GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Managing Potentially Suicidal, Self-Injurious, and Assaultive Behavior		
Policy Number: 508.28	**Effective Date:** 8/12/2019	**Page Number:** 1 of 10
Authority: Commissioner	**Originating Division:** Health Services Division (Mental Health)	**Access Listing:** Level I: All Access

I. Introduction and Summary:

It is the policy of the Georgia Department of Corrections (GDC) that offenders who are potentially suicidal, self-injurious, and/or homicidal will be identified and referred for further evaluation and/or appropriate stabilization/management. When a mental health crisis is suspected by staff, the offender will be evaluated at a GDC facility equipped with a mental health unit capable of evaluating and treating an offender in crisis. This policy is applicable at all facilities that house GDC offenders to include county and private prisons.

II. Authority:

A. GDC Standard Operating Procedures (SOPs): 209.04, Use of Force and Restraint for Offender Control; 209.05, Stripped Cells and Temporary Confiscation of Personal Property; 507.04.10, Consultations and Procedures; 507.04.78, Pharmacy and Therapeutics Committee; 508.03, Death Notification, Critical Incident Notification and Investigation; 508.19, MH Referral & Triage; 508.25, Psychiatric Hospitalization; 508.27, Time Out and Physical Restraint; 508.29, Suicide Precautions; 508.30, Mental Health Acute Care Unit; and 508.31, MH Crisis Stabilization Unit;

B. NCCHC Standards for Health Services in Prisons;

C. NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities;

D. Prison Health Care: Guidelines for the Management of an Adequate Delivery System: National Institute of Corrections;

E. Prison Suicide: An Overview and Guide to Prevention: National Institute of Corrections; and

F. ACA Standard: 4-4373.

III. Definitions:

A. **Suicidal Behavior** - The act, apparent intention, or threat of voluntarily and intentionally taking one's own life.

B. **Self-Injurious Behavior** - Any act or expressed intent of self-injury for an apparently non-lethal goal.

C. **Assaultive Behavior** - Behavior patterns characterized by destructiveness or violence directed towards an object or person.

D. **Hardened Cell** - A cell designated and maintained by the facility which contains no device that could potentially be used by the offender in harming self or others. Hardened Cells are security focused and most often used by security staff to manage potentially aggressive and/or violent offenders.

E. **Homicidal Behavior** - Behavior characterized by the intent to carry out deadly harm against another.

F. **Mental Health Observations** - A specified sequence of documented visual observations of an offender who is experiencing a mental health crisis (i.e., continuous observation, irregular fifteen (15) minute watch, etc.)

G. **Suicide Resistant Cell** - An observation cell, Acute Care Unit (ACU) cell, and/or a Crisis Stabilization Unit (CSU) cell which has been reviewed and certified by the GDC Central Office of Health Services. Security Resistant Cells are used by mental health staff to protect the potentially self-injurious and/or suicidal offender from self-harm.

H. **Qualified Mental Health Professional** - Clinical Director/Psychologists, Mental Health Unit Managers, Psychiatrists, Advanced Practice Registered Nurses (APRNs), Licensed Nurses, Social Workers, Marriage and Family Therapists, Mental Health Counselors/Licensed Professional Counselors, Mental Health Behavior Specialists and others who, by virtue of their education, credentials and experience are permitted by law to evaluate and care for the mental health needs of offenders.

III. Statement of Policy and Applicable Procedures:

A. Management of the Aggressive Mentally Ill:

1. Offenders displaying assaultive physical behavior potentially attributable to a mental illness, head trauma, or an adverse medication reaction, will be referred to an appropriate mental health provider for evaluation and treatment; and

2. Interventions will be determined as clinically indicated for the appropriate level of mental health services. Security considerations and program availability will be factors considered in determining placement.

B. Identification and Referral of Potentially Suicidal or Self-Injurious Offenders:

1. If any staff determines that an offender may be suicidal or self-injurious, the offender will be referred at once to the mental health staff for further assessment and disposition. A written record of referral and disposition will be made using either Attachment 1, Mental Health Referral (M35-01-01), as referenced in SOP 508.19, Mental Health Referral and Triage, or the Consultation Request Form (PI-2007), as referenced in SOP 507.04.10, Consultations and Procedures, and placed in the medical and mental health record;

2. At facilities with mental health units, offenders who demonstrate suicidal behaviors, verbalize suicidal intent or are otherwise deemed to be suicidal or self-injurious will be assessed by a Qualified Mental Health Professional to determine the potential for self-harm. Consideration of the history and seriousness of previous suicide attempts, suicidal behaviors, method of potential self-harm, mental status, and the presence or absence of a plan for taking one's life will determine interventions and precautions to be taken;

3. Assessment of suicide risk will include completion of Attachment 1, Suicide Risk Assessment Instrument (Form M69-01-01 from SOP 508.29) within twenty-four (24) hours or the next working day of identification of potentially suicidal or self-injurious offenders. This form must also be completed a second time upon discharge from Suicide Precautions. Any Qualified Mental Health Professional may complete the following sections of the Suicide Risk Assessment Instrument: Reasons for Referral, History of Suicidal Behavior, Risk Factors and Protective Factors. An Upper Level Provider must complete Risk Level and Intervention Guidelines, or Discharge from Suicide Precautions, Recommendations and Upper Level Provider signature and date;

4. At facilities without mental health units, offenders who demonstrate a risk factor for suicidal/self-injurious behavior will be assessed by medical and/or general population counseling staff in consultation with the mental health staff at the designated mental health facility in their catchment;

5. At facilities without mental health units, mental health staff from the catchment facility will provide guidance and determine when the offender will be transported for an evaluation. The catchment facility mental health staff will also provide guidance for appropriate precautionary measures pending transfer. Standard Operating Procedures 209.04, Use of Force and Restraint for Offender

Control and 209.05, Stripped Cells and Temporary Confiscation of Personal Property may be used to keep the offender safe.

C. Housing and Monitoring the Suicidal, Self-injurious and Assaultive Mentally Ill Offender:

1. The goal of placing offenders in a stabilization unit is to keep them safe, enable them to regain control of themselves and return to the least restrictive environment consistent with their security requirements.

2. There are five stages of stabilization. The most restrictive/highest level of stabilization is the Secure Psychiatric Facility, while the Isolation/Segregation Cell is the least restrictive/lowest level of stabilization.

    a. Secure Psychiatric Facility (Highest Stabilization Level): The Secure Psychiatric Facility's primary function is evaluation and stabilization. Offenders eligible for placement are those who pose an overt danger to themselves and/or others and who were unable to stabilize within a Crisis Stabilization Unit in a clinically indicated timeframe. Refer to SOP 508.25 for documentation requirements.

D. Crisis Stabilization Unit (CSU):

1. The primary function of CSU is stabilization, transition, and observation.

2. Offenders admitted to this unit are those who pose an overt danger to themselves and/or others or those who have injured themselves and need medical and psychiatric attention;

3. CSU beds are in an infirmary. Mental Health staff determines whether placement in a CSU cell is necessary and appropriate. Cells must be Suicide Resistant and certified as such by the Statewide Mental Health Director/designee, using Attachment 6, Cell Analysis Form (M68-01-10);

4. Length of stay should not generally exceed five (5) to seven (7) working days;

5. CSU is the only place where offenders can be placed in restraints.

6. Refer to SOP 508.31 for documentation requirements.

E. Acute Care Unit (ACU):

1. The primary function of ACU is stabilization, transition, and observation.

2. Offenders who are admitted to an Acute Care Unit may be potentially dangerous to themselves and/or others.

3. Stabilization in this unit is expected to occur in less than fourteen (14) days.

4. Beds are in a stand-alone unit or a Supportive Living Unit (SLU), not an Infirmary/Crisis Stabilization Unit; however, the facility should also have a Crisis Stabilization Unit or an identified alternative catchment facility Crisis Stabilization Unit available for use if necessary.

5. Admission and discharge require concurrence from a Psychiatrist/Psychologist. This concurrence must be documented in a progress note.

6. Mental Health staff determines whether placement in an Acute Care Unit cell is necessary and appropriate. Cells which are not located in isolation/segregation units must be "suicide resistant" and certified by the Statewide Mental Health Director/designee, using Attachment 6, Cell Analysis Form (M68-01-10); and

7. Refer to SOP 508.31 for documentation requirements.

F. Observation Cells:

1. The primary functions of Observation Cells are safety and temporary holding. Offenders are admitted out of necessity in instances where the offender needs to be placed in an Acute Care Unit or Crisis Stabilization Unit but due to other safety considerations, immediate movement is not possible. Stabilization may be a by-product of placement.

2. Placement in an Observation Cell is a way for facility staff members to temporarily keep the offender safe until a crisis placement cell is available.

3. Security staff and Mental Health staff shall jointly decide whether placement in an observation cell is necessary and appropriate. Observation Cells which are located in isolation/segregation units must be "suicide resistant" and certified as Observation Cells by the State Mental Health Director/designee, using Attachment 6, Cell Analysis Form (M68-01-10);

4. To ensure the safety of the offender and others, facility staff may use procedures such as one-on-one continuous observation, closed-front cell, security strip, security restraints, etc. These decisions are made jointly by mental health staff and security staff.

5. Admission and discharge from an Observation Cell requires concurrence from a Psychiatrist/Psychologist. This concurrence must be documented in a progress note.

6. Offenders placed in Observation Cells must be on a fifteen (15) minute watch at minimum;

7. Placement is not to exceed twenty-four (24) hours. If it exceeds twenty-four (24) hours, Attachment 5, Notification to Warden of Observation (M68-01-05), must be sent to the Warden, Regional Director, and Statewide Mental Health Director/designee with information justifying placement beyond twenty-four (24) hours;

8. If admitted during off-duty hours, a Qualified Mental Health Provider must evaluate the offender within twelve (12) hours of placement; and

9. If an offender is admitted twice in a seven (7) day period, then they must be transferred to an Acute Care Unit or a Crisis Stabilization Unit.

G. Data Collection:

1. Attachment 3, Observation Cell Admission Log (M68-01-03), will be maintained and will include the following data:

   a. Offender's Name and ID number;

   b. Date/time of placement;

   c. Date/Time of release (not to exceed 24 hours);

   d. Placement upon release (facility or dorm); and

   e. Comments (reason placement exceeded 24 hours; reason offender was not moved; etc.)

H. Isolation/Segregation Cells (Lowest Stabilization Level):

1. The primary function of the Isolation/Segregation Cell is to bring assaultive Mental Health offenders under control in order to protect the safety and security of employees, offenders and the facility/center as a whole.

2. At facilities without appropriate mental health units, the isolation/segregation cell may function as an observation cell until the offender is able to be transported to a Mental Health facility for stabilization;

3. Prior to placement or shortly thereafter the assaultive Mental Health offender must be evaluated by a Qualified Mental Health Professional who discusses the case with a Psychiatrist/APRN/Psychologist and documents the consultation in a progress note. The progress note must be filed in:

    a. Section 1 of the mental health record; and

    b. Section 5 of the medical record.

4. Should the Psychiatrist/Psychologist not be at the facility, the case is to be discussed with the on-call Psychiatrist;

5. The clinicians must determine the appropriate level of stabilization needed. This decision should be based on the following information:

    a. A description of the infraction;

    b. Diagnosis(es);

    c. Medication;

    d. Medication adherence;

    e. Self-injurious behavior; and

    f. Self-injurious history, etc.;

6. When the clinicians decide that the behavior is not the result of a mental illness and defers to security in order to regain and maintain control of an assaultive Mental Health offender:

a. The clinician is not nullifying Mental Health staff's responsibility; and

b. Mental health staff will continue to assess and treat the assaultive offender.

7. Mental Health and security staff must work hand-in-hand in the provision of Mental Health services and the protection of staff and offenders;

8. To ensure the safety of the offender and others, facility staff may use procedures such as one-on-one continuous observation, closed-front cell, Hardened Cell, security strip, security restraints, etc. These decisions shall be made jointly by mental health and security.

9. A Qualified Mental Health Professional must make and document daily rounds on offenders in a progress note (Refer to SOP 508.20 Mental Health Rounds in Isolation);

10. If the offender continues to be assaultive, the Qualified Mental Health Professional must consult with a Psychiatrist/APRN/Psychologist on whether it is appropriate to move the offender to a higher level of stabilization;

11. Offenders classified as Mental Health Level II/III can be placed in the Isolation/Segregation cell for behavioral control:

    a. Offenders classified as Level IV should not be placed in the Isolation/Segregation cell;

    b. Alternative sanctions should be utilized; and

    c. A disciplinary report evaluation must be performed on Level III/IV offenders (Refer to SOP 508.18 Mental Health Discipline Procedures for Levels II - IV).

12. Documentation of all interventions with suicidal/self-injurious and assaultive offenders will be made in:

    a. Section 1 and/or Section 4 of the mental health record; and

    b. Section 5 of the medical record.

13. Mental Health staff will be responsible for coordinating appropriate follow-up care and management.

I. Notification and Review:

1. Whenever there is severe self-injurious behavior, Attachment 2, Critical Incident Form (M03-01-02), will be completed and faxed to the State Mental Health Director/designee within forty-eight (48) hours.

    a. A copy will be filed in Section 7 of the mental health record, section 5 of the medical record; and

    b. A copy will be forwarded to the Mental Health Unit Manager.

2. When an offender has engaged in self-injurious behavior, Attachment 4, Suicide/Self-Injurious Behavior Information (M68-01-09), should be completed and forwarded to the Statewide Mental Health Director/designee within forty-eight (48) hours. If the self-injurious behavior is severe, also complete Attachment 2, Critical Incident Form (Form M03-01-02 from SOP 508.03).

3. Whenever there is a suicide, Attachment 1, Offender Death Notification Form (Form M03-01-01 from SOP 508.03) will be completed and faxed, within twenty-four (24) hours after the incident, to the Statewide Mental Health Director/designee.

    a. A copy is to be filed in Section 7 of the mental health record; and

    b. A copy is to be forwarded to the Mental Health Unit Manager.

4. When an offender has committed suicide, Attachment 4, Suicide/Self-Injurious Behavior Information (M68-01-09), should also be completed and forwarded to the Statewide Mental Health Director/designee within 24 hours; and

5. In the event of a completed suicide, notification procedures will be invoked according to procedures 125-2-4-.20, 124-4-4.10, and 124-4-4.l l of the Rules of the Board of Corrections. See GDC SOP 508.03 Death & Critical Incident Notification and Investigation.

V. Attachments:

Attachment 1: Certificate of Approval (M68-01-01)
Attachment 2: Critical Incident Form (M03-01-02)
Attachment 3: Observation Cell Log (M68-01-03)
Attachment 4: Suicide/Self-Injurious Behavior Information (M68-01-09)
Attachment 5: Observation Cell Notification (M68-01-05)
Attachment 6: Cell Analysis Form (M68-01-10)

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, Attachments 1, 2, 3, and 6 will be maintained in the mental health area for 10 years. Upon completion, Attachment 4, shall be given to the Statewide Mental Health Director (original) fax within 48 hours of the incident (24 hours for suicides). Upon completion, Attachment 5 shall be given to the Warden/Superintendent (original) and faxed to the Statewide Mental Health Director. Both Attachments, 5 and 6, shall be placed in the offender's mental health file. At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.