MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure	**MSP 4.5.100 SUICIDE RISK MANAGEMENT AND INTERVENTION**	
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I. PURPOSE

To maintain and implement procedures and practices designed to identify and manage inmates at risk of engaging in self-injurious and suicidal behavior to prevent self-injury and suicide. Suicide management is a collaborative and cooperative effort between security, administrative, mental health, and medical staff.

II. DEFINITIONS:

Acutely Suicidal (active) – Inmates who engage in self-injurious behavior or threaten suicide and have a specific plan for carrying it out and are placed on constant observation to ensure safety.

Classification Review Committee (CRC) – A committee consisting of the Restrictive Housing Program Compliance Manager, Associate Warden of Custody or designee, Qualified Mental Health Professional (QMHP), Qualified Health Care Professional (QHCP), Restrictive Housing Unit Lieutenant/Manager, Secure Adjustment Unit Lieutenant/Manager, High Side and Low Side Captains or designees, and a staff member from Classification.

Close Watch – This watch level is a step-down from Constant Watch and is designed for potentially or inactively suicidal inmates who express suicidal ideation without a specific threat or plan and/or have recently demonstrated self-injurious behaviors. Inmates who deny suicidal ideation or do not threaten suicide but demonstrate other concerning behavior indicating the potential for self-injury should be placed on this watch level. Inmates on this level are placed in a Watch Cell with appropriately safe belongings and are observed in-person by a staff person at irregular intervals no less frequent than 15 minutes apart.

Columbia Suicide-Severity Rating Scale (C-SSRS) – Developed by Columbia University, the University of Pennsylvania, and the University of Pittsburgh, the C-SSRS supports suicide risk assessment through a series of simple, plain-language questions. The answers help the facility staff to identify whether an offender is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support an offender needs.

Constant Watch – This watch level is designed for actively suicidal inmates who have engaged in self-injurious behavior or threaten suicide with a specific plan. Inmates under Constant Watch must be observed in-person by a staff member at all times. Constant Watch is the default suicide monitoring status until a QMHP is available to assess the inmate. Inmates on this level are placed in a Safety / Observation Cell, which may be in the Infirmary or RHU.

Health Services Bureau (HSB) – A division of the Rehabilitation and Programs Division that oversees all medical, mental health, dental, and vision services for all inmates in the custody of the Department in secure and contracted facilities.

Inmate Peer Mentor – An inmate selected and trained by staff to support SMI inmates and those placed on Suicide Watch. Mentors may be used to supplement the 15-minute random and staggered

cell front checks conducted by staff during Close Watch. The use of a Peer Mentor does not substitute or diminish any required observation of the inmate by staff.

Mental Health Staff – Qualified mental health professionals and mental health trained correctional staff who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

Non-Acutely Suicidal (Potential or Inactive) – Inmates who express current suicidal ideation (for example, expressing a wish to die without a specific threat or plan) and/or have a recent history of self-destructive behavior.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurse practitioners, psychiatric nurses, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

Safety/Observation Cell – A temporary and non-punitive separation from regular housing to establish the safety of an inmate in collaboration with mental health services.

Suicide/Self-Injury Plan (SSIP) – A plan established primarily by the QMHP in coordination with the Unit Management Team to address the safety of the inmate. This plan includes placement, watch level, and an individual plan for the inmate to step down from suicide watch.

Suicide Watch – A status whereby a potentially suicidal inmate who has engaged in self-harm or is at risk of self-harm is placed in an appropriate secure cell, on Close or Constant observation. This may include different, more secure housing, the removal of or more secure property as well as other precautions to ensure safety of the inmate. Suicide Watch is overseen by a QMHP, and only a QMHP may remove an inmate from Suicide Watch.

Watch Cell (Suicide Resistant Cell) – A safe and secure cell designated for suicide monitoring. This separation is temporary and non-punitive.

III. PROCEDURES:

A. Identification and Referrals

1. The assessment of suicide risk should not be viewed as a single event, but as an ongoing process. Because an inmate may become suicidal at any point during confinement, suicide prevention should begin at the point of arrival at the facility and continue until the inmate is released from the facility.

2. Security Admissions staff will question Transport staff regarding an inmate's suicide risk or other self-harming and concerning behaviors while conducting their initial assessment.

3. Security Admissions staff will notify Mental Health Staff immediately if the inmate claims the inmate has had or is having thoughts of self-harm/suicidality.

4. Medical Admissions staff will ask each newly received inmate about self-injury/suicidal thoughts, plans, and intentions during the initial intake screening process, using a Columbia-Suicide Severity Rating Scale (C-SSRS). Medical Admissions staff will observe the inmate for signs of suicidality.
   a. If screening shows recent or historical suicidality (up to a year previous):
      1) the inmate will be referred to a QMHP for a comprehensive Mental Health Evaluation and will complete a Safety Plan;
      2) QMHP will place a flag "Suicide Attempt" in the electronic health record; and
      3) QMHP will refer to additional Mental Health services in the inmate's assigned unit to develop a comprehensive treatment plan to minimally address suicidality.

5. Admissions staff will encourage newly received inmates to report any knowledge of other inmates' self-injurious/suicidal thoughts, plans, intentions, and/or behaviors to a staff member.

6. All staff members, whether security, programs, education, mental health, or medical will monitor all inmates for self-injury/suicide risk factors *(see Attachment A).* All threats, ideation, or other signs of potential suicide must be taken seriously, even if information is provided by another incarcerated individual. If there is any concern about self-injury/suicide risk, refer them to mental health staff for assessment of self-injury/suicide risk.
   a. Any staff onsite can and will complete the *Attachment A: Columbia – Suicide Severity Rating Scale (CSSRS)* and notify their supervisor and Command Post and complete an Incident Report.

7. At the first sign of suicide potential, staff must immediately implement the suicide risk management process by placing the inmate on a Constant Watch in a safe location, i.e. safety/observation cell or infirmary. See *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program.*

8. Unit staff, IPPOs, and case managers will inform mental health staff of any of the following:
   a. new legal problems (for example, additional charges);
   b. after receiving bad news regarding self or family/friends (for example, medical conditions, loss of family members);
   c. prior to release, especially after a long incarceration; or
   d. after suffering humiliation or rejection.

9. A mental health professional will complete a wellness status note and follow recommendations for these occurrences based on severity of need.

10. A QMHP will review and address all self-referrals from inmates who might be at risk for self-injury/suicide according to MSP *HS D-07.1.*

B. Evaluation and Treatment

1. QMHPs and security staff will rapidly respond to a reported suicidal/self-harming inmate to evaluate, coordinate, and provide treatment. Each role has its own specific duties.

2. QMHP Duties:
   a. once a QMHP is notified of a suicidal/self-harming inmate, meet with the inmate face to face. Initiate/update Suicide Watch and document in Electronic Health Record (EHR) as soon as possible, but no later than 24 hours from initiation of Suicide Watch;
      1) complete Suicide Intake Risk Assessment – determine suicide/homicide risk level. Set follow up time for 24 hours or less. If possible, this will be done out of cell;
      2) determine Suicide Watch Level;
         a) Constant Watch – inmate is placed in (or remains in) a safety/observation cell or infirmary;
         b) Close Watch– inmate is placed in a Watch cell;
      3) complete a Suicide/Self-Injury Plan (SSIP) in the EHR, citing specific suicide monitoring instructions and allowable property;
         a) send SSIP to COR SMP email group;
         b) save SSIP in MSPData>Housing Units>RHU, SAU UMT>SMP;
      4) complete/update inmate's safety plan;
         a) send safety plan to Unit Management Team;
      5) if an inmate is SMI, the infirmary observation cell is the preferred placement;
      6) assign an Inmate Peer Mentor, if appropriate;
   b. within 24 hours or by the set follow up time, a QMHP will reassess the inmate (out of cell, if possible), complete the Daily Suicide Watch Progress Note, assess risk level, and set follow up time;
      1) Constant Watch should be based on a dire, imminent safety need and must be time-limited to the period during which such need is actively present and shall be

terminated once the need is abated, at which time, the QMHP can move the inmate to Close Watch;
2) continue to reassess until inmate is stable and can be released from Suicide Watch;

c. complete updated SSIPs for each assessment, citing specific suicide monitoring instructions and allowable property, including reintroduction of articles of clothing and other property;
d. update safety plans for each assessment and send out to Unit Management Team;
e. removal from suicide watch;
   1) meet with inmate (if possible, out of cell), and complete Suicide Watch Discontinuation;
   2) schedule a follow up with assigned unit therapist within 72 hours and inform unit therapist of inmate's return;
   3) complete an SSIP discontinuation;
f. Post-release follow up;
   1) meet with inmate, preferably within 24 hours, but no later than 72 hours;
   2) update treatment plan to address underlying reason for inmate's suicidal ideation;
   3) update safety plan – strategies should include interventions for when acutely and non-acutely suicidal as well as monitoring strategies to reduce relapse;
   4) QMHP may assign regular Wellness Checks to be performed;
   5) QMHP may assign a Peer Companion to meet with inmate; and
g. if an inmate is on Constant Watch for more than 72 hours, the QMHP on-call will consult with the CRC and determine whether escalated treatment is necessary, including whether the inmate should be referred to a care facility outside MSP.

3. Security Staff Duties:
   a. perform a CSSRS immediately if any inmate exhibits suicidal/self-injurious symptoms, or, if an inmate is in imminent risk, initiate Constant Watch; remove them to a safety/ observation cell or infirmary and inform Command Post;
   b. if an inmate is SMI, staff will prioritize placing them in the infirmary observation cells;
   c. Command Post contacts Mental Health On-Call for additional instructions and/or assessment;
   d. ensure inmate receives an unclothed body search and provide inmate with security mattress, security blanket and safety smock;
   e. ensure proper paperwork is done (classification override) if necessary;
   f. perform necessary checks as determined by the Watch Level on the SSIP;
      1) **Constant Watch Level** is for an inmate who is considered a higher risk for suicide, including:
         a) threatening suicide with a specific plan;
         b) engaging in serious self-injurious or suicidal behavior;
         c) any inmate who a QMHP determines is on a higher risk for suicide; or
         d) any other inmate that is posing significant risk to self or others due to harmful or dysregulated behaviors;
         e) **Note:** Security staff designated to conduct the Constant Watch shall:
            (1) directly observe the inmate on a continuous and uninterrupted basis in person, never leaving the inmate unattended;
            (2) be responsible for making entries in the Logbook a minimum of every 15 minutes;
            (3) document any significant change in the inmate's behavior, expressed thoughts, and/or emotional state; and
            (4) immediately notify Command Post of any threats of self-harm or any active engagement in self-injurious behavior.
      2) **Close Watch Level** is for an inmate who is considered a lower risk for suicide, including:
         a) has a recent prior history of serious self-injurious behavior or suicidal behavior, but is not actively engaging in such behavior;

b) expresses general suicidal ideation, but has not engaged in any suicidal or self-injurious behavior;
c) threatens suicide without a specific plan but other factors indicate the potential for serious self-injury or suicide;
d) denies any suicidal ideation but other factors indicate the potential for serious self-injury or suicide; or
e) any other inmate that a QMHP determines is a lower risk for suicide but needs a watch;
f) security staff shall:
(1) make visual contact with the inmate at staggered intervals not to exceed 15 minutes;
(2) document the visual contact using the electronic monitoring system;
(3) document in the Logbook any other observations and communications as they occur;
(4) immediately notify Command Post of any threats of self-harm or any active engagement in self-injurious behavior;
3) any time a Watch Level is changed, document in Logbook;
4) for the purposes of Constant and Close Watch, video monitoring may be used, but not as a substitute for in-person observation;

g. ensure up to date SSIP is posted next to Safety/Observation or Watch Cell; and
h. once an inmate has stabilized to the Close Watch level, they will be offered a shower and a phone call, within a reasonable time. Individuals on Disciplinary Detention do not qualify for a phone call in accordance with *MSP 3.4.1 Institutional Discipline.*

C. Communication and Reporting

1. Mental health department staff who are responsible for managing an inmate's risk for self-injury/suicide will, verbally and through writing, communicate information to administrative, medical, and correctional staff who are involved in the management of the inmate. Primary written communication will be through the SSIP.

2. Mental health department staff will communicate the special needs of inmates with severe mental illnesses and make recommendations to administrators and the unit management team concerning the most appropriate management of these inmates, including housing assignments, work assignments, disciplinary measures, and transfers.

3. Mental health department staff will develop and maintain regular communication with administrative and security staff in order to identify inmates who may be at risk for self-harm/suicide.
   a. QMHPs who assess an inmate with a history of suicidality within the last year will place a flag of “Suicide Attempt” in the electronic health record.
      1) This list will be communicated to housing staff, medical staff, and security staff who need the information for the safety of inmates.

4. All Logbooks shall be reviewed by Command Post to ensure Suicide Watches are consistently conducted at least as frequently as required and at varied intervals and are documented timely and accurately. This review is to be completed at least once per shift. Any compliance issue shall be immediately addressed and then directly reported to the Warden or designee.

5. The Warden or designee shall conduct a monthly quality assurance review of the Logbooks.

6. The Mental Health Manager or designee shall conduct a monthly quality assurance review of the Suicide Watch SSIPs to ensure continuing compliance with policy. Findings, issues, and concerns will be routed through the Health Services Bureau Quality Improvement process *(see MSP HS-A-06.0-CQI Plan for Health Services)*.

D. Emergency Intervention

1. Staff will take immediate action when suicidal behavior is observed. Any available person, including non-security staff, may be asked to assist during an emergency. Safety of staff and inmates should be the first consideration in the initial response.

2. **Restrictive Housing and Secure Adjustment Unit (RHU & SAU)**
   a. First officer or person on the scene will call for help and/or notify the control room officer;
   b. control room officer will notify Command Post, Health Care, and Unit Supervisor (if on shift). The Shift Commander will initiate emergency medical assistance procedures;
   c. second responding officers/staffs will retrieve the medical kit, scissors/cut down tool (if inmate is hanging) and shield from their storage location;
   d. if the inmate appears to be unresponsive, and there are two or more officers/staff on the scene, two officers/staff will enter the inmate's location using the shield. If there are only two officers/staff on the scene and the situation appears to be non-life threatening or involves an inmate cutting the inmate's self, the officers will wait until additional help arrives;
   e. if the inmate is found hanging, staff will immediately handcuff the inmate with the inmate's hands to the front of the inmate's body and cut the inmate down, with one officer lifting the inmate and the other cutting the inmate down. The inmate will then be laid on the floor facing up and the officers/staff will initiate first aid and determine if cardiopulmonary resuscitation (CPR) is necessary. If the inmate is non-responsive, the handcuffs will be removed to facilitate the CPR process;
   f. if CPR is required, it must be initiated. Staff will use a micro shield (or an Ambu-bag if available) for the breaths, and an automated external defibrillator (AED) will be utilized when/if available. Once CPR is initiated, staff will administer it until the inmate is revived or staff is replaced by health care staff or until inmate is pronounced dead by the attending physician or coroner;
   g. when health care personnel arrive, they will assess the situation, provide direction, and continue administration of CPR and any additional life-saving measures;
   h. additional staff can ensure that the crime scene is preserved to the extent possible;
   i. the Shift Commander will notify the Powell County ambulance service as needed;
   j. based on the assessment of health care personnel, the inmate will be put on a gurney and transported to the Infirmary or a waiting ambulance as quickly as possible. Security escort will be provided per established procedures. CPR efforts will continue on the way to the Infirmary or waiting ambulance. **Again:** once CPR is started, it will continue until the inmate is revived or is pronounced dead by an attending physician or coroner; and
   k. the Shift Commander will ensure that the Duty Officer, Warden, the Associate Wardens, Mental Health On-Call, and the DOC Investigator are notified of the incident as soon as enough information has been gathered.

3. Non-Restrictive Housing Units, Work Locations, or other Locations:
   a. First person on the scene will:
      1) immediately notify other staff of the need for assistance and survey and secure the scene for safety (for example, the situation could be a diversionary tactic or an attempt to assault staff or to escape);
         a) the first Corrections Officer on the scene may use their discretion in entering the cell alone. If they consider it necessary, they may postpone entering the cell until after the arrival of a second Corrections Officer;
         b) if an inmate is found hanging, officer will retrieve a medical kit and the scissors/cutdown tool, staff will take measures to remove pressure from the inmate's neck, including removal of the object from around the neck and/or lifting the inmate's leg to remove pressure on the neck;
         c) if the inmate is non-responsive, is bleeding, or is in obvious physical distress, initiate and continue first aid/CPR until health care staff or qualified personnel

arrive to take over. Staff will use a micro shield (or an Ambu-bag if available) for the breaths, and an automated external defibrillator (AED) will be utilized when/if available. Once CPR is initiated, staff will administer it until the inmate is revived or medical staff take over or until the inmate is pronounced dead by the attending physician or coroner;

b. second person on scene will:
   1) notify Command Post, Infirmary, and immediate supervisor.
   2) assist with first aid/CPR as necessary.
   3) maintain security and preserve the scene as much as possible;
c. the Shift Commander will initiate emergency medical assistance procedures;
d. when additional staff arrive, they will assist in administering CPR and help maintain security;
e. continue with steps g through k under Restrictive Housing and Secure Adjustment Unit (RHU & SAU) immediately above; and
f. Department Investigative staff will initiate their investigation protocol, review incident reports, and interview staff as required.

IV. REFERENCES

A. *MSP HS D-07.1 Urgent/Emergent Response*
B. *MSP HS E-02.0 Intake Health Screening and Physical Assessment*
C. *MSP HS E-05.0 Mental Health Screening and Evaluation*
D. *MSP HS E-07.0 Non-Emergent Healthcare Requests and Services*
E. *MSP HS G-02.0 Mental Health Evaluations of Inmates in Restrictive Housing*
F. *MSP 4.5.63 Inmate Peer Mentor Program*
G. *DOC 4.5.20 Emergency Services and Response Plan*

V. CLOSING

Questions about this operational procedure should be directed to the Warden.

VI. ATTACHMENTS

Attachment A: Suicide Signs, Symptoms, and Risk Factors
Attachment B: Columbia-Suicide Severity Rating Scale

MONTANA STATE PRISON
ATTACHMENT A: SUICIDE SIGNS, SYMPTOMS, AND RISK FACTORS

NOTE: This is not a complete listing of all signs, symptoms, and risk factors for the detection of self-harm potential; therefore it is important that you contact someone from the Mental Health Department if you have any concerns that an inmate may be considering self-harm behavior.

Signs and Symptoms

- Inmate demonstrates a significant change in functioning.
  - Seems extremely sad or is crying.
  - Loses interest in all or almost all people and activities. Withdrawn and non-communicative.
  - Loss of appetite.
  - Seems to be in slow motion; no energy.
  - Is tense, agitated, and cannot seem to relax. Emotional outbursts and sudden anger.
  - Expresses pessimism, hopelessness, and helplessness.
- Inmate talks about suicide or verbalizes thoughts of wanting to be dead.
- Inmate packs up and/or gives inmate's possessions to others.
- Inmate appears calm after a period of agitation or depression.

Risk Factors

- Has a history of suicide attempts.
- Placed in segregation.
- Recent death or serious illness of a family member.
- Loss of family support due to divorce or family relocation.
- Denied parole; convicted of a new crime; facing detention time.
- Has a long sentence.
- Will be leaving soon after serving a lengthy sentence.
- Has been sexually assaulted.
- Has been having problems with peer group/friends.
- Has a serious mental illness such as depression or schizophrenia.
- Has a language barrier or disability resulting in him being isolated.
- Has a significant anniversary date approaching.

MONTANA STATE PRISON
ATTACHMENT B: COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screening Version – Since Last Contact for Corrections

SUICIDE IDEATION DEFINITIONS AND PROMPTS	**Since Last Contact**	
Questions are bold and <u>underlined</u>	**YES**	**NO**
Always ask Questions 1 and 2		
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 about 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>***		
4) ***<u>Have you had these thoughts and had some intention of acting on them?</u>***	**High Risk**	
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>***	**High Risk**	
Always ask Question 6	**Life-time**	**Past 3 Months**
6) ***<u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>*** *Examples:* Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or 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, etc. ***<u>If yes, was this within the past 3 months?</u>***		**High Risk**

Recommended Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Same Day Behavioral Health Evaluation, Consider Suicide Precautions
Item 4 Immediate Suicide Precautions
Item 5 Immediate Suicide Precautions
Item 6 Immediate Suicide Precautions