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# Correction Action Plan

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## Suicide Prevention Corrective Action Plan November 4, 2013

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ITEM	OBJECTIVE(S)	ACTION REQUIREMENTS	MEASUREMENT METHOD	COMPLIANCE MEASURE	RESPONSIBLE PARTIES	GOVERNING POLICIES (incorporated by reference)	STATUS AND/OR DATE DUE	COMMENTS
Treatment plans for inmates on and discharged from suicide precautions (i.e., suicide watch and safety watch status)	Inmates placed on a level of suicide precaution for longer than 24 hours will have a treatment plan that addresses the issues that necessitated the inmate being placed on suicide precaution and any other relevant factors identified in the inmate's Suicide Risk Evaluation (SRE). The treatment plans will include specific descriptions of the signs, symptoms and circumstances in which the risk of suicide is likely to recur, how reoccurrence of suicidal thoughts can be avoided, and the actions the inmate or staff can take if suicidal thoughts do	A Licensed Mental Health Professional (LMHP) will review the medical record of each inmate placed on suicide precautions to determine if 1) a treatment plan addressing the inmate's suicidality was present; and 2) whether the treatment plan adequately addressed the reason(s) the inmate was placed on suicide precautions.  The LMHP review will also include a search for additional risk factors not disclosed by the inmate on interview (e.g. medical issues, intake, consultations). The LMHP will note what supplemental information was reviewed.	The Department will implement monthly on-going Continuous Quality Improvement (CQI) studies of individuals placed on suicide precautions to determine if the Action Requirements are being implemented.  Such studies will include every inmate placed on suicide precaution for a minimum of two weeks per month.  Studies should include descriptors of anomalies or outliers and explanations.  These studies will be	Four consecutive monthly studies achieving substantial compliance	Mental Health Section Administrator (MHSA)  Mental Health Branch Administrator (MHBA)  Qualified Mental Health Professional (QMHP)  CQI Manager (CQI)		March 1, 2014	

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	occur.	If any records are found not to include adequate treatment plans or risk factors, the Mental Health Branch Administrator will be notified and corrective actions will be implemented and documented for all relevant staff.	forwarded to the DOJ and Mr. Lindsay Hayes as they are completed.					
2. Three (3) day post-discharge suicide precaution follow-up	Inmates discharged from any level of suicide precaution will be adequately monitored to ensure that issues necessitated the inmate being placed on suicide precaution have been adequately addressed.	Inmates who have been on any level of suicide precaution status shall receive a post-discharge treatment plan and shall have an initial post-discharge follow-up within three (3) days of discharge from suicide precaution by a qualified mental health professional (QMHP). Progress notes of the follow-up will be recorded and shall be in concordance with the treatment plan.	The Department will implement monthly on-going CQI studies of individuals placed on suicide precautions to determine if the Action Requirements are being implemented.  Such studies will include every inmate placed on suicide precaution for a minimum of two weeks per month.	Four consecutive monthly studies achieving substantial compliance	MHSA MHBA QMHP CQI		March 1, 2014	

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			<p>Studies should include descriptors of anomalies or outliers and explanations.</p> <p>These studies will be forwarded to the DOJ and Mr. Lindsay Hayes as they are completed.</p>					
3. Seven (7) day post-discharge suicide precaution follow-up	Inmates discharged from any level of suicide precaution will be adequately monitored to ensure that issues necessitated the inmate being placed on suicide precaution have been adequately addressed.	Inmates who have been on any level of suicide precaution status shall receive a second post-suicide precaution discharge follow-up within seven (7) days of the initial three (3) day discharge follow-up; with no combined second follow-up to exceed ten (10) days in total from the inmate's discharge from suicide precautions by an QMHP. Progress notes of the follow-up will be recorded and shall be in	<p>The Jail will implement monthly on-going CQI studies of individuals placed on suicide precautions to determine if the Action Requirements are being implemented.</p> <p>Such studies will include every inmate placed on suicide precaution for a minimum of two weeks per month.</p>	Four consecutive monthly studies achieving substantial compliance	MHSA MHBA QMHP CQI		March 1, 2014	

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		concordance with treatment plan.	<p>Studies should include descriptors of anomalies or outliers and explanations.</p> <p>These studies will be forwarded to the DOJ and Mr. Lindsay Hayes as they are completed.</p>					
4. Mental Health Emergency Referral and Suicide Risk Evaluations (SRE)s by clinical staff	Inmates who appear to have a serious mental health concern or are at risk for suicide or serious self-harm and are referred to mental health clinicians on an emergency basis are adequately assessed by QMHPs completing SREs for those presenting as at risk for suicide or serious self-harm.	Clinicians responding to emergency suicide/self-harm referrals are to complete SREs addressing the reasons inmates were in emergency situations.	<p>The Jail will implement monthly, on-going CQI studies of inmates who are referred to mental health clinicians on an emergent basis to determine if the Action Requirements are being implemented.</p> <p>Such studies will include every inmate referred on an emergent basis for mental health services.</p>	Four consecutive monthly studies achieving substantial compliance	<p>MHSA</p> <p>Assistant Mental Health Section Administrator (AMHSA)</p> <p>CQI</p>		March 1, 2014	Subsequent to review of the studies by Mr. Hayes, differing compliance findings will be jointly conferenced by Mr. Hayes, Dr. Joel Dvoskin, Dr. Mark Mitchell and Dr. Victor Yee.

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			<p>Studies should include descriptors of anomalies or outliers and explanations.</p> <p>These studies will be forwarded to the DOJ and Mr. Lindsay Hayes as they are completed.</p>					
<p>5. Mitigation review of inmates discharged from suicide precautions</p>	<p>Inmates shall not be unduly disciplined or punished for behavior or infractions that result from mental health issues.</p>	<p>The Department shall initiate a protocol that any inmate being discharged from suicide precautions who has pending disciplinary charges must have those charges reviewed and mitigated, as appropriate. To facilitate this process: i) each incident report concerning an inmate on suicide precautions shall immediately be sent from security to the mental health administrative offices; ii) the AMHSA will assign the mitigation review to the LMHP who is responsible for the SRE</p>	<p>The Department will implement monthly on-going CQI studies of inmates who are discharged from suicide precautions with pending disciplinary actions to determine if the Action Requirements are being implemented.</p> <p>Such studies will include every inmate discharged from suicide precautions with pending disciplinary charges.</p>	<p>Four consecutive monthly studies achieving substantial compliance</p>	<p>MHSA AMHSA MHBA QMHP CQI</p>		<p>March 1, 2014</p>	

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		on the mental health module; iii) the LMHP shall complete the mitigation review prior to the inmate's discharge from suicide precautions and shall make appropriate recommendations to the Hearings Office concerning mitigation.	Studies should include descriptors of anomalies or outliers and explanations.  These studies will be forwarded to the DOJ and Mr. Lindsay Hayes as they are completed.					
6. CPR Certification and Suicide Prevention Training	All employees shall be CPR certified and recertified as required as well as receive a 2-hour suicide prevention refresher training within 2 years of completion of the initial 8-hour suicide prevention training	The Jail shall develop and implement a certification and training scheduled for all employees consistent with national training standards for CPR certification. In addition, a schedule for refresher suicide prevention training should be immediately established by health care for nursing staff members who have not received such training within the past 2 years.	The Jail shall maintain a list of the CPR and suicide prevention training status of all employees.	Achieve and maintain on-going substantial compliance	Health Care Administrator (HCA)  MHBA  Warden	Current and on-going		
7. Completion of Intake Screening forms and Suicide Risk Evaluations	Medical care staff who conduct Intake Screening and SREs "after-hours" shall do so in accordance with	Staff shall be trained in OCCC and DPS policies regarding Intake Screening and SREs and shall implement the policy	The Jail will implement monthly on-going CQI studies of inmates who are admitted to the Jail	Four consecutive monthly studies achieving substantial	OCCC Health Services Administrator (HSA)		March 1, 2014	

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(when appropriate) "after-hours" by nursing staff	Department policy, including completion of Intake Screening forms and SRE forms.	so that inmates coming into the Jail "after hours" receive adequate and timely intake screening and suicide risk evaluations, including the proper documentation of such evaluations.	<p>"after hours" to determine if DPS policy regarding the use of Intake Screening and SREs is being properly implemented.</p> <p>Such studies will include: 1) every inmate entering the Jail "after hours" (grouped by those who display potentially suicidal behavior and those who do not display suicidal behavior); and 2) any inmate from the general population evaluated for transfer to a mental health module for either suicide or safety watch.</p> <p>Studies should include descriptors of anomalies or outliers and explanations.</p>	compliance	<p>Clinical Services Branch Administrator (CSBA)</p> <p>CQI</p>			



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			These studies will be forwarded to the DOJ and Mr. Lindsay Hayes as they are completed					
8. Proper conduct of Suicide and Safety Watch	<p>Correctional staff shall monitor inmates in accordance with OCCC and DPS policy and ensure that inmates on suicide precautions are adequately monitored.</p> <p>Regarding all suicide precautions, staff will be provided initial and on-going refresher training.</p>	<p>The Department shall train and monitor staff in OCCC and DPS policy on the monitoring of inmates on suicide precaution to ensure monitoring is conducted in accordance with policy.</p> <p>The Department shall install and implementat a Guard Scan system.</p> <p>A training program will be established to ensure all staff are adequately trained both upon initial hire and on an on-going refresher schedule.</p>	<p>The Department will implement on-going CQI reviews including: 1) random review of monitoring footage no less than 20 minutes per watch, once per week, confirming 5-minute checks correctly; and 2) GuardScan system printouts from the system to be reviewed weekly to determine if the Action Requirements are being implemented.</p> <p>The results of these reviews will be forwarded to the DOJ and Mr. Lindsay Hayes as they are completed.</p>	<p>Four consecutive monthly studies achieving substantial compliance</p>	<p>Warden MHBA</p>	<p>On-going</p>	<p>March 1, 2014</p>	

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9. Segregated Inmates Policies and Procedures	Inmates who are housed in segregated areas of the Jail shall be adequately monitored, supervised and provided a constitutional level of mental health care	The Department shall develop by November 4, 2013 measures to ensure that inmates that are housed in segregated areas of the Jail are adequately identified, screened, monitored, supervised and provided a constitutional level of mental health care. Such policies shall be reviewed and approved by the DOJ and Monitor. Staff shall be trained on the new policy within thirty (30) days of the policy's approval.	<p>The Jail will implement monthly on-going CQI reviews of the monitoring of inmates who are housed in segregated areas of the Jail to determine the status of monitoring and supervision and the type and frequency of contacts with mental health providers to determine if the Action Requirements are being implemented.</p> <p>Such studies will review the monitoring tools developed in accordance with policies required by the Action Requirements.</p> <p>These studies will be forwarded to the DOJ and Mr. Lindsay Hayes as they are completed.</p>	Four consecutive monthly studies achieving substantial compliance	Warden MHBA	Four months after approval of the policy developed in accordance with the Action Requirement.		Department review is being conducted with the aid of a consultant (currently in progress with a consultant provided by the Association of State Correctional Administrators (ASCA)). To the extent that the resulting revised policies and procedures may not be in place until after the conclusion of this monitoring effort, the Department will inform DOJ when this occurs and provide DOJ a copy. These policies and procedures are not the same requirements that are referenced in column 3 (Action Requirements). The Column 3 action requirement refers to the May 7, 2013 directive of DPS Director Ted Kakai. The Action Requirements refer to measures that will be implemented on an interim basis while the segregation policies continue to be reviewed and rewritten.

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10. Mortality and Morbidity Reviews (Suicides only)	Serious events that results in death by suicide or emergency medical treatment arising from self-injury shall be adequately reviewed, both from a clinical and administrative perspective.	<p>The Department's Morbidity and Mortality Review shall contain as appropriate corrective action plans that consolidate recommendations from the clinical review and Morbidity and Mortality Reviews into one corrective action plan concerning the inmate's suicide/serious suicide attempt.</p> <p>The Department will establish a process for resolution of recommendations made by the parties, to include: 1) acceptance or rejection of the recommendation; 2) party(ies) responsible for corrective action; and 3) a timetable for corrective action.</p>	<p>The Department will implement on-going reviews of the Morbidity and Mortality Reviews to determine if the Action Requirements are being implemented.</p> <p>These studies will be forwarded to the DOJ and Mr. Lindsay Hayes as they are completed.</p>	Six consecutive monthly studies achieving substantial compliance	HCA MHBA MHSA		March 1, 2014	