BEHAVIORAL HEALTH ADMISSION SCREENING
SUBSTANCE USE		
<p>ACTION: A "Yes" response to any of Questions (21-23) = Submit form to the QBHP for Review. If BH is Outsourced, send this document to the Provider for Review. Add to next QBHP clinic to be seen.</p>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Have you ever mis-used alcohol (e.g., been arrested while intoxicated; blacked-outs, binge drinking, etc.) (Type/Amount/Last use):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Have you ever misused prescription medication or used illicit drugs/substances? (e.g. heroin, K2, meth, opiates, painkillers, etc.)? (Type/Amount/Last Use):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Have you ever experienced problems (overdose/adverse/unexpected outcome) or withdrawal after stopping the use of alcohol or other substances (seizures, psychosis, DT's, perspiration, etc.)?	
OBSERVATIONS		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Appears under the influence of alcohol or other substances.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Visible signs of alcohol or drug/substance withdrawal (extreme perspiration, pinpoint pupils, tremors, anxiety, nausea, abdominal cramping, vomiting)?	
ACTION		
<p style="text-align: center;">Recommended Placement:</p> <input type="checkbox"/> Cleared for General Population <input type="checkbox"/> Medical Observation <input type="checkbox"/> Implement Suicide/Safety Watch <small>(Highest level of supervision available in the facility, Safety Smock, minimum Q15 staggered checks.)</small> <input type="checkbox"/> Implement Other Monitored Status <small>(Increased Monitoring, but a lower level than Suicide/Safety Watch, as determined by the facility; or call the VitalCore's QBHP/Outsourced Mental Health Provider to receive a disposition decision. Place Pt on the QBHPs next clinic schedule/make a referral if BH is outsourced.)</small>		<p style="text-align: center;">Protocols & Referral(s):</p> <input type="checkbox"/> HCP Consultation <input type="checkbox"/> Chronic Care: <input type="checkbox"/> Routine <input type="checkbox"/> Emergent <input type="checkbox"/> Dental: <input type="checkbox"/> Routine <input type="checkbox"/> Emergent <input type="checkbox"/> (Females) Urine Pregnancy Test Completed <input type="checkbox"/> TB Screening Completed: <input type="checkbox"/> Isolation & HCP Contacted for guidance. <input type="checkbox"/> Shift Supervisor Notified RE: PREA Questionnaire <input type="checkbox"/> Implement Withdrawal Management Protocol(s): <input type="checkbox"/> COWS <input type="checkbox"/> CIWA-Ar <input type="checkbox"/> CIWA-B <input type="checkbox"/> Psychiatric HCP Consultation: <input type="checkbox"/> Routine <input type="checkbox"/> Emergent <input type="checkbox"/> Behavioral Health Intake Assessment by QBHP: <input type="checkbox"/> Routine, Pt on QBHP schedule (#12-23 positive, place on schedule) <input type="checkbox"/> Emergent within 24-hrs <input type="checkbox"/> Referral to the Outsourced BH Provider & Recommended BH Intake Assessment: <input type="checkbox"/> Routine Referral <input type="checkbox"/> Emergent within 24-hrs
PATIENT EDUCATION & INFORMED CONSENT		
<input type="checkbox"/> Pt informed on how to Access Healthcare <input type="checkbox"/> Medication Times <input type="checkbox"/> Grievance Procedure Explained <input type="checkbox"/> Form #106 General Informed Consent Signed/Witnessed: <small>(If refused, write "Pt declined to sign" in the signature line and attempt again once Pt appears more stable.)</small> <input type="checkbox"/> Pt has a Guardianship appointed or Durable Power of Attorney (DPOA): <small>(Copy of the paperwork is in the Pt chart.)</small>		
Other Action(s)/Comments:		
<p>Nurse or Qualified Healthcare Staff Name & Title _____ Date _____ Time _____</p> <p>Name of HCP: _____ Time HCP was Notified: _____ <input type="checkbox"/> N/A</p> <p>Date sent to QBHP: _____ Time: _____ <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> QBHP Reviewed with positives on BH Risk Assessment _____ (initial)</p> <p>Date sent to Outsourced BH Provider: _____ Time: _____ <input type="checkbox"/> N/A</p> <p>Name of Psychiatric HCP: _____ Time Psych-HCP was Notified: _____ <input type="checkbox"/> N/A</p>		

Appendix 4

Correctional Mental Health Screen for Men (CMHS-M)

Name _____ Last, First, MI	Detainee # _____	Date ___/___/____ mm/dd/year	Time ___:___
--------------------------------------	-------------------------	--	---------------------

QUESTIONS	NO	YES	COMMENTS
1. Have you ever had worries that you just can't get rid of?			
2. Some people find their mood changes frequently – as if they spend everyday on an emotional roller coaster. Does this sound like you?			
3. Do you get annoyed when friends or family complain about their problems? Or do people complain that you're not sympathetic to their problems?			
4. Have you ever felt like you didn't have any feelings, or felt distant or cut off from other people or from your surroundings?			
5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?			
6. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?			
7. Do you tend to hold grudges or give people the silent treatment for days at a time?			
8. Have you ever tried to avoid reminders, or to not think about, something terrible that you experienced or witnessed?			
9. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
10. Have you ever been troubled by repeated thoughts, feelings, or nightmares about something you experienced or witnessed?			
11. Have you ever been in a hospital for non-medical reasons such as in a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			
12. Have you ever felt constantly on guard or watchful even when you didn't need to, or felt jumpy and easily startled?			

TOTAL # YES: _____	General Comments:
<p>Refer for further Mental Health Evaluation if the Detainee answered Yes to 6 or more items OR If you are concerned for any other reason</p> <ul style="list-style-type: none"> ○ URGENT Referral on ___/___/____ to _____ ○ ROUTINE Referral on ___/___/____ to _____ ○ Not Referred 	
Person Completing Screen: _____	

Correctional Mental Health Screen for Women (CMHS-W)

Name _____ <small>Last, First, MI</small>	Detainee # _____	Date ___/___/_____ <small>mm/dd/year</small>	Time __:__
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Questions	No	Yes	Comments
1. Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?			
2. Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?			
3. Some people find their mood changes frequently-as if they spend everyday on an emotional rollercoaster. For example, switching from feeling angry to depressed to anxious many times a day. Does this sound like you?			
4. Have there ever been a few weeks when you felt you were useless, sinful, or guilty?			
5. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
6. Do you find that most people will take advantage of you if you let them know too much about you?			
7. Have you been troubled by repeated thoughts, feelings, or nightmares about something terrible that you experienced or witnessed?			
8. Have you ever been in the hospital for non-medical reasons, such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			

TOTAL # YES: _____	General Comments:
Refer for further Mental Health Evaluation if the Detainee answered Yes to 5 or more items OR If you are concerned for any other reason	
<input type="radio"/> URGENT Referral on ___/___/____ to _____	
<input type="radio"/> ROUTINE Referral on ___/___/____ to _____	
<input type="radio"/> Not Referred	
Person Completing Screen: _____	

Appendix 5

Appendix 5 SCID-5 not attached due to the proprietary nature of the document. However, we will be incorporating the SCID-5 into the MH workflow within the timeline proposed.

Appendix 6

	Health Services Procedure: MENTAL HEALTH UNITS	
	NO.	Date of Origin: 2-27-2019 Revised:

REFERENCES: NCCHC **MH-G-02**

Forms:

Purpose:

It is the policy of the Vermont Department of Correction's (DOC) Health Services to provide access to mental health units that will provide comprehensive assessment, evaluation, treatment and prevention of inappropriate placement in segregation for detainees and inmates with mental illness.¹ The mental health unit services will be provided by contracted health services. Mental health units are located in dedicated housing areas and offer stabilization and programming as indicated for those who are psychotic, clinically unstable (including acutely suicidal or at imminent risk of serious self-harm) or waiting for community based psychiatric hospital assessment and/or placement. Mental health staff shall work with each inmate to individualize treatment that will decrease clinically significant symptoms, increase safety and wellbeing, and improve activities of daily living (ADL).²

Philosophy:

The provision of mental health services is integral to the DOC's commitment to reducing return-to-incarceration rates and supporting successful reentry into the community. To this end, trauma informed co-occurring and evidence-based approaches shall be implemented. The Department, as part of this approach, also provides Mental health units and services which include different levels of care: Crisis Intervention, Acute Mental Health Care and Residential Care. Acute Mental Health Care is an acute level of care which will meet the serious mental health needs of inmates who do not meet or are waiting for hospital level of care.³

In an Acute Mental Health Unit (Acute MH Unit) the goal is to prevent further deterioration and harm while providing the opportunity for further evaluation, and stabilization or assessment/referral to a higher level of care. Residential Care Mental Health Unit (RC MH Unit) shall provide inmates with serious mental illness, for whom the stimulation in General Population is deleterious, a respite with supportive services. In the RC MH Unit inmates will be

¹ 28 V.S.A. §907.

² NCCHC MH-G-02

³ 28 V.S.A. §907.

provided programming oriented toward management of symptoms and reinforcement of prosocial behavior.

Acute Mental Health Unit: Procedure for Admission

The following procedures apply to situations in which an inmate is psychotic, clinically unstable, acutely suicidal, at imminent risk of self-harm, who may have been denied access through involuntary or voluntary hospitalization certification processes, or who may be eligible for hospital level of care and are awaiting placement.

1. Any staff member, contractor, or DOC employee may refer an inmate to mental health or medical services due to concern about the potential risk of emerging psychosis, clinical instability, suicidality and harm to self, or any behavior that is unusual or out of character for an individual.
2. The first priority in the management of a decompensating individual is safety in the facility where he is located when the decompensation develops, which may require placement in a restrictive setting, and/or removal of the means of harm, and/or the provision of constant observation by Correctional Officers either present in person or by means of video camera. Under no circumstances will these restrictive safety measures be regarded as Segregation.
3. Inmates requiring safety interventions initiated by Security staff are to be reported to the Mental Health Professional on site or on call, to report the observations that led to the intervention, and to collaborate about further management. This communication will assist the facility Mental Health Professionals in their subsequent understanding and evaluation of the patient.
4. If an inmate enters the facility in a state of acute decompensation, the DOC booking officer will contact the QMHP on duty. The QMHP will assess the inmate and determine what level of care (LOC) the inmate needs. The QMHP will provide the assessment and LOC recommendation to the Director of Psychiatry and/or Director of Behavioral Health for final approval.
5. In the event of an after-hours need for admission, DOC staff shall contact the Mental Health Professional (MHP) on call who will complete the assessment either in person or via tele psych or through telephone consultation with mental health, medical, and security, depending on the acuity of the inmate. The MHP on call may authorize admission to the Acute MH Unit Care Unit under these circumstances, consulting with the psychiatric provider on call or the Director of Psychiatry and/or Director of Behavioral Health.
6. The inmate will receive a full mental health evaluation the following day if possible, or as soon as possible pending their ability to participate. The mental health evaluation will include but is not limited to; DSM assessment and diagnosis, history of illness, previous treatment, previous medication trials, previous hospitalizations, suicide attempts, current mental status, patient strengths, clinical formulation, short-term treatment plan, etc.

7. If the inmate continues to deteriorate, the Act 78 evaluation procedure will be initiated.
8. At any time, any inmate currently housed in a facility who begins to decompensate can be referred by any DOC staff to a QMHP for assessment and level of care (LOC) recommendation for placement in an Acute MH unit. The QMHP (preferably one who knows the patient, if available) will evaluate the inmate's psychotic symptoms, clinical stability, suicidality, and imminent risk of self-harm. If, in the clinical judgment of the QMHP the inmate cannot be managed in general population or in the RC Mental Health Unit⁴ then placement in the Acute MH Unit shall be considered. The use of segregation for inmates with this clinical presentation is to be avoided.
9. The evaluation, along with recommendation and rationale for admission to the Acute MH Unit, will be provided to the Director of Psychiatry and/or Director of Behavioral Health. The decision for placement in the Acute MH Unit will be made by the Director of Psychiatry and/or Director of Behavioral Health.
10. In the event that the Director of Psychiatry and/or Director of Behavioral Health does not determine the inmate needs to be housed in the Acute MH Unit, the RC MH unit will be considered and if neither unit is appropriate, then a facility level multi-disciplinary team will identify housing plan, treatment plan based on symptom reduction/improvement and behavior plan.
11. If the Director of Psychiatry and/or Director of Behavioral Health determines the inmate meets the criteria for the Acute MH Unit, an MHP will notify security to coordinate movement. If inter-facility transport is necessary, MHP will provide recommendations to facility security about conditions of confinement during transport and will ensure care coordination with the receiving facility's Acute MH Unit.

Placement in the unit will be made as soon as possible based on the inmate's clinical presentation.
12. Upon admittance to the Acute MH Unit, MHP will provide the inmate an orientation to the unit, orally and in writing at the inmate's level of comprehension, as soon as possible and as is clinically appropriate.
13. The DOC Chief of Mental Health or designee may also at any time request placement in the Acute MH unit to minimize the inappropriate use of Segregation. The DOC Chief of Mental Health will communicate the rationale for Acute Care placement to the MHP responsible for the Acute Care Unit, and the Director of Psychiatry and/or the Director of Behavioral Health.

Progressing to Discharge from Acute Mental Health Unit

1. There is no fixed length of time which an inmate may be housed in an Acute MH Unit. An

⁴ This is currently Bravo Unit at the Southern State Correctional Facility.

Acute MH Unit may be the most clinically appropriate setting for an inmate during their incarceration to prevent the inappropriate use of segregation. Discharge will be determined by the inmate's level of functioning and the Director of Psychiatry and/or Director of Behavioral Health determination that the inmate can be successfully and safely returned to general population, step down to the RC MH Unit or other placement. Mental Health personnel will coordinate with DOC upon discharge from the Acute MH Unit.

2. A Crisis stabilization Treatment Plan/Wellness Recovery Action Plan (WRAP) will be developed. The WRAP treatment plan will focus on safety, de-escalation and stabilization.

3. Subsequently the Crisis WRAP will be augmented with a daily WRAP. This WRAP will summarize the goals, coping skills and activities that the inmate identifies, and which support the inmate's return to activities of daily living and symptom management.

4. At any point, inmates who fail to stabilize, or show signs of improvement, and who present a danger to themselves or others, will be evaluated for referral by a QMHP for a higher level of care (e.g. hospital level of care).

Discharge

1. Through daily observation and assessment, the MHP will make a determination that the inmate may be appropriate to be returned to general population or step down to the RC MH Unit. The MHP shall provide a recommendation and rationale, documented in a discharge form, to the Director of Psychiatry and/or Director of Behavioral Health. The Director of Psychiatry and/or Director of Behavioral Health in consultation with the MHP shall make a determination for discharge from the Acute MH Unit.

2. Mental Health personnel will coordinate movement of the inmate with DOC.

3. If inter-facility transport is necessary, Mental health personnel shall advise facility security as to conditions of confinement during transport and will ensure care coordination with the receiving facility. Regardless of whether or not the inmate is transported, care coordination will include sharing the discharge form and reintegration recommendations.

4. After discharge from the Acute MH Unit, mental health follow-up will continue on a scheduled basis as long as medically necessary.

Residential Care Mental Health Unit: Procedure for Admission

1. At any time, any inmate currently housed in a facility who begins to decompensate functionally, but does not deteriorate to the level needing Crisis Intervention or Acute Care, can be referred by any DOC staff to a MHP for assessment and LOC recommendation for placement in RC MH unit. The MHP (preferably one who knows the patient, if available)

will evaluate the inmate's symptoms and functionality. If, in the clinical judgment of the MHP the inmate cannot be managed in general population then placement in the RC Mental Health Unit⁵ shall be considered. The referral will include Psychiatric Diagnosis, current treatment, current symptoms and signs, and CM GAF score.

2. The Director of Psychiatry and/or Director of Behavioral Health will review the referral in consultation with the MHP. Within 48 hours, the Director of Psychiatry, and/or the Director of Behavioral Health, or the on-call psychiatric provider will make a decision regarding placement.
3. If the Director of Psychiatry and/or Director of Behavioral Health determines the inmate meets criteria for the RC MH Unit then the MHP will inform the facility level administration who will coordinate movement. If inter-facility transport is necessary, Mental health personnel shall advise facility security as to conditions of confinement during transport and will ensure care coordination with the receiving facility's RC MH Unit.
4. The DOC Chief of Mental Health or designee may also at any time request placement in the Residential Care MH unit to minimize the inappropriate use of Segregation The DOC Chief of Mental Health will communicate the rationale for the RC MH Unit placement to the MHP responsible for the RC MH Unit, and the Director of Psychiatry and/or the Director of Behavioral Health.

Residential Care Mental Health Unit: Ongoing Evaluation

1. There is no fixed length of time which an inmate may be housed in a Residential Care Mental Health Unit. An RC MH Unit may be the most clinically appropriate setting for an inmate during their incarceration to prevent decompensation. Length of stay will be determined by the inmate's level of functioning and the Director of Psychiatry and/or Director of Behavioral Health's determination that the inmate can be successfully and safely returned to general population.

2. Ongoing Evaluation: Inmates placed in RC MH Units shall be evaluated by MHPs at least every 90 days to assess for level of care and to determine if ongoing placement is clinically warranted. The evaluations should document: Psychiatric Diagnosis, brief summary of symptoms and behavior that resulted in residential mental health unit placement, inmate's progress in treatment and WRAP adherence, current symptoms and behavior, accommodations provided directly by staff or by RC MH Unit environment, and the inmate's functioning to include CM GAF score with attention to ability to function outside of the RC MH Unit. The Director of Psychiatry and/or Director of Behavioral Health shall use these evaluations to determine on-going placement or discharge.

3. Treatment Plan/ Wellness Recovery Action Plan Initial and Ongoing: Will be developed with the inmate to identify coping skills and activities to support the inmate's symptom management and return to general population. Some patients may be discharged directly to General

⁵ This is currently Bravo Unit at the Southern State Correctional Facility.

Population with advance notice to help in preparation. Others may benefit from a work or program assignment that they may attend from the RC MH Unit for a limited time prior to moving to GP. After discharge from RC MH Unit, mental health follow-up will continue on a scheduled basis as long as medically necessary.

Discharge

1. Through daily observation and assessment, the MHP will make a determination that the inmate may be appropriate to be returned to general population. The MHP shall provide a recommendation and CM GAF score, documented in a discharge form, to the Director of Psychiatry and/or Director of Behavioral Health. The Director of Psychiatry and/or Director of Behavioral Health in consultation with the MHP shall make a determination for discharge from the RC MH Unit.

2. Mental Health personnel will coordinate with DOC upon discharge from the RC MH Unit.

3. If inter-facility transport is necessary, Mental health personnel shall advise facility security as to conditions of confinement during transport and will ensure care coordination with the receiving facility. Regardless of whether or not the inmate is transported, care coordination will include sharing the discharge form and reintegration recommendations.

Staffing and Programming


The Mental Health Units shall have at a minimum⁶:

- a. Continuous (24 hours a day, 7 days a week) coverage by mental health personnel assigned to the unit or on call for the unit.
 - 1) Mental Health Personnel (MHP) staffing should be sufficient to enable each inmate to have daily contact with an MHP who provides needed therapeutic interventions, coordinates inmate care, and recommends discharge from the unit.
 - 2) The contractor's staffing plan shall address the number of inmates in the unit, the severity of their mental illness, and the number of the mental health personnel to manage the level of care for each.
 - 3) Should staffing levels be insufficient to meet the needs of the unit, the Director of Psychiatry and/or Behavioral Health shall notify both the DOC Health Services Administrator and the DOC Chief of Mental Health and provide them with a remediation plan.
- b. Orientation and training for correctional officers assigned to the unit.
 - 1) DOC staff shall receive specialized training that includes de-escalation skills.
- c. Daily (7 days a week), on-going inmate evaluation by mental health personnel.
- d. Programming or appropriate therapies if clinically indicated.
 - 1) Inmates shall have the appropriate level of clinical monitoring, individual and group evidence-based therapies, and psychosocial activities. All treatment interventions,

⁶ NCCHC Standard MH-G-02

- therapies and activities must be proven effective for the clinical presentation/
diagnosis of the inmate and be individualized for the inmate.
- e. Individual treatment plans which shall direct the mental health service needed for each inmate in the mental health unit. Each treatment plan shall include treatment goals, objectives, and interventions for addressing each inmate's unique clinical presentation and to support a restoration of ADLs to support a successful transition to general population or whatever the least restrictive setting may be.⁷ At a minimum treatment plans will include:
 - i. Goals of treatment
 - ii. Objectives
 - iii. Interventions, including the dose, frequency, and duration
 - iv. Frequency of follow up for evaluation and adjustment of treatment modalities.
 - v. Adjustment of psychotropic medications if indicated.
 - vi. Referrals for psychological and medical testing and evaluation including blood levels for medication monitoring as required.
 - vii. When appropriate, instructions about diet, exercise, personal hygiene, and adaptation to the correctional environment.
 - viii. Documentation of treatment goals and objectives; evidence-based interventions and therapies necessary to achieve those goals and notation of clinical progress.
 - f. Wellness Recovery Actions Plans will also be developed with inmates residing in mental health units as per this procedure.
 - g. Housing in a safe and therapeutic environment conducive to symptom stabilization and maintenance of good personal hygiene.
 - h. Communication
 - i. The Contractor shall notify the DOC Chief of Mental Health when an inmate is being evaluated for or discharged from either the Acute Mental Health or the Residential Care Mental Health unit.

⁷ NCCHC Standard MH-G-03

 <i>Health Services</i>	<u>Procedure Guideline: Hospital and Specialty Care</u> Policy #: D-08 Acute Mental Health Unit	
	Date of Origin: DRAFT: 4/6/2020	Date of Revision:
“Procedure Guidelines” are subject to change		


ADMISSION CRITERIA:

A patient may be admitted to the Acute Mental Health Unit when any of the following criteria are met:

- The patient presents at acute risk to self and/or others, and the risk the individual poses is the result, or presumed to be the result, of a mental illness, including personality disorders.
- A patient with a Mental Illness, to include personality disorders, presents with increased symptoms that fail to improve despite intervention from mental health team.
- The patient’s clinical needs require intensive monitoring and intervention.
- The patient presents with acute behavioral symptoms, such as chronic self-injury or threats, and interventions outside of a mental health unit have not been effective in decreasing these behaviors.
- Or as otherwise clinically indicated

DISCHARGE CRITERIA:

Discharging a patient from the Acute Mental Health Unit will be based on a treatment team decision. The treatment team is comprised of Mental Health Clinicians, Psychiatric Provider, Medical, Security, and Facility Administration.

 <i>Health Services</i>	<u>Procedure Guideline: Residential Mental Health Unit</u> Policy #: D-08, Hospital and Specialty Care	
	Date of Origin: DRAFT: 4/6/2020	Date of Revision:
“Procedure Guidelines” are subject to change		

Overview: Residential Care Mental Health Unit (Bravo): Specialized placement for patients whose mental illness or cognitive impairment compromises the patient’s ability to function within general population. The goal is to avoid the use of segregation and provide a supportive environment while assisting the patient to develop the coping skills that will permit placement in general population with outpatient follow-up. Requires multidisciplinary treatment approach, including psychiatric provider, mental health professional, activities staff and nursing. Available resources will include psychiatric evaluation and treatment, counseling services (individual and group programming) and occupational and recreational activities. Individual treatment plans including WRAP plans, will be formulated and will then be integrated and reviewed with the patient. All decisions for admission and discharge from the Residential Care Mental Health Unit are clinical decisions with input from the Treatment Team. The Treatment Team is comprised of Mental Health Clinicians, Psychiatric Provider, Medical, Security, and Facility Administration.

Admission/Discharge Criteria:

1. The Residential Care Mental Health Unit is not expected to provide emergency mental health treatment. When a patient requires such interventions, they will be placed on appropriate level of suicide precautions and housed in area suitable for those precautions. Patient may be eligible for placement in Acute Mental Health Unit for stabilization.

2. Residential Care Mental Health Unit Admission Criteria:
 - a. The patient’s functional impairment is related to mental illness, to include personality disorders, or cognitive impairment, and precludes safe placement in general population.
 - b. Patients with serious mental illness who have a history of recurrent decompensation when housed in general population.
 - c. Patients with a history of repeated suicide attempts or self-injurious behavior related to mental illness, to include personality disorders.
 - d. Patients discharged from Acute Mental Health Stabilization Cell may be transferred to the Residential Care Mental Health Unit for further stabilization and a period of transition if deemed clinically appropriate.
 - e. Or as otherwise clinically indicated.

3. Residential Care Mental Health Unit Discharge Criteria:
 - a. Behavior and program involvement indicates the patient will be able to function adequately in general population and in large group situations.
 - b. The patient's behavior and self-report indicates mental stability.
 - c. The Residential Care Mental Health Unit treatment team determines that the patient is a clinically inappropriate admission.

4. Ongoing Functional Assessment/Treatment Planning:
 - a. Residential Care Mental Health unit placement periodic review will be completed:
 - i. Weekly for first 30 days
 - ii. Every 90 days thereafter
 - iii. Or as otherwise clinically indicated

Appendix 7

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Corrections

Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	YES	NO
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> <i>e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Item 1 Behavioral Health Referral

Item 2 Behavioral Health Referral

Item 3 Behavioral Health Referral

Item 4 Immediate Suicide Precautions

Item 5 Immediate Suicide Precautions

Item 6 Behavioral Health Referral

Item 6 3 months ago or less: Immediate Suicide Precautions

Appendix 8

Appendix 8 CAMS not attached due to the proprietary nature of the document. However, we will be incorporating the CAMS into the MH workflow within the timeline proposed.

Initial Intake Flow Diagram

PROCESS INITIATED BY DOC

Columbia Suicide Severity Rating Scale (CSSR-S)
(Administered by DOC at booking)

Yellow

- Immediate referral to QMHP
- QMHP to assess within 24 hours
- Reassessment every 24 hours

Orange

- Immediate referral to QMHP
- QMHP to assess within 24 hours
- Reassessment every 24 hours
- **Close observation**

Red

- Immediate referral to QMHP
- QMHP to assess within **2 hours**
- Security shall request reassessment every shift
- **Constant observation**

Self-harm watch admission/suicide evaluation note
(Administered by Qualified Mental Health Professional (QMHP))

CSSR-S used as risk assessment in this note

Self-harm watch follow up note
(Administered by QMHP)

CSSR-S used as risk assessment in this note

PROCESS INITIATED BY HEALTHCARE CONTRACTOR

PE-02 Must be completed within 4 hours

PE-02 Receiving Screen
VC FORM 105 Medical and Mental Health Intake - *needs re-labeling & screenshot in appendix*
(Administered by Nursing)

Includes:

- TCU 5
- Correctional Mental Health Screen for Men and Women



**** →
Extraordinary
Circumstances
Work Flow:

"Yes" response to VC Form 105 BH Section Question 1-3

- Immediate Self-harm watch
- Refer to QMHP Provider

"Yes" response to any questions 4-11 VC Form 105 BH Section Questions

- Immediate "other monitored status" or contact QMHP for disposition decision

TCU 5

- If response is more than **"Never"** to any opioid questions on TCU 5 refer to Opioid Supplemental

Correctional Mental Health Screen for Men & Women

- **Men**- "Yes" to 6 or more items or concerned for any other reason
- **Women**- "Yes" to 5 or more items or concerned for any other reason

PE-05 Must be completed within 14 days

PE-05 Mental Health Screening and MH Assessment
Screening element must be completed as soon as possible but no later than 14 days from completion of the PE-02 Receiving Screen
(Administered by QMHP)

CSSR-S used as risk assessment in this note

- SCID-5 APA The Structured Clinical Interview for DSM-5 must be completed by a QMHP

Positive Screen on any indicators (PE-02 or PE-05)

- Refer to QMHP for MH Evaluation. **Evaluation must be completed within 30 days or sooner if clinically indicated.**

VC FORM 104 Pre-Booking Healthcare Screening - *needs re-labeling & screenshot in appendix*

Form to be completed prior to Admission to the Detention Center
(Administered by Nursing)

Disposition (Next Steps)

- The Individual is accepted for admission to this facility (complete **VC Form 105**)
- HCP/Site Medical Staff Consulted
- Sent for Medical Clearance/Stabilization
- Delayed Entry, Site Supervisor notified

Opioid Supplemental
(Administered by Nursing)

Further Evaluation Needed:

- Refer for MAT Medical Need Assessment



A referral for medication induction or re-evaluation can be made at any point



Collaborative Assessment and Management of Suicidality (CAMS)

If clinically indicated due to acute/chronic suicidality