Progress Assessment

October 25, 2022

Allegheny County Jail

SUICIDE PREVENTION PROGRAM

Draft

This report details findings from a site visit conducted August 22-24, 2022.

SOLUTIONS FROM THE MOST TRUSTED NAME IN
CORRECTIONAL HEALTH CARE

Allegheny County Jail
Suicide Prevention Program: Progress Assessment

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DISCLAIMER

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Allegheny County Jail
Suicide Prevention Program: Progress Assessment

EXECUTIVE SUMMARY

This report presents findings from an assessment of progress made following a 2019 evaluation of Allegheny County Jail's suicide prevention program and resultant recommendations. (See Introduction for project details.)

The Allegheny County Bureau of Corrections is to be commended for its continuous review of policies and practices to improve suicide prevention efforts at the Allegheny County Jail. Both the 2019 and 2022 consultant teams from NCCHC Resources, Inc., were impressed with the support and openness they received from both administrative and line staff during their review.

It is clear that Allegheny County has taken the 2019 recommendations seriously and made many changes to jail operations to improve mental health services and suicide prevention. The jail has expended significant financial and other resources in these efforts and has been successful in implementing most of the recommendations. However, progress has slowed in some areas, largely due to staff vacancies. The challenge in filling these vacancies reflects shortages of health professionals across the country.

Major areas where the 2019 recommendations have been addressed:

- Suicide prevention practices and structural changes in the intake area, including additional screening inquiries on the intake forms, privacy cubicles and practices in conducting health screenings, suicide-resistant cells, and a constant officer rover to monitor cells
- Suicide-resistant blankets issued to all inmates to further reduce acts of self-harm
- Supervision and visibility of high-risk individuals, including suicide-resistant cells, staffing changes in segregation, installation of corner mirrors and additional mounted cameras, and suicide-resistant covers over air conditioning vents
- Safer housing for people undergoing withdrawal on the detoxification unit, with depression screening provided by trained substance abuse case managers and referral to mental health
- Increased integration of behavioral and primary care; depression screening is completed by the primary care and substance abuse teams
- Revised medication pass in all housing to ensure it does not block officer visibility
- Policy revisions: Staff Orientation, Suicide Behavior Detention and Prevention (consistent with NCCHC standards), Mental Health Screening, and Commitments
- Practice changes in use of the health record problem list to enhance nursing and other staff knowledge of the mental health needs of the patients they work with
- Suicide prevention training exceeding that of most correctional facilities, with 4 hours at orientation; annual suicide prevention training; and 8 hours of mental health first aid
- Environmental enhancements in the form of fresh paint and colorful motivational artwork throughout the facility

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To further strengthen suicide prevention and mental health services at the jail, we make additional recommendations throughout the report and summarize them in the final section (page 15).

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INTRODUCTION

In 2019, the Allegheny County Bureau of Corrections enlisted NCCHC Resources, Inc., to evaluate the Allegheny County Jail's suicide prevention program and make recommendations for improvement in line with national best practices, including the standards of the National Commission on Correctional Health Care (NCCHC).

In 2022, the agency requested a follow-up review to assess the jail's progress in implementing those recommendations. The progress assessment was conducted by a national expert in jail suicide prevention and the NCCHC Resources' managing director, who is a former jail administrator. The on-site review occurred August 22-24, with additional activities before and after the visit.

Methods

Primary activities included the following:

1. Meeting between the consultants and administrative staff via telephone before the site visit
2. Extensive document review
3. Entrance conference to discuss the jail's efforts to improve suicide prevention since 2019
4. Review of suicide prevention practices including assessment, training, and intervention
5. Interviews with key personnel to discuss jail management and its effect on suicide prevention policies, procedures, and programs
6. Interviews with key personnel to discuss staffing and workflow that affect suicide prevention
7. Review of architectural changes made since the 2019 visit
8. Exit conference to discuss findings
9. Follow-up telephone interviews with clinical and correctional staff

The NCCHC *Standards for Health Services in Jails* (2018) and *Standards for Mental Health Services in Correctional Facilities* (2015) were used as a guide in reviewing policies, procedures, suicide prevention practices, and jail management.

Custody, medical, and mental health personnel assisted the consultant team with departmentwide assessment and evaluation. Staff members interviewed included the warden, deputy warden, responsible physician, quality improvement manager, health services administrator, psychiatrist, mental health specialists, medical and mental health nurses, corrections officers, a corrections major, facility training director, and project director. Incarcerated individuals were also interviewed.

Major Areas of Review

The assessment focused on the following critical areas where changes were recommended in the 2019 report:

1. Intake operations
2. Supervision and visibility of high-risk individuals
3. Lack of privacy for health care interviews after booking
4. Increased medical leadership and safe housing for people withdrawing from substances
5. Policies on staff orientation, mental health services, and mental health programs and residential units

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6. **Effective use of problem lists to facilitate continuity of care and understand patients' needs**
7. **Health staffing shortages that impact medical nursing coverage and mental health treatment**
8. **Greater integration of behavioral care with primary care**
9. **Therapeutic programming on mental health residential units**
10. **Treatment plans for suicidal individuals**
11. **Enhanced suicide prevention training for all staff, including orientation for** newly hired nursing staff

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FINDINGS AND RECOMMENDATIONS

The facility census was 1,550 on the day of the assessment, markedly lower than the 2,338 census in 2019. This was largely attributed to county policy changes aimed at reducing incarceration (e.g., bail release of people with minor charges, strengthened reentry services) as well as COVID-19.

Most of the staff members interviewed agreed that significant changes had occurred since 2019, especially in the areas of training; intake operations; relationships among medical, mental health, and custody; and the presence of a "duty officer" for both custody and health staff at all times. They also praised the warden for his continued leadership in suicide prevention. However, staff vacancies are an impediment in these efforts, particularly affecting mental health treatment services and medical staff's ability to perform screenings at intake.

1. Intake Operations

We observed the intake and booking area including the sally port, a pre-booking area, a pre-arraignment area, and the booking unit holding cells.

The jail has made great process in enhancing suicide prevention in the intake area, having addressed the concerns regarding additional screening inquiries on the intake forms, privacy in conducting health screenings, and suicide-resistant cells.

Intake Screening Forms

Five screening forms are used throughout the pre-arraignment and booking process:

1. Medical clearance: administered by a medical assistant as part of the pre-arraignment process
2. Receiving screening: administered by an RN after medical clearance
3. Booking observation: administered by an officer after pre-arraignment
4. Mental health screening: administered by a mental health specialist
5. Physical assessment: administered by an RN

Rapid testing for COVID-19 is administered at intake, then new arrivals are brought to the intake housing unit, where they stay for about 10 days. Pre-arraignment and booking have a constant officer rover to monitor cells.

All forms were revised as recommended in the 2019 report. The process now include communication with the arresting officer, the addition of some screening inquiries to comply with national standards, and use of all forms in reaching a disposition during booking and during the physical assessment. Problems in receiving health information from transfer facilities have been addressed.

These forms went into production on the last day of our visit so we could not assess their implementation, but we reviewed the forms and confirmed that the changes were made and entered into the electronic record. As a result of this review, we recommend several changes in the receiving screening form to enhance identification of risk:

1. Add hard stops to the narrative portion of the following screening items:
    a. Past suicide attempts, strong plans to attempt, or treatment for attempts
    b. Most recent alcohol, sedative, or opioid use

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2. Expand the inquiry on past suicide attempts, strong plans to attempt, or treatment for attempts to include suicide watch during previous Allegheny County incarceration

Privacy in Administering Intake Screening Forms

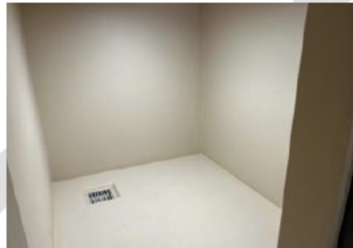
The jail has made significant changes to ensure the five screening forms are now administered in a private setting.

1. In the initial screening area, two cubicles have been built to provide privacy when medical staff administer the medical clearance and receiving screening forms. Receiving screening can also be conducted in the health care processing area located in booking.
2. In front of the booking desk is a designated area marked by red tape. This is where the individual stands while being booked, afforded separation from other inmates and staff. We observed several screenings and all respected the individual's privacy.
3. Mental health screening now occurs in the health care processing area, rather than at the booking desk where responses could be heard by others.

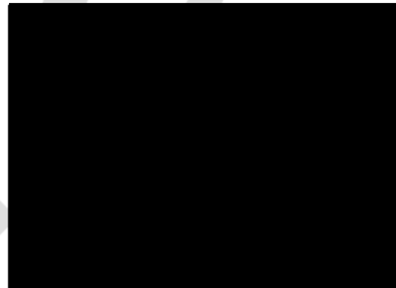
screening cubicles

Suicide-Resistant Cells and Blankets

Three suicide-resistant padded cells have been installed in the intake area: one in pre-arraignment, one in booking, and one in the front with new arrestees. At the time of our visit, the cell in pre-arraignment was to have additional padding installed on the inside of the entrance door. The facility invested over $450,000 to provide suicide-resistant blankets to all inmates, including those in intake.



suicide-resistant cell



Additional Staff Concerns and Recommendations to Enhance the Intake Process

We were informed of concerns related to delays of access to health services while in intake. We support and recommend medical and custody leadership continue and increase the frequency of audits to review timeliness for people arriving and being processed. Staff reported the following:

1. People with mental illness were held in booking or housed in pods not designed for them because beds in 5C (mental health housing for males) were not available. This is due to the need for more mental health housing and to delays in authorizing movement on weekends for 5C residents who clinically can be transferred to another location. The Program Review Committee that authorizes this movement does not meet on weekends.

2. Medical staff are often available on only one shift. Consequently, inmates remain in booking for a long time because of court processing or medical clearance delays.

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3. Concerns were expressed about delays in health assessment and medications for arrestees waiting for court activity, reportedly up to 24 hours. According to one staff member, some individuals have serious medication needs but because they have not been admitted to the jail, medication may be delayed.

2. Supervision and Visibility of High-Risk Individuals

Allegheny County has made substantial efforts and expended resources to address supervision and visibility of high-risk inmates. The jail now has 10 suicide-resistant cells: intake (3), female restricted housing (2), male restricted housing (2), female acute mental health (1), male acute mental health (1), and male subacute mental health (1).

Visibility challenges have been addressed in these areas:
1. Segregation unit: The concern on unit 8E was that the iron enclosures in the dayroom blocked view of the cells. Now an officer is out in the unit to directly observe inmates.
2. Detoxification unit: The corner cells are no longer used for housing.
3. Medication pass: We observed this process and the officer stood sideways to monitor the area while medication was being distributed through an enclosed fence. In the segregation modules, medication was passed at each cell door.
4. Housing units: Generally, two or more staff members share responsibilities for visual and physical checks.

In the medical unit, efforts to address visibility problems include installation of mirrors in medical housing corner cells to eliminate blind spots. In addition, a dimmer switch was installed in the observation station to improve visibility of cells, but this did not significantly improve things on the female side of the unit. We also observed that the dimmer switch was not always being used. We remain concerned about visibility from the observation station, which is a critical area for observation of the cells and dayroom due to the nature of the patients housed on the medical unit. Visibility into the male area could be improved by removing directives blocking part of the window and housing high-risk patients in cells directly across from officer view. Visibility on the female side will require addressing the tinted window that hinders clear observation.

mirror

There were two other concerns about supervision and visibility:
1. [redacted] The jail is working to address this, and we commend these efforts.
2. Visual checks. We recommend audits of visual checks in intake and the special housing units. We watched, covertly via video, visual checks on 5C. They were not done effectively, the officer walked past cells at full speed without verifying signs of life. It would also be beneficial to have a signs-of-life check sheet utilized in the special housing units as officers complete rounds on suicide watch. (See sample on the following page.)

sample "signs of life" check sheet

INMATE NAME:______________________ ID#: __________

REASON FOR OBSERVATION: __________________ INTERVAL: __________

Standing - S	Movement - M (articulate body part)
Talking - T	Chest Rise/Fall - CRF
Sitting - Sit	Other Signs of Life Need to be Spelled Out - (i.e. – Audible Sounds)

TIME	INITIALS/P #	INMATE'S PHYSICAL APPEARANCE AND ACTIONS

NOTES:

SERGEANT'S REVIEW:

SERGEANT'S SIGNATURE AND P#

Revised 12-2019

We spoke with several officers, and all were clear on the expectation that they conduct visual and physical checks in compliance with department policy and have been trained to do so. We recommend that supervisors conduct audits of video to ensure this practice is happening according to policy.

3. Privacy for Health Care Interviews After Booking

We were told most health care interviews are still conducted cell-side due to the impact of COVID-19 and staff shortages. Staff also identified locations where interviews could be held, including on the unit near the officer's desk, in private rooms on some units, and in triage rooms outside the unit but on the same floor. The segregation unit has a triage/exam room and an interview room, but reportedly they are rarely used. We recommend forming a team of security and health staff to develop a plan to increase the use of these spaces for health care interviews.

The jail has implemented a promising pilot project called The Third Floor Initiative. It entails a team approach where all services are provided on the unit.

4. Medical Leadership and Safe Housing for People Withdrawing From Substances

The policy on Medically Supervised Withdrawal and Treatment was revised on 5/11/2022 and follows NCCHC standard J-F-04 on Medically Supervised Withdrawal and Treatment.

Males undergoing detoxification are housed in units 4A and 4B; females are housed in 1C. During our visit, 4A held 13 men and 4B held 5 on withdrawal protocols. All of the men on withdrawal protocols were double bunked (lower bunk) with an inmate who was not on a withdrawal protocol. The end corner cells that present visibility concerns are no longer used for housing.

Our tour of these units and interviews with the acting director of nursing and the responsible physician confirm that changes have been made to monitor patients more effectively. The responsible physician said that providers (physicians, physician assistants, nurse practitioners) make daily rounds on these units. The Patient Health Questionnaire (PHQ) is administered to screen for depression; as appropriate, substance abuse case managers refer patients to mental health services. These case managers have been trained by the director of substance abuse, the deputy health services administrator, or the quality improvement director.

5. Policies on Staff Orientation, Mental Health Services, and Mental Health Programs and Residential Units

The 2019 report recommended training all staff on the jail's revised suicide prevention policy and revisions consistent with NCCHC standards: Staff Orientation, Suicide Behavior Detention and Prevention, and Mental Health Screening, and Commitments.

The jail's suicide prevention policy has become part of the mandated orientation training for all employees and part of the annual suicide prevention PowerPoint training. Our review of training records and interviews with staff indicate that most staff have received this training.

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We recommended that the Suicide Behavior Detection and Prevention policy on suicide-resistant cells include two items:

1. Clinical authorization for use of suicide-resistant padded cells and clinical staff responsibilities
2. Clinical responsibilities when these cells are used by supervisory correctional staff

The orientation for health staff is comprehensive and has requirements for both basic orientation before the first day of work and the facility and in-depth training within 90 days of employment.

Jail policy on Suicide Behavior Detention and Prevention and Suicide Prevention and Intervention Program has been modified to use the classifications *acutely suicidal* and *nonacutely suicidal* (see NCCHC standard J-B-05).

The Mental Health Services policy covers mental health screening and evaluation, informed consent, and mental health services. The policy content appears in different parts of the document (page 2 #8, pages 3 & 4 #1, page 8 #20) and does not include NCCHC standard J-F-03 Mental Health Services compliance indicators 3-6. We recommend stand-alone jail policies for each of these topics (mental health services, informed consent, and screening and evaluation).

A new policy on Mental Health Programs and Residential Services addresses programs without residential units as well as acute and nonacute residential units. We recommend specifying which of these programs are applicable to the mental health units labeled 5MD, 5C, 5D, and 5F.

6. Use of Problem Lists to Facilitate Continuity of Care and Understand Patient Needs

The jail has implemented a comprehensive electronic health record (EHR) tailored to its needs. The record has a flag/problem list category that documents information about an individual's suicide and mental health needs. These flags make staff familiar with patients' risk indicators. The 2019 report recommended that nurses, medical assistants, and psychiatric aides become skilled in navigating the EHR and routinely review theses flags.

The acting director of nursing views the problem list as a useful tool in knowing the medical and mental health challenges of the people they pass medication to and see in clinic. Reportedly, medical providers began routine use of the problem list about two months ago and training for nurses has just started .The use of the problem list has been incorporated into the in-depth Phase 3 orientation training for health staff. Psychiatric aides and medical assistants currently do not review the problem list, but they do review pod census updates. We recommend that they be required to review and be familiar with the problem list and mental health needs of patients they work with.

7. Health Staff Shortages That Impact Medical Nursing Coverage and Mental Health Treatment

Staff shortages are a major challenge at Allegheny County Jail and across the county. The jail has 148 health care positions budgeted; 43% of these positions were vacant as of 9/19/22. Of the 67.5 vacant health care positions, 64 were county employees.

The vacancies most relevant to medical care:

1. 9 licensed practical nurses (6 full time, 3 part time)

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The vacancies most relevant to mental health for treatment services on the 4 mental health units and follow-up of people housed in general population:

1. Director of mental health
2. 1 mid-level practitioner
3. 3 mental health nurses

5 mental health specialists
1 psychiatrist (part time)

The health services administrator started at the jail in April 2019 and has made progress in filling vacancies, including one full-time psychiatrist and four mid-level providers.

8. Integration of Behavioral Care with Primary Care

The jail has made significant progress in integrating primary and behavioral care by use of the Patient Health Questionnaire. The PHQ is a self-completed diagnostic instrument consisting of the PHQ-2 (two question to screen for depression) and the PHQ-9 (7 questions to screen for severity of depression).

The Suicide Prevention and Intervention Program policy requires that all inmates complete a PHQ-2 at each clinic visit. It is administered by nurses and, based on the score, providers complete the PHQ-9. If the score warrants, an appointment is made with the mental health specialist.

PHQs are also used on the detoxification units, administered by trained substance abuse case managers and a new substance abuse recovery nurse. As warranted, referrals are made to mental health for follow-up. PHQs are being completed at least once at the end of withdrawal protocols. To ensure no one is missed, the substance abuse director requires that each patient will complete the PHQ every 4 days.

9. Therapeutic Programming on Mental Health Residential Units

The jail operates four mental health units: 5MD female unit, 5C male unit, 5D male unit, and 5F male step down unit. The 2019 report recommended development of a policy on these residential units that is consistent with NCCHC standards and provision of programming to support a therapeutic environment. This policy was developed on 4/27/2021 and renewed on 4/29/2022.

We observed that therapeutic programming on the mental health residential units was limited, and saw group activity with only three inmates. We were told that the mental health pods were at capacity, suggesting most inmates did not have access to group activity. We were also told that due to staff vacancies, therapeutic programming on these units and follow-up for people discharged to another housing area was difficult.

10. Treatment Plans for Suicidal Individuals

The Suicide Prevention and Intervention Program policy was revised on 3/29/21. As recommended in the 2019 report, it includes requirements for treatment planning. This is consistent with NCCHC standard MH-G-04 Suicide Prevention Program and addresses compliance indicator #4 as well as key components of a successful suicide prevention program (item 5, treatment).

Review of four health records found that treatment plans were entered in the EHR. We recommend conducting an audit of at least 10 health records of individuals assessed as suicidal to further document that treatment plans are consistent with facility policy and that patients receive treatment per their treatment plan following discharge from the mental health units.

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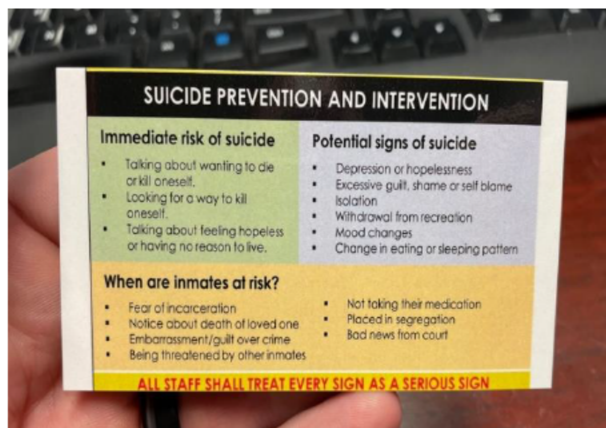
In 2019 there was concern that residents in 5c could not have reading materials. The health services administrator reported that reading material and other items are allowed pursuant to the patient's treatment plan.

11. Suicide Prevention Training for All Staff and Orientation for Newly Hired Nursing Staff

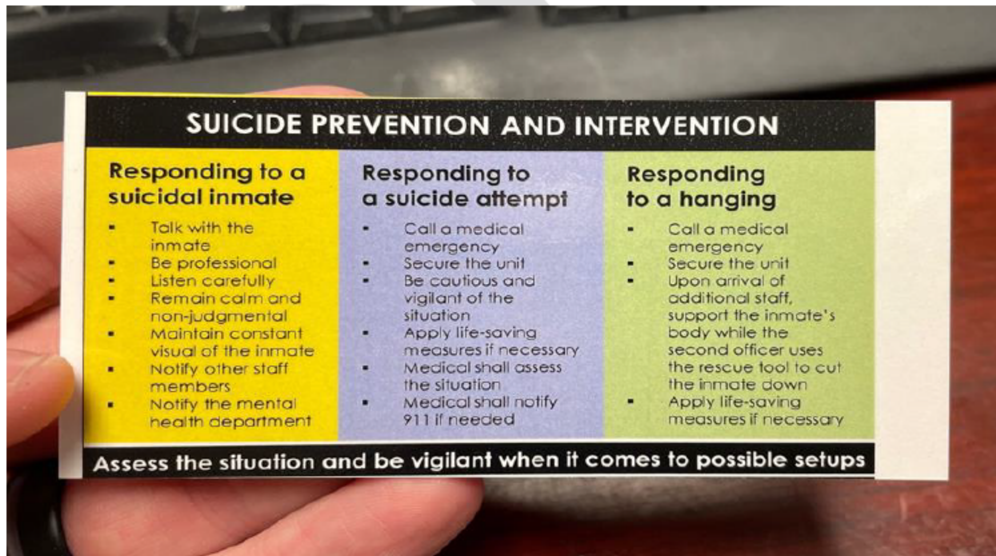
We commended the jail for it progress in training all staff in suicide prevention and its integration of health care and correctional administrators in planning the health-related training for all employees. Reportedly, the correctional training director meets weekly with the staff educator.

The formal training provided in 2021 and 2022 was extensive and exceeded NCCHC requirements. It included cadet training, orientation training, an 8-hour mental health first aid program, annual suicide prevention training, and CPR.



The facility also integrates training into daily operations to focus staff on suicide prevention. For example, key tags with information on suicide prevention are given to everyone attending the orientation training, a video monitor outside the elevators provides information on suicide prevention, and motivational artwork posters on suicide prevention are in the medical office.

key tags



Cadet Training

Cadet basic training is designed to train prospective correctional officers for a period of 9 weeks. Part of this training is 4 hours of suicide prevention and intervention training, which includes a review of Policy 304 Suicide Prevention and Detection. Cadets also receive mental health first aid training and other trainings that cross-reference suicide prevention and intervention.

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Orientation Training

As part of their orientation training, health staff and civilian employees participate in the above 4-hour suicide prevention and mental health program with the cadets. In total, this exceeds 4 hours of training specific to suicide prevention and mental health—an increase from 2.5 hours prior to a curriculum change in 2021. Data confirms that the 4-hour training was received by all cadets hired between 3/2020 and 8/2022 and by 172 civilian and health staff, of whom 57 were health staff employees.

Health Training for Officers/CPR

Cardiopulmonary resuscitation (CPR), first aid, and automated external defibrillator (AED) training was halted and/or limited during the COVID-19 pandemic due to infection prevention protocols. These trainings resumed in 2022 and are ongoing for all jail employees. NCCHC standard J-C-04 Health Training for Correctional Officers requires that at least 75% of officers on each shift are current in their health-related training, including CPR. Reportedly, on 9/22/22, 256 (71%) of the approximately 360 line officers were certified in CPR. We recommend an audit at the end of 2022 to determine CPR certification.

Mental Health First Aid Program

The jail funded an 8-hour training on mental health first aid for all employees. It was conducted by the Department of Human Services at an off-site location. Staff reported the training addressed speaking to people in crisis, being nonjudgmental, and appropriate resources. Attendance was approximately 389 correctional officers (line and supervisory), 82 civilians, and 70 health staff.

Training in Autism and Verbal De-Escalation

New training on autism awareness and verbal de-escalation is being provided to all correctional, civilian, and health staff. The 2-hour autism awareness training started in early October and is expected to reach all employees by December 2022. The verbal de-escalation program is 4.5 hours and is provided off-site; completion is expected in 2023.

Annual Suicide Prevention Training

Annual suicide prevention training is required for all staff. It entails viewing a Power DMS class followed by a test. Employees take this training at their posts or offices so they can complete it at their own pace. The training includes Policy 304 Suicide Prevention and Detection.

The 2019 report recommended that all staff be knowledgeable of this policy. 2021 annual training records showed that 285 (80%) of approximately 357 officers, 97 health staff, and 37 civilian staff completed the training.

Documentation shows that the majority of medical and mental health staff had signed that they had read Policy #2211 Suicide Prevention and Intervention. Below are numbers as of April 2022:

RNs	16 out of 17
LPNs	7 out of 8
Medical assistants	2 out of 2
Mental health specialists	8 out of 8
Therapists	1 out of 1
Psychiatric aides	1 out of 1
Physical health providers	9 out of 9
Behavioral health providers	5 out of 5

Cross-Training Between Medical and Mental Health Staff

In staff meetings, nurses were trained on the PHQs to enhance screening and referral of inmates presenting suicide risk and/or mental illness symptoms during clinic visits.

The 2019 report made two training recommendations that have not been implemented. Obstacles have included COVID-19 restrictions, vacancy in the mental health director position, and the fact that some officers working in these areas are floating officers and not in bid positions.

1. Emergency/mock drills: Staff members expressed interest in drills, stating that "we wouldn't know what to do or what code to call" and that "people would respond better" it an emergency occurred. Drills are required by NCCHC standard J-D-07 Emergency Services and Response Plan.

2. Continue and increase specialized training for all officers who may in medical and mental health housing (e.g., Mental Health First Aid, Autism, and de-Escalation training). This training covers advanced skills for officers to employ when interacting with people with mental illness. Reinforcement of training could be provided at meetings and through other less formal strategies. We recommend fully implementing this specialized training when the mental health director's position is filled and in collaboration with the staff educator and the facility training director. NCCHC standards J-E-02, J-C-03, MH-C-04, and MH-E-02 recognize the importance of such training. We also reviewed an outline for task training of mental health specialists working at intake and saw documentation that one specialist has received this training. This recently implemented training could be a good format to adopt for intake training.

Additional recommendations to enhance training are as following:

1. The weekly medical and mental health staff meetings should be integrated at least once a month.
2. Once a month, the mental health team should obtain from the training department a list of officers who completed the annual suicide prevention training and then follow-up with those officers during regular pod visits to see if they have questions and reinforce the training.
3. When the mental health director is hired, that person should collaborate with staff educators and the correctional training director to develop strategies to increase officer participation in annual training.

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Environmental Enhancements

The jail has worked to create a physical environment more conducive to well-being by painting the facility and incorporating colorful art.

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SUMMARY OF RECOMMENDATIONS

To further strengthen suicide prevention and mental health services at the jail, we make the following recommendations following our 2022 site visit. Please see details on each respective topic in the Findings and Recommendations section of this report.

Intake Operations

1. Revise the receiving screening form to enhance identification of risk:
   a. Add text summary hard stops to the following screening items:
      - Past suicide attempts, strong plans to attempt, or treatment for attempts
      - Most recent alcohol, sedative, or opioid use
   b. Expand the inquiry on past suicide attempts, strong plans to attempt, or treatment for attempts to include suicide watch during previous Allegheny County incarceration

Supervision and Visibility of High-Risk Individuals

1. Effectively manage and Improve visibility into the male area of the medical unit.
2. Increase audits of visual checks in intake and the special housing units, including audits of video.
3. Have officers use a signs-of-life check sheet in as they complete suicide watch rounds.
4. Continue to work on a solution to

Lack of Privacy for Health Care Interviews After Booking

Form a team of security and health staff to develop a plan to increase the use of currently unused spaces for health care interviews.

Policy Revisions

1. Make two additions to the Suicide Behavior Detection and Prevention policy on suicide-resistant cells:
   a. Clinical authorization for use of suicide-resistant padded cells and clinical staff responsibilities
   b. Clinical responsibilities when these cells are used by supervisory correctional staff
2. Implement stand-alone jail policies for mental health services, informed consent, and mental health screening and evaluation.
3. In the new policy on Mental Health Programs and Residential Services, specify which of these programs are applicable to the mental health units labeled 5MD, 5C, 5D, and 5F.

Effective Use of Problem Lists

Require that psychiatric aides and medical assistants review and be familiar with the health record problem list and mental health needs of patients they work with.

Treatment Planning for Suicidal Individuals

Conduct audits of at least 10 health records of individuals assessed as suicidal to document that treatment plans are consistent with facility policy and that patients receive treatment per their treatment plan following discharge from the mental health units.

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Training

1. At the end of 2022, conduct an audit to determine CPR certification of correctional officers.
2. Continue and implement additional specialized training for intake staff and officers working in medical and mental health housing. This training should cover advanced skills to employ when interacting with people with mental illness.
3. At least monthly, integrate the weekly medical and mental health staff meetings.
4. Monthly, mental health staff obtain a list of officers who completed the annual suicide prevention training to follow-up with them during pod visits to answer questions and reinforce the training.
5. The new mental health director, staff educators, and the correctional training director collaboratively develop strategies to increase officer participation in annual training.

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