

# INMATE SUICIDE PREVENTION

## 903.1 MENTAL HEALTH CARE SERVICES

The Correctional Mental Health Program is designed to screen, evaluate and treat inmates with mental health disorders/identifiers and/or inmates with an elevated risk of self-harm, and provide them with additional health resources in order to provide necessary on-site mental health treatment during their incarceration.

## 903.2 SELF-HARM AND SUICIDE PREVENTION

Orange County Health Care Agency (HCA), Correctional Health Services (CHS), and the Orange County Sheriff's Department has established a suicide prevention program, along with policy and procedures, that was created to assist CHS staff and Sheriff's personnel to identify, monitor, and provide treatment to inmates who present an elevated risk for self-harm or suicide.

### (a) Mental Health/Suicide Prevention Training

1. Sworn staff, SSOs, CSAs, and Correctional Programs Personnel will receive annual Mental Health/Suicide Prevention training.
2. Staff members who are assigned to a Behavioral Health Housing Unit will receive additional quarterly Mental Health/Suicide Prevention training.
3. Suicide Prevention training includes, but is not limited to:
  - (a) Identifying the warning signs and symptoms, predisposing risk factors, verbal and behavioral cues of impending suicidal behavior and high-risk periods of incarceration. Training will include information regarding possible risk factors such as:
    1. Immediately upon booking,
    2. Pending release after a long period of incarceration,
    3. Single cell housing,
    4. Early stages of recovery from severe depression,
    5. Having an acute episode of a serious mental illness,
    6. After suffering humiliation (e.g. sexual assault, losing a position of status within the community, etc.) or rejection,
    7. After the receipt of bad news regarding self or family (e.g. serious illness, loss of a loved one),
    8. Following new legal problems (e.g. new charges, additional sentences, institutional proceedings, denial of parole),
    9. Age (being very young or old),
    10. First incarceration,
    11. Level of intoxication or withdrawal from alcohol and other substances,

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *INMATE SUICIDE PREVENTION*

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- (b) Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors,
  - (c) Responding to suicidal and distressed inmates,
  - (d) Communication between custody staff and CHS staff, including de-escalation skills to be used with inmates.
4. Screening
- (a) At intake, CHS Mental Health Clinical Staff will conduct a mental health screening of inmates referred by a Receiving Screening nurse. For more information, reference CCOM Policy 2108.1 – Screening Process.
  - (b) Inmates who have been diagnosed with a severe mental illness, who are experiencing suicidal ideation with or without an active plan to engage in an act of self-harm, who are currently taking psychotropic medications, who have prior incarcerations in Mental Health Housing, and/or have a history of one or more suicide attempts (whether these attempts occurred in-or-out of OCSD custody) shall be referred by Triage Medical Staff to CHS Mental Health Clinical Staff for further evaluation.
5. Intake
- (a) If an inmate or new booking is believed to be a suicide risk or has an elevated risk for self harm, deputies will immediately refer the inmate to CHS for evaluation.
  - (b) An inmate or new booking that has been identified as a suicide risk or has an elevated risk for self-harm shall not be allowed to retain any personal items that could be used to harm self, or aid in their attempt to commit suicide. Items such as belts and shoelaces shall be taken from the inmate prior to placing them into a cell.
6. Classification Staff Responsibilities
- (a) If during a classification interview, an inmate has a mental health complaint or displays signs of a mental illness, or if Classification staff believe the inmate is a danger to themselves, a danger to others and/or gravely disabled, Classification staff will refer the inmate to CHS for evaluation.
  - (b) Classification staff and CHS staff shall coordinate the necessary CHS accommodations, restrictions and housing requirements for inmates by the use of the Correctional Health Services Inmate Health and Disability Notification Form (J-112/J-105A, paper form).
  - (c) Housing assignments for people at risk of suicide will be based on safety, environment and will follow the standards in CCOM Policy 1200 while collaborating with recommendations of CHS. For more information about Mental Health Housing, reference CCOM Policy 1203.3 - Medical and Mental Health Housing.
  - (d) If CHS determines an inmate needs to be transferred or rehoused to Behavioral Health Housing from another facility, Classification staff will be

## *INMATE SUICIDE PREVENTION*

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notified and arrange transportation for that inmate as soon as possible (e.g. RT to the IRC from TLF).

- (e) Suicide prevention screening will take place for known at risk inmates during special situations which may include a change in classification to a higher security classification.

### 7. Sheriff's Staff Responsibilities

- (a) Staff must be mindful that any inmate at any time, regardless of being a new booking or an inmate who has been in-custody for an extensive period of time, could pose a danger to himself/herself and/or a danger to others.
- (b) Staff will stay vigilant to common risk factors and identifiers of inmates who present an elevated risk for self-harm or suicide when conducting safety checks and during daily inmate interactions.
- (c) Staff shall not ridicule, discourage or express doubt to an inmate who reports suicidal ideations.
- (d) If at any time staff believes an inmate is at an elevated risk for self-harm, a danger to himself/herself, and/or a danger to others, they will immediately refer the inmate to CHS for evaluation.

1. If staff has been notified of a change in an inmate's risk factors, they will immediately refer the inmate to CHS for evaluation. This may also include when staff is aware an inmate had a bad visit or phone call. These risk factors may include but are not limited to:

- (a) Exhibiting signs of abnormal mental health
- (b) Disorientation
- (c) Withdrawn
- (d) For more information about referring an inmate to CHS, reference Department Policy 903.3 - Mental Health Referrals.

- (e) If CHS determines an inmate needs to be placed in Mental Health Housing and/or requires involuntary medications, Deputies will provide the safety and security of the inmate and CHS staff during the transfer to Mental Health Housing or the administration of medication. For more information about involuntary medication, reference CCOM Policies 1804.7 - Involuntary Medication and 2111.2 - Medication Distribution or Administration.

### (f) Staff Documentation

1. The "Health and Disability Notification Form" (J-112/J-105A, paper form) is used by Correctional Health Services (CHS) to communicate information to OCSD staff if an inmate requires specific medical or mental health accommodations and/or restrictions while housed or transported within the OCSD jail system.

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## INMATE SUICIDE PREVENTION

---

2. For more information about incident documentation, reference CCOM Policies 1103.1 - Management Reports, 1703.2 - 24-Hours Jail Operations Log, and 2614.2 - Discovered Suicide/Attempted Suicide/Serious Injury and Department Policy 903.3 - Mental Health Referrals.
- (g) Orange County Jail's Mental Health Hotline: The Mental Health Hotline is available twenty-four hours a day, seven days a week for the public to contact the Sheriff's Department with concerns regarding an inmate's mental health or behavior that may lead to self-harm.
1. Mental Health Advocacy pamphlets are available at public access locations of each jail facility explaining the purpose and process for the public to contact the Sheriff's Department with a Mental Health concern for an inmate in custody.
    - (a) The Watch Commander's phone number for each facility is on these pamphlets.
  2. If a deputy/SSO/CSA receives a phone call from a member of the public or from a government agency to report a mental health concern of an inmate, the staff member will place the caller on hold and transfer the call to the Watch Commander or Sergeant.
  3. The Watch Commander or Sergeant will:
    - (a) Immediately assign a deputy to check on the welfare of the inmate.
    - (b) Call Correctional Health Services (CHS) with the inmate's information and relay the mental health concerns to CHS. CHS will perform a mental health assessment of the inmate.
    - (c) Enter a synopsis of the incident into the Custody Operations Supervisor's Log under the Item Type/Classification drop down tab "Mental Health Hotline." The synopsis should include the following:
      - (a) Name and booking number of the inmate.
      - (b) Housing location of the inmate.
      - (c) Name of the individual who called the "Mental Health Hotline" (if provided) and summary of the information provided by the individual.
      - (d) The deputy assigned to check on the welfare of the inmate.
      - (e) The name of CHS staff member that was notified.
      - (f) The action(s) taken by the deputy.
  4. A multi-disciplinary administrative review of completed suicides and attempted suicides will take place as defined by the facility

## *INMATE SUICIDE PREVENTION*

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administrator, including the development of corrective action plan, if necessary, to address any deficiencies identified in the administrative review. For more information, refer to Department Policy 903.7. For further information regarding after-action, refer to CHS Policy 8500.

### **903.3 MENTAL HEALTH REFERRALS**

If an inmate exhibits signs of self-harming behavior, reveals intent to cause self-inflicted physical harm, report(s) suicidal or homicidal ideation, or if staff has been notified of a change in an inmate's risk factors, the Deputy/Staff Member shall refer the inmate to CHS as soon as practical and advise them of the facts and circumstances surrounding the perceived or reported mental health crisis of the inmate.

- (a) Prior to being seen by CHS, the inmate shall be separated from other inmates and Deputies will either directly monitor the inmate or provide inmate safety check(s) within 15 minutes of the beginning time of the previous check on the inmate until they are seen by CHS.
- (b) A Deputy may escort the inmate to Triage to be seen by CHS, if appropriate.
- (c) The Member (Deputy/SSO/CSA) making the referral shall immediately notify a supervisor.
- (d) The Staff Member making the referral is responsible for ensuring that the following activity is recorded in the Guard Station logs:
  - 1. Name and booking number of the inmate.
  - 2. Date and time the supervisor was notified.
  - 3. Date, time, and the name of CHS staff who was notified of the referral.
  - 4. Date, time, and the name of CHS staff who evaluated the inmate.
  - 5. Date, time, and name of CHS staff who determined whether the inmate needed further treatment and/or rehoused to a Behavioral Health Housing Unit.
  - 6. Name and pin of the deputy who directly monitored the inmate and/or provided the safety check(s) on the inmate.
  - 7. Start and end time of video footage, if applicable.
- (e) The utilization of waist restraints and/or handcuffs for mental health referrals will be based on an individual assessment of the inmate by the Deputy handling the mental health referral. The following will be taken into consideration prior to the application of restraints, if any, or continuous application of a restraint while the inmate is pending a mental health referral and, if applicable, pending a mental health transfer into acute housing:
  - 1. Classification status.
  - 2. Staff safety.
  - 3. Physical security of the facility where the inmate is receiving treatment.

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *INMATE SUICIDE PREVENTION*

---

4. Inmate is determined to be at-risk of self-harm or violent behavior.
  5. Inmate is at-risk of slipping restraints and using restraints as a strangulation device.
  6. Notwithstanding any of the above, application of any restraint(s) shall be in accordance with the policies and procedures outlined in CCOM Section 1800 – Restraints and Emergency Response and CCOM Section 1203.1(c) – Inmate Security Procedures.
- (f) The Deputy shall reassess the utilization of restraint devices on an individual inmate each time there is a significant change in the inmate's behavior, medical or mental health condition that would warrant a change in the use of restraints.
- (g) Inmates should be seen by CHS within 30 minutes of the time of the referral and shall be monitored by CHS staff members until it is determined that the inmate no longer presents a risk of engaging in self-harm.
1. If CHS determines the inmate needs to be transferred to another jail facility for further treatment/evaluation, the inmate will be transferred to that facility as soon as possible.
  2. Pending transfer, 15 minute safety checks will continue unless CHS determines that 30 minute safety checks are appropriate consistent with Department Policy Section 903.7(c)(3).

### **903.4 PSYCHIATRIC EVALUATION**

- (a) Correctional Health Services (CHS) is a division of the Orange County Health Care Agency (HCA). CHS staff members are responsible for providing 24-hour on-site mental health care services to inmates.
1. Correctional Health Services (CHS) will provide 24-hour per day coverage, 7 days per week.
  2. Facilities that do not provide 24-hour CHS mental health coverage will refer the inmate to CHS to determine if the inmate needs to be transferred to a facility with 24-hour mental health coverage.
- (b) Intake
1. All inmates, as a part of their intake medical screening interview/exam, shall have their mental health evaluated.
    - (a) The Triage nurse will question inmates about their mental health, including self-harming behavior and present or past suicidal thoughts or attempts.
      1. Inmates identified as needing a more extensive evaluation will be referred to CHS Mental Health Clinical Staff.
  2. If CHS determines that the inmate needs special restrictions or housing requirements, they shall complete a Health and Disability Notification form (J-112/J-105A form). A Copy of the J-112/J-105A shall be forwarded to Classification Staff and PMU for use in assigning an appropriate housing

## *INMATE SUICIDE PREVENTION*

---

location. CHS shall work closely with Classification Staff in gathering and relaying information about the inmate and what safety precautions, if any, need to be taken.

- (a) A copy of the J-112/J-105A form will go to the housing location of the inmate to notify staff of the inmate's health accommodations and/or restrictions prior to the inmate's arrival to the housing location.
3. Whenever an inmate is identified as exhibiting a mental health crisis, a physician's opinion shall be secured within 12 hours of identification or at the next daily sick call, whichever is earliest.

### **903.5 MENTAL HEALTH ACUITY LEVELS**

Inmates with mental health needs are identified by CHS and Custody Operations through the use of mental health acuity rating system. Any inmate with an open mental health case will be assigned an "M-Rating" by CHS staff. The Acuity Levels identify inmates by severity and assist Classification staff to make appropriate housing assignments in addition to helping coordinate services by the mental health and medical teams. The Acuity Levels will be available to Custody staff through the Custody Center in ITRAC. For more information regarding Mental Health Acuity Levels and procedures, reference CCOM Policy 1204.4 - Mental Health Inmates.

Mental Health Acuity Levels are determined, reassessed, and/or rescinded by CHS Mental Health Clinical Staff or Prescriber.

### **903.6 SAFETY CELL**

A safety cell is a single occupancy temporary housing unit constructed with padded surfaces and is designed to confine violent inmates to prevent imminent physical harm to themselves or others, or destruction of property.

- (a) Placement Based on Correctional Health Services (CHS) Evaluation/Authorization
  1. The Watch Commander may refer an inmate to CHS to be evaluated for placement in a safety cell. CHS has primary authority to determine whether an inmate will be placed in a safety cell. If there is a difference in opinion between CHS and the Watch Commander, the decision of CHS controls.
  2. Required Authorization
    - (a) If, upon evaluation, CHS determines an inmate should be confined in a safety cell in order to prevent imminent physical harm to the inmate or others, or the destruction of property, then CHS will complete a written authorization for such placement.
    - (b) CHS will assess the inmate's medical and mental health prior to authorizing placement of an inmate in a safety cell.
      1. After an inmate is authorized by CHS for placement in a safety cell, CHS should medically clear the inmate every 24 hours thereafter, until the inmate is removed from the safety cell.

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *INMATE SUICIDE PREVENTION*

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- (c) In the event CHS is unable to conduct a medical and/or mental health evaluation at the time the inmate is authorized for placement in a safety cell, CHS policy is to conduct a medical assessment within 60 minutes of placement; a mental health assessment will occur within 12 hours of placement.
- (b) Placement by Watch Commander
  - 1. If CHS staff is unavailable to authorize placement of an inmate who the Watch Commander believes to present an imminent threat of harm to him/herself or others, or destruction of property, the Watch Commander may authorize the inmate to be placed into a safety cell.
  - 2. The Watch Commander will document any authorization to place an inmate in a safety cell on the Custody Operations Supervisors Log. The Watch Commander should note the specific conduct that the inmate was engaging in that led to placement in the safety cell. The Watch Commander should also document any less restrictive means of restraint used to de-escalate the situation with the inmate, including, if applicable, the reasons why a particular less restrictive means of restraint was not used.
  - 3. The Watch Commander shall ensure that CHS is notified, as soon as possible, of the placement of an inmate in a safety cell and ensure that the following events occur within the noted timeframes:
    - (a) A medical assessment within 12 hours of placement or at the next daily sick call, whichever is earlier. (CHS policy is to conduct a medical assessment within 60 minutes of placement; Title 15 provides for up to 12 hours of placement to conduct the medical assessment).
    - (b) A mental health evaluation within 12 hours of placement.
    - (c) A medical clearance every 24 hours following the initial assessment.
- (c) Supervisor to be present at time of placement
  - 1. A supervisor (a Lieutenant or Sergeant) will be present prior to placing an inmate in a safety cell and will remain until the inmate is secured inside the cell. If no supervisor is available at the time an inmate is placed in a safety cell, the supervisor shall check on the inmate that has been placed in the safety cell as soon as the supervisor becomes available.
  - 2. When an inmate is placed in a safety cell, they will be given the following items or privileges while they are in the safety cell:
    - (a) A safety gown
    - (b) The opportunity to perform hand hygiene after using the toilet and before meals
    - (c) Access to toilet paper
    - (d) A mattress

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *INMATE SUICIDE PREVENTION*

---

3. CHS or the Watch Commander may withhold a mattress and/or safety gown if deemed a safety hazard.
  - (a) If the Watch Commander determines to withhold a mattress and/or safety gown from an inmate, the Watch Commander will notify CHS and will document the safety and security reasons for withholding the item(s) on the Custody Operations Supervisor's Log. CHS staff will document the safety and security reasons for withholding any of the items on a J-105A form.
  - (b) If CHS staff determine to withhold a mattress and/or safety gown, CHS staff will notify the Watch Commander and will document the safety and security reasons for withholding any of the items on a J-105A form. The Watch Commander will document the safety and security reasons for withholding the item(s) on the Custody Operations Supervisor's Log.
- (d) Safety Checks
  1. Deputies will document their direct visual observation checks of the inmate in the safety cell on an Inmate Personal Safety Monitoring Form.
  2. A deputy will conduct a direct visual observation check of each inmate in a safety cell within 15 minutes of the beginning time of the previous direct visual observation check. At least once during each assigned shift, the area sergeant shall review and sign the Inmate Personal Safety Monitoring Form to ensure the checks are being completed in a timely manner.
- (e) Continued Retention in a Safety Cell
  1. Continued retention of an inmate in a safety cell shall be reviewed by CHS at least every 4 hours from the time of initial placement. In the event CHS staff is unable to conduct a retention review within any given four hour period, the Watch Commander shall be responsible to conduct that review. It is the joint responsibility of CHS staff and the Watch Commander to ensure that the retention review occurs every 4 hours and communicate with each other to comply with this requirement.
  2. The Watch Commander will review the circumstances of every inmate in safety cells throughout the facility, once during their assigned shift.
  3. For continued retention, the following factors should be considered: does the inmate continue to display violent behavior, imminent physical harm to themselves or others, or destruction of property.
  4. If the determination is made to keep an inmate in a safety cell after 4 hours, the Watch Commander will document the continued retention on the Custody Operations Supervisor's Log.

### **903.7 MENTAL HEALTH TRANSFERS**

- (a) Any inmate whose condition is beyond the range of services available at a facility may be temporarily transferred to another OC jail facility or an outside mental health facility

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *INMATE SUICIDE PREVENTION*

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for treatment. The Sheriff's Department has delegated its authority to Correctional Health Services (CHS) to transfer inmates to a mental health facility. CHS will make that determination under supervision of a fully licensed psychiatrist who is a member of the CHS staff. All associated paperwork and notifications are the responsibility of CHS (PC 4011.6).

(b) Mental Health Expedite

1. If CHS determines an inmate is a Mental Health Expedite and there is Mental Health Housing available, the inmate will be escorted to the necessary Mental Health Housing unit as soon as practical but not exceeding 4 hours.

(a) A deputy will directly monitor each inmate until the inmate is rehoused to a Mental Health Housing cell or unit.

(c) Unavailable Mental Health Housing

1. If CHS determines an inmate is a Mental Health Expedite and there is no Mental Health Housing available, the inmate will be evaluated by CHS for alternative housing arrangements pending Mental Health Housing. CHS staff will determine, in consultation with the Population Management Unit about any security concerns, whether the inmate should remain in their current housing location, be transferred to the booking loop and housed alone; or be transferred to the booking loop and placed with other inmates. While the inmate is pending Mental Health Housing, all CHS precautions will be followed.

2. The safety checks conducted by sworn staff will be documented on the area safety check log.

3. A deputy will conduct a safety check of each inmate pending Mental Health Housing within 30 minutes of the beginning time of the previous security staff check, as per Department policies 902.1-902.3.

4. If an inmate is determined to be housed in Mental Health Housing and there is not a cell available, an Unavailable Mental Health Housing Jail Information Report shall be written. The report shall include:

(a) The reason for the inmate's placement into the cell.

(b) The time of the inmate's entry into the cell.

(c) The name and title of the CHS staff member who determined that the inmate should remain in their current housing location until Mental Health housing is available; be transferred to the booking loop and housed alone; or be transferred to the booking loop and placed with other inmates pending Mental Health housing.

### **903.8 SUICIDE PREVENTION REVIEW BOARD**

The Suicide Prevention Review Board (SPRB), will review suicide prevention practices, suicides and attempted suicides to ensure compliance with policies, procedures, and standards. The goal is to provide assistance to custody, medical, and mental health staff in their effort to implement proactive measures to prevent high-risk inmates from attempting or committing suicide

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *INMATE SUICIDE PREVENTION*

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by analyzing administrative, procedural, and best practices for preventing future incidents, as well as ensure corrective action measures are implemented if warranted.

(a) SPRB Chairperson and Team

1. The Mental Health Program Manager or designee will serve as the chairperson of the SPRB.
2. The SPRB is comprised of Custody Division Commanders and Captains, Custody Behavioral Health Bureau (BHB) Captain, BHB Sergeants, and management, as well as command-level medical and mental health personnel from CHS.
3. The SPRB Chairperson and Division Commanders may request that other individuals attend SPRB meetings.

(b) Responsibilities

1. The SPRB Team will meet monthly to discuss suicides and attempted suicides.
  - (a) For each suicide and attempted suicide, records and information including, but not limited to, the following will be reviewed:
    1. Events/activities preceding and following the incident
    2. Medical/Mental health screening
    3. In-custody history
      - (a) Classification Records
      - (b) Grievances/Grievance Responses
      - (c) PREA Allegations
      - (d) JIs, DRs
      - (e) Discipline Records
      - (f) Significant Case Events
      - (g) Video of Incident
    4. Proximately to Court Date
    5. Mental health and medical health history
    6. Prior suicide attempts or other serious self-injurious behavior
    7. Location of incident
    8. Method and lethality of self-injurious act
    9. Use of restraints
    10. Psychotropic medications
    11. Access to care, timeliness of services, and utilization of appropriate mental health housing
    12. Response by all first responders on the scene.

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *INMATE SUICIDE PREVENTION*

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- (c) Following its review, the team will identify necessary corrective actions, if any. When necessary corrective actions are identified, a written corrective action plan will be prepared and approved by the team. After approved by the team, the corrective action plan will be submitted to the Assistant Sheriff of Custody Operations Command and the Chief of Correctional Health Services.
  - 1. Implementation of the corrective action plan will be monitored by the team.
  - 2. The Suicide Prevention Review Board's Corrective Action Plan will be maintained by the Orange County Sheriff's Department Custody Operations Behavioral Health Bureau Captain and the Correctional Health Services Administration in accordance with each department's records retention schedules.
- (d) The team will also brief, (through Training Bulletins and/or Briefing Training), on current information related to suicide prevention and or inmate suicides with the intent to identify best practices for implementation and dissemination collaboratively.