

Corrective Action Plan
Addressing Recommendations in
Technical Assistance Report on Suicide Prevention
within the Massachusetts Department of Correction
February 12, 2007

In April, 2006 Commissioner Dennehy initiated outreach to Lindsay Hayes to seek a Review of the Massachusetts Department of Correction's physical plant, policies and practices concerning suicide prevention. In July, 2006 contract was entered into with commencement of the review in September, 2006. Though his report was nearing completion at year's end, Dr. Hayes' was asked and agreed to extend his review to include the three tragic suicides that occurred in late December.

Commissioner Dennehy and DOC's Executive Staff have carefully reviewed and analyzed the 29 specific recommendations contained in the *Technical Assistance Report on Suicide Prevention within the Massachusetts Department of Correction* completed by Lindsay Hayes, dated January 31, 2007. These recommendations are broad, comprehensive and practical. The DOC is committed to implementing all of these recommendations and has completed an expedited planning process for their implementation herein. The dramatic increase in the number of inmates with mental illness and the severity of their disease is of great concern. Adequately and appropriately addressing this need increases successful rehabilitative and reentry of inmates, enhances public safety and prison safety. It is good medical practice and public policy; it is humane and constitutionally required and sound correctional practice.

Each recommendation has been addressed with Product, Responsible staff, Timelines, and Cost. Timelines have been designated with Immediate being that which will be accomplished within ten days; Short Term within sixty days; Intermediate less than six months and Long Term more than six months. Action has already begun on many of these recommendations and the department is committed to full implementation of all. The recommendations are addressed in the order in which Dr Hayes presented them in his report. The detailed plan for full corrective action and implementation follows.

I Staff Training

- 1) It is strongly recommended that the DOC increase the **pre-service** suicide prevention training from 2 to 8 hours. At a minimum, the revised training program should include much of information currently offered in the *Suicide Prevention: Risks, Roles and Responses for Massachusetts Correctional Staff* training curriculum, with additional emphasis placed on avoiding negative attitudes to suicide prevention, updated statistics and case studies on inmate suicides within the Massachusetts DOC, identifying suicidal inmates despite the denial of risk, dealing with manipulative inmates, components of the DOC/UMCH suicide prevention policies, and liability issues associated with inmate suicide.

Product: 8 hour curriculum on Suicide Prevention

Responsible Party: Training Academy
Health Services

Timeline: Immediate

Cost: Neutral

Comments: Though the current curriculum addresses the current training as a 2 hour block, there are other components of suicide prevention that are scattered over the 10 week Basic Recruit Training, comprising a total of eight hours. However, the Director of the Training Academy has been directed to concentrate this into one eight hour block. This has been addressed immediately and it will be ready for the next recruit class. Health Services Division is collaborating with the Training Academy to identify case studies to be reviewed in the training program.

- 2) It is strongly recommended that *all* correctional, medical, and mental health staff complete the 8-hour pre-service suicide prevention training program, either at the Correction Training Academy or respective agency.

Product: A. Training Plan
B. Completed Training

Responsible Party: Training Academy/Health Services Division

Timeline: A Short term
B. Long-term

Cost: Significant costs will accrue for overtime and backfilling of both DOC and vendor's medical staff to accomplish this training, though actual cost is unknown at this time.

Comments: Within 45 days, Director Dupre is to create a plan to provide all direct care staff Suicide Prevention Training. This plan should prioritize the training of housing officers and direct line staff in maximum and medium security facilities first. Negotiations with collective bargaining units will be required to alter the current training provisions. Similarly, Health Services Division will engage the medical vendor to address training attendance. Given that there are currently over 5,000 employees, the complete implementation of this training will necessarily take place over a substantial period of time.

- 3) It is strongly recommended that DOC and UMCH officials ensure that all personnel (i.e., correctional, medical, and mental health) receive a consistent and uniform 2-hour block of suicide prevention training on a yearly basis.

Product: A. Curriculum
B. Documentation of completed training

Responsible Party: Training Academy/ Health Services Division

Timeline: A. Immediate
B. Long Term

Cost: Significant costs will accrue for overtime and backfilling of both DOC and vendor's medical staff to accomplish this training, though actual cost is unknown at this time

Comments: The 2 hour training curriculum will be completed immediately. In-service training with the curriculum takes place over the course of the year for all affected employees. Full implementation of this component will be planned and will take place over a period of more than six months.

- 4) It is strongly recommended that both DOC and UMCH suicide prevention policies be revised to include a richer description of the requirements for both pre-service and annual in-service suicide prevention. Much of the inconsistency found in both the length and content of the in-service training at the toured facilities could be corrected with policy revisions that specified the required length and description of the training programs.

Product: Revised Policy

Responsible Party: Health Services Division/Training Academy/
Policy Development and Compliance Unit

Timeline: Immediate/Short Term

Cost: Neutral

Comments: Training policy is to be amended to reflect recommendations 1, 2, 3, above and to require phased in, not immediate, completion of training.

II Identification/Screening

- 5) Consistent with current Old Colony Correctional Center practices, it is strongly recommended that DOC and UMCH explore the feasibility of formalizing into agency policy a requirement that medical staff briefly assess all inmates returning from court hearings.

Product: A Directive to Vendor by Health Services Director
B Notice to Superintendents by Associate Commissioner
C Policy Revision
D. Implementation of increased assessments

Responsible Party: Health Services/Medical Vendor/Superintendents

Timeline: A Immediate
B Immediate
C. Short Tern
D. Immediate to Intermediate

Cost: Additional cost for mental health clinicians may be required, though is unknown at this time.

Comments: Policy change and memos will reflect that the policy will continue where it is already in place; where staff levels permit increased assessments, it will be implemented immediately, for all other facilities full implementation will take place with new medical contract on July 1, 2007.

- 6) In order to increase the availability of information regarding an inmate's suicide risk within the county correctional system, it is strongly recommended that the sending agency (e.g., county jail, etc.) and/or transporting personnel be required to complete and submit a brief discharge/transfer form to DOC booking/reception staff documenting any immediate concerns about the newly arrived inmate. The

form should be reviewed by the intake nurse and subsequently placed in the inmate's health care file. UMCH currently utilizes an "IntraSystem Transfer Form" to communicate the health care needs of inmates between DOC facilities. This is an excellent form and could be adapted for use by county jail personnel as a discharge and transfer form.

Product: **A. Proposed Memorandum of Understanding;
B. Proposed Legislation**

Responsible Party: **Health Services Division/Classification**

Timeline: **A Immediate
B. Short Term**

Cost: **Neutral**

Comments: **Proposed Memorandum of Understanding will seek to require that mental health and medical information on the DOC form or Sheriff's form, if they have one, will accompany all inmates coming into the DOC. This MOU will be sent to the Executive Director of the Mass Sheriff's Association.
Proposed legislation will be to be drafted to require this sharing of needed information.**

- 7) It is strongly recommended that the Q5 Inquiry section of CJIS be updated each time an inmate is placed on mental health watch for suicide risk (regardless of whether or not actual injury occurs), and that booking/admission staff and medical personnel access both the "Medical/Mental Health Section" and "Mental Health Watch" screen of IMS to determine if the newly arrived inmate was on a mental health watch during a previous DOC confinement.

Product: **A Letter to the Criminal History Systems Board
B Revision of the 103 DOC 401 policy**

Responsible Party: **Legal/Health Services Division/Superintendents
Policy Development and Compliance Unit**

Timeline: **A. Immediate
B. Short Term**

Cost: **Neutral**

Comments: **Entry of information into the "Q5" file (which is a file of suicide attempts while in custody, available to all criminal justice agencies) is directed by statute and overseen by the Criminal History Systems Board. A letter will be sent to the CHSB seeking clarification of**

the types of incidents that are to be entered into the Q5 file.

103 CMR 401 Booking and Admission policy will be revised to require booking officer to query IMS for medical/mental health information, when upon admission, an inmate is determined to be previously in DOC custody.

- 8) Consistent with previous mortality review recommendations, it is strongly recommended that the DOC, in conjunction with UMCH, develop effective alternative placement options for those inmates suffering from severe and persistent mental illness, but whose behavioral difficulties and security needs require more strict containment than can be afforded in general population. (In beginning to address this problem, mental health personnel must be regularly invited participants in the institution's segregation review meetings.) *This issue should be among the highest priorities facing the DOC in its efforts to improve suicide prevention practices within the agency.*

**Product: A Development of specialized units
B Memo**

Responsible Party: Executive Staff/Resource Management/Health Services

**Timeline: A Short Term
B Immediate**

Cost: Significant in scope but final cost to be determined

Comments: A DOC is in the process of contracting for medical services with the new contract to be effective July 1, 2007. In the Request for Response that is pending for which bids will be received on February 14, 2007, several specialized units are requested: 60 bed Residential Treatment Unit for maximum security and two in medium custody for men; a twelve bed behavior management unit for men and behavior management services for women in addition to a Residential Treatment Unit for women. The effective date of this new contract is July 1, 2007. Currently the DOC maintains. DOC is currently assessing the possibilities of opening an interim unit as an alternative to segregation placement to address the needs of inmates with serious mental illness, but who require enhanced security.

B Memo to Superintendents will require attendance of mental health staff at all Segregation Review meetings and at morning meetings/climate meetings as held daily. Documentation of compliance with each of these requirements will be sent to ADC, Health Services Director, and Associate Commissioner, Reentry & Reintegration.

III Communication

- 9) It is strongly recommended that DOC and UMCH embark upon a quality assurance process to audit selective security files and health care charts on a regular basis and take corrective action when appropriate. Initially, it is suggested that the files of inmates on the Mental Health Risk List be selected for audit.

Product: Unified audit protocol

Responsible Party: Health Services/Medical Vendor

Timeline: Intermediate

Cost: Neutral

Comment: Health Services Director and staff working with new medical/mental health vendor will develop a process that will include the Deputy Superintendent and the assigned Health Services Regional Administrator, whereby records/communications will be identified on a random basis to assure effective communication of all information critical to medical/mental health care needs.

- 10) It is strongly recommended that the process for developing and maintaining inmates on the Mental Health Risk List be revised collaboratively by DOC and UMCH. In order for the List to be effective, selected inmates must receive increased attention from both mental health and correctional personnel. If the sole criteria remains that inmates are maintained on the list when they are determined to be “at risk to themselves or others because of mental illness,” then those inmates should be observed more frequently by correctional staff (e.g., at documented 30-minute intervals) and assessed more frequently by mental health staff (e.g., at least three times per week). In addition, inmates on the List should be stronger candidates to be excluded from designation to segregation. Simply stated, if there is increased concern regarding an inmate, then DOC and UMCH must demonstrate increased attention to that inmate.

Product: Directive from Health Services Director addressing the elimination of Mental Health Risk List and announcing the new process at risk inmates.

Responsible Party: Health Services/Medical Vendor

Timeline: Intermediate

Cost: Neutral

Comments: Health Services Director and new medical vendor will develop an alternative process for dedicated increased assessment and treatment for those inmates at risk or in need of mental health services that implicate placement. Further, they will develop a process for reviewing these cases on a regular basis.

IV Housing

11) It is strongly recommended that the DOC ensure that all cells designated to house suicidal inmates are as reasonably “suicide-resistant” as possible. For example, wall and ceiling ventilation grates should contain holes that are ideally 1/8 inches wide, and no more than 3/16 inches wide or 16-mesh per square inch; clothing hooks should be removed; gaps between window bars and glass should be closed; and bed rails and bunk holes should be removed. This writer’s complete recommended guidelines for removing obvious cell protrusions can be found in Appendix A.

Product: A Report of review of suicide risk cells
B Documentation of Full Implementation

Responsible Party: Resource Management/Health Services Superintendents & Directors of Engineering

Timeline: A Short Term for Review
B Long Term for full implementation

Cost: There will be costs for equipment and rehabilitation that will be determined in report.

Comments: A Review will identify preferred cells and the necessary physical rehabilitation of those cells.
B. Full implementation will occur over time.

12) It is strongly recommended that the DOC work collaboratively with UMCH to completely revamp the use of the Health Services Unit for suicide precautions. The revised policy should include, but not be limited to, the following procedures:

- The removal of an inmate's clothing and issuance of safety garment shall be commensurate with the level of suicide risk as determined by mental health staff;
- All inmates on suicide precautions shall be allowed all routine privileges (e.g., family visits, telephone calls, recreation, etc.) unless the inmate has lost those privileges as a result of a disciplinary sanction;
- All inmates on suicide precautions shall have unimpeded access to their attorneys at any time;
- All inmates on suicide precautions shall have shower access commensurate with their security level; and
- To every extent possible, mental health staff should avoid conducting daily assessments through the food slot of the inmate's cell door. In addition, prior to discharging an inmate from suicide precautions, the inmate must be provided with an out-of-cell mental health assessment.

Product: **A Revised Policy by DOC and Vendor
B Training on policy revisions**

Responsible Party: **Health Services/Medical Vendor/Superintendents**

Timeline: **A. Short Term
B. Short Term**

Cost: **Neutral**

Comments: **Vendor's policy should reflect a process allowing for gradations of privileges based upon individualized assessments of inmates current mental health status by evaluating clinician; visits and showers will be permitted or prohibited on a case by case basis. No interviews are to be completed thru food slots in cell doors and removal of clothing will be directed only upon clinical assessment.**

Health Services Division and Vendor to develop a training curriculum and plan relative to policy revisions.

DOC Policy will reflect unimpeded access by attorneys and elimination of interviews through food slots in the cell doors. DOC will evaluate the existing disciplinary sanctions for inmates on watch, and develop a process for consideration of suspension of said sanctions.

N.B. Placement in the Intensive Treatment Unit (ITU) at BSH is not to be considered mental health watch for purposes of policy interpretation.

- 13) It is strongly recommended that the clinical decision regarding placement of an inmate on any level of suicide precautions should not be dictated by the availability of bed space and staff; rather it should be based upon the specific needs of the identified suicidal inmate. As such, the DOC should ensure that it provides sufficient staff to the HSU and any other unit housing suicidal inmates to ensure proper observation at constant or 15-minute intervals, as well as to allow adequate out-of-cell time for the inmate. In addition, placement and length of stay on suicide precautions should be based solely upon the clinical judgment of mental health staff, and DOC officials and staff should refrain from interfering with, and/or unduly influencing, that judgment.

Product: **A Policy revision**
B Audit of daily suicide watches by facility
C Plan providing for staffing and post orders to reflect 15 minute watches and additional out of cell time.

Responsible Party: **Health Services**
Operations
Superintendents

Timeline: **A Immediate**
B Immediate
C Short Term

Cost: **Unknown at this time, but overtime costs will be tracked.**

Comments: **Policy needs to require that suicide watch is a clinical decision irrespective of bed availability and when designated cells are not available, constant observation is required.**
In addition to policy revisions, facilities will report daily those inmates on suicide watch, where the watch is occurring, and any overtime use. Plan for the establishment of 15 minute rounds and additional out of cell time to be drafted assessing additional staff needed, related costs and development of appropriate post orders.

- 14) Given the increase in suicides in the Health Services Units (HSU), it is strongly recommended that correctional staff conduct documented observation at 15-minute intervals within these units.

Product: A Report of assessment of staffing required to implement increased observation
 B Directive and post orders requiring 15 minutes observations in HSU

Responsible Party: Superintendents/E-Staff

Timeline: A. Short Term
 B. Short Term

Cost: Unknown at this time; may need additional officers

Comments: Assessment of the need for additional staff by each facility to accommodate these additional watches will be done and cost identified.
 At implementation, directive will issue with relevant post orders to all superintendents.

- 15) It is strongly recommended that no inmate (regardless of their mental status) should receive a punitive sanction (i.e., disciplinary report) based solely upon self-injurious behavior.

Product: A Memo prohibiting practice
 B Revision of Disciplinary CMR

Responsible Party: Deputy Commissioner
 Superintendents
 Director, Disciplinary Unit

Timeline: A. Immediate
 B. Short Term

Cost: Neutral

Comments: Policy directive can be immediate. The disciplinary regulations are not DOC policy, but under the Code of Massachusetts Regulations and revision of the them will require adherence to the process established by the Secretary of State, which includes public hearing.

- 16) Given the increase in the number of “open” mental health cases within the DOC during the past several years, it is strongly recommended that additional suicide-resistant cells be identified for the housing of suicide inmates. *These cells need not be necessarily located in the HSUs.*

Product: A. Plan identifying additional suicide resistant cells

B. Request for funding for outfitting additional cells

Responsible Party: E-Staff
Health Services Division/Resource Management

Timeline: A. Immediate
B. Short Term for new cells

Cost: Unknown at this time, to be addressed in report.

Comments: This review will be done in conjunction with the review that is referenced in Recommendation # 11.

17) It is strongly recommended that the DOC work collaboratively with UMCH to create a transitional housing unit and/or step-down process following an inmate's discharge from mental health watch in the HSU. On a trial basis, it might be beneficial to identify beds in the DOC's Residential Treatment Units (RTU) to begin this initiative.

Product A. Identification of beds in existing RTUs
B. Establishment of RTU at NCCI-Gardner increasing treatment beds
C. Identification of additional RTU beds

Responsible Party: Health Services/Vendor Superintendents

Timeline: A. Immediate
B. Short term
C. Intermediate

Cost: Unknown at this time

Comments: A Health Services Director to meet with and proceed with step down thru RTU where possible.

B Health Services Director will collaborate with Associate Commissioner Duval and NCCI Superintendent regarding feasibility of establishing NCCI-Gardner RTU.

C. New RTU beds will be established after July 1, 2007, with the new medical contract.

V Levels of Supervision

18) It is strongly recommended that both the DOC and UMCH suicide prevention policies be revised to include a better description of the type of behavior and/or circumstances that necessitates a specific level of observation. A proposed revision is offered as follows:

Product: A. Direction to Medical Vendor to develop protocol
B. DOC policy revision

Responsible Party: Health Services/Vendor

Timeline: A. Immediate
B. Short Term

Cost: None for policy
Unknown for additional staff

Comments: DOC will address the levels of supervision with the language suggested in this report in 103 DOC 650. Additionally, DOC will share with the current medical/mental health vendor the need to make similar revisions to their clinical protocols.

19) It is strongly recommended that reference to 30-minute observation for suicidal inmates be deleted from DOC Policy 650.07. While this level of observation would be appropriate for an inmate discharged from suicide precautions and transferred to a transitional housing unit, it is not appropriate for an inmate in suicidal crisis in the HSU.

Product: A. DOC Mental Health Policy Revision
B. Change to Inmate Management System
C. Communication of revised policy to DOC and vendor staff

Responsible Party: Health Services

Timeline: A. Immediate
B. Short Term
C. Immediate

Cost: Additional security staff will probably be required to implement these more frequent rounds, though not yet determined.

Comments: DOC will revise its policy deleting 30 minute observation, make appropriate change to its IT system, Inmate Management System (IMS), and work with medical/mental health vendor on communication plan.

20) The DOC should ensure that all facilities are utilizing the “Correction Officer Observation Check Sheet” (DOC 650, Attachment B-4) that does not contain pre-printed 15-minute time intervals. In addition, a “Mental Health Watch Form” (DOC 650, Attachment C), completed by the assigned mental health clinician, should be attached to the door of each cell housing a suicidal inmate. The report provides a daily listing of the inmate’s level of observation, and personal items and privileges that are allowed/prohibited. It is also strongly recommended that the DOC develop and enforce a policy that prohibits officers from allowing inmates on suicide precautions to cover their heads with blankets or other bedding.

Product: **A Revision of Mental Health Services Policy 103 DOC 650 and relevant forms.**

B Memo directing enforcement of requirement that inmates on watch not cover their heads.

Responsible Party: **Health Services/Vendor Superintendents**

Timeline: **A. Short Term**
B. Immediate

Cost: **Neutral**

Comments: **Policy and attached forms will be revised; “door sheets” will be required to be posted and signed by clinician. This will be audited by Health Services Division Regional Administrators.**
Memo will direct enforcement of prohibition of inmates placing blankets over their heads.

21) It is strongly recommended that correctional officers conduct documented 30-minute rounds of all special housing units, including residential treatment units. As previously recommended, documented 15-minute rounds should be conducted in the Health Services Units. In addition, to ensure compliance with these directives, it is strongly recommended that DOC officials conduct more frequent audits (via review of closed circuit telephone monitors) of these units, as well as the segregation units.

Product: **A Post Orders**
B Audit Process

Responsible Party: **Superintendents**

Timeline: **A Short Term**
B Short Term

Cost: **Unknown at this time**

Comments: **Assessment of cost and plan for the increase in rounds to 30 minutes on special housing and residential treatment units will be made and implemented as any necessary additional funds are identified.**

22) It is strongly recommended that UMCH revise its suicide prevention policy to ensure that an inmate is not discharged from suicide precautions until their case was reviewed during the daily clinical team meeting. In addition an inmate placed on constant observation should always be downgraded to close (i.e., 15-minute) observation for a reasonable period of time prior to being discharged from suicide precautions. Further, progress notes regarding inmates on suicide precautions should always reflect a thorough suicide risk assessment and justification for a particular level of observation. UMCH should embark upon a quality assurance process to audit selective health care charts on a regular basis and take corrective action when appropriate.

Product: (a) Memo to Vendor
(b) Vendor's documentation of full compliance

Responsible Party: Health Services/Vendor

Timeline: A. Immediate
B. Short Term/Intermediate

Cost: To be determined

Comments: DOC will refer to vendor the following recommendations for full compliance:

- a) limit release from mental health watch only through daily clinical team meeting,
- b) require a step down to 15 minute watch following constant observation
- c) ensure that progress notes adequately reflect suicide risk assessment and support for the level of observation ordered.
- d) Develop QA process for mental health charts ensuring compliance with above referenced inadequacies.

23) In order to safeguard the continuity of care for suicidal inmates, all inmates discharged from suicide precautions should remain on mental health caseloads and receive regularly scheduled follow-up assessments by mental health staff until their release from DOC custody

Product: A. Memo to Vendor
B. Documentation of Full Compliance by Vendor

Responsible Party: Health Services/Vendor

Timeline: A. Immediate
B. Short Term/Intermediate

Cost: To be determined

Comments: These recommendations will be referred to the medical/mental health vendor for full compliance.

- 24) It is strongly recommended that administrative or security watches should not be utilized in cases in which staff is concerned enough about an inmate's behavior that increased observation is necessary. These inmates, regardless of their diagnoses, should be placed on mental health watch. And as previously stated, these mental health watches need not necessarily be conducted in the HSUs.

Product: A Memo to Vendor
B Documentation of Full Compliance by vendor

Responsible Party: Health Services
Superintendents

Timeline: A. Immediate
B. Short Term/Intermediate

Cost: Unknown at this time

Comments: DOC will refer these comments and recommendations to the vendor and work with the vendor to implement this cultural change in clinical practice.

VI Intervention

- 25) Both DOC and UMCH policies should be slightly revised to better ensure a proper response of both correctional and medical personnel to a suicide attempt. At a minimum, policies should reiterate that CPR should be initiated immediately (on a flat, hard surface) and the victim should not be carried away from the cellblock area during the emergency. This writer's complete recommended guidelines for intervention following a suicide attempt can be found in Appendix A.

Product: Documentation of Enforcement/Training on existing policies

Responsible Party: Health Services
Training Academy

Timeline: Immediate

Cost: To be determined

Comments: DOC will provide enforcement and retraining of staff where necessary and continue to reinforce good suicide prevention and emergency practices.

26) It is strongly recommended that the DOC ensure that *all* housing units contain an emergency response bag that includes a first aid kit; pocket mask, face shield, or Ambu-bag; latex gloves; and emergency rescue tool. All staff who come into regular contact with inmates should know the location of this emergency response bag and be trained in its use.

Product: A. Memo to Superintendents directing compliance

Responsible Party: Deputy Commissioner/Superintendents

Timeline: Immediate

Cost: To be determined

Comments: A memo will be directed to all Superintendents mandating compliance with the placement of a rescue tool on each unit to be locked/stored where feasible per tool control policy and the maintenance of an emergency response bag.

27) It is strongly recommended that the health services administrator at each facility ensure that all equipment utilized in the response to medical emergencies (e.g., Code 99 bags, code cart, oxygen tank, AED, etc.) is inspected and in proper working order on a daily basis.

Product: Monitoring Plan

Responsible Party: Health Services/Vendor

Timeline: Immediate

Cost: Neutral

Comments: Current policy requires that this equipment be checked on every shift with documentation on each unit. Documentation sheet will be kept for 30 days.

28) It is strongly recommended that the DOC review and revise its “mock drill” training at each facility to ensure that correctional and medical staff review specific instructions regarding the proper role in responding to suicide attempts

29) and providing first aid/CPR. The mock drill training should occur on an annual basis for all correctional and medical personnel.

Product: A. Review of Mock drill training
B. Review 103 DOC 622 for needed visions

Responsible Party: Training Academy
Health Services

Timeline: A. Immediate
B. Immediate

Cost: Unknown at this time

Comments: Policy should require regular mock suicide drill to be done at each site and reported to Health Services Director. Mock drills are also required at recruit training.

VII Reporting

No recommendations made

VIII Follow-up/Mortality Review

30) It is strongly recommended that in order to ensure that all mortality review recommendations are processed in a timely manner, a “corrective action plan” (CAP) should be developed in response to each recommendation. Each CAP should include, but not be limited to, the following: 1) the recommendation, 2) whether it has been accepted or rejected by the DOC Commissioner and UMCH program medical director (or their designees), 3) the corrective action, 4) target date for completion, 5) completion date, and 6) the mechanism for periodically monitoring continued compliance. In addition, it is suggested that the recommendations contained within this report be subject to the corrective action format described above.

Product: Corrective Action Plan for each Mortality Review

Responsible Party: Health Services Director

Timeline: Immediate

Cost: None

Comments: Health Services Division will immediately formalize its existing follow up on what was recognized as an excellent practice in its Mortality Reviews by taking those findings and recommendations and formulating a Corrective Action Plan for each Mortality Review. This will be implemented with the next completed Mortality Review.

VMM 2.20.07