



Illinois Department of Corrections

Administrative Directive

Number: 04.04.102	Title: Suicide Prevention and Intervention and Emergency Services	Effective: 9/1/2021
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Authorized by:	<i>[Original Authorized Copy on File]</i> Rob Jeffreys Director
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Authority: 730 ILCS 5/3-2-2 20 IAC 415	Related ACA Standards: 5-ACI-1D-05, 10 – 17, 5-ACI-4A-15, 18 and 19, 5-ACI-4B-15 and 28, 5-ACI-5E-09, 5-ACI-6A-28, 29, 30, 35 and 36, 5-ACI-6B-08 and 13, 5-ACI-6C-13, 5-ACI-6D-02
Referenced Policies: 04.03.108 04.04.103	Referenced Forms: DOC 0282 – Mental Health Progress Note DOC 0375 – Psychological Autopsy DOC 0377 – Crisis Watch Record DOC 0378 – Crisis Observation Log DOC 0379 – Evaluation for Suicide Potential DOC 0434 – Incident Report

I. POLICY

The Department shall ensure a plan for prevention and intervention of emergency mental health situations is established and maintained and shall ensure individuals in custody are provided with emergency mental health services, as clinically indicated.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish the requirements for a suicide prevention and intervention plan, and to define responsibilities of staff for the implementation of emergency mental health services.

B. Applicability

This directive is applicable to the Office of Mental Health Management and to all correctional facilities within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Crisis Treatment Supervision Levels

The following supervision levels shall be utilized for monitoring individuals in custody who have been placed on crisis watch. Individuals in custody shall be assigned a supervision level in accordance with his or her mental health status and shall be stepped down into the next less intensive supervision level upon termination of the current supervision level, unless determined unnecessary by a Mental Health

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Professional (MHP). Supervision levels may only be terminated by an MHP in accordance with the provisions herein.

1. Continuous Watch Status – a formal monitoring status that provides for continuous, uninterrupted verbal and visual line-of-sight monitoring of individuals in custody placed in a designated suicide resistant crisis care area, and determined by an MHP to be acutely mentally or emotionally distressed, at imminent risk for self-harm or who have made a recent suicide attempt. Although the monitoring of the individual in custody is continuous, the staff documentation of the individual in custody’s behavior shall be at ten-minute intervals, or more frequently as notable behaviors or events occur. Individuals in custody in Continuous Watch Status may be:
 - a. Placed in restraints for mental health purposes in accordance with Administrative Directive 04.04.103; or
 - b. Placed in a crisis cell. Possession of property shall be at the discretion of the MHP, based on clinical appropriateness. If clinically determined that issuing property is contraindicated, the reason shall be documented on a Mental Health Progress Note, DOC 0282. Restoration of property shall be at the discretion of the MHP, and as soon as clinically appropriate, as indicated by the individual in custody’s mental health status and individualized treatment plan.

2. Suicide Watch Status – a formal monitoring status that provides for verbal and visual monitoring and documentation at staggered intervals, a minimum of once every ten minutes, for individuals in custody in a suicide resistant crisis care area who are determined by an MHP to be acutely suicidal or at risk for immediate self-harm. Individuals in custody in Suicide Watch Status may be:
 - a. Placed in restraints for mental health purposes in accordance with Administrative Directive 04.04.103; or
 - b. Placed in a crisis cell. Possession of property shall be at the discretion of the MHP, based on clinical appropriateness. If clinically determined that issuing property is contraindicated, the reason shall be documented on a DOC 0282. Restoration of property shall be at the discretion of the MHP, and as soon as clinically appropriate, as indicated by the individual in custody’s mental health status and individualized treatment plan.

3. Close Supervision Status – a formal monitoring status that provides for verbal and visual monitoring and documentation, at staggered intervals, a minimum of once every 15 minutes, for individuals in custody in a crisis care area who are determined by an MHP to be acutely mentally or emotionally distressed, potentially suicidal or pose a threat of serious physical harm to self or others in the immediate future. Possession of property shall be at the discretion of the MHP, based on clinical appropriateness. If it has been clinically determined that issuing property is contraindicated, the reason shall be documented on a DOC 0282. Restoration of property shall be at the discretion of the MHP and as soon as clinically appropriate as indicated by the individual in custody’s mental health status and individualized treatment plan.

4. Periodic Check Status – a formal monitoring status that provides for verbal and visual monitoring and documentation, at staggered intervals, a minimum of once every 30 minutes for individuals in custody in a crisis care area, who have been determined by an MHP to be at increased risk for experiencing a mental or emotional crisis. Possession of property shall be at the discretion of the MHP, based on clinical appropriateness. All individuals in custody placed onto Periodic Check status shall at a minimum be issued a jumpsuit and or pants and shirt consistent with their appropriate housing placement (i.e. - general population, restrictive housing, etc.). If it has been clinically determined that issuing property is contraindicated, the reason shall be documented on a DOC 0282. Restoration of property shall be at the discretion of the MHP, and as soon as

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clinically appropriate, as indicated by the individual in custody's mental health status and individualized treatment plan.

F. Requirements

The Chief Administrative Officer (CAO) of each facility shall:

1. Establish a Crisis Intervention Team.
 - a. The Crisis Intervention Team shall consist of:
 - (1) A Crisis Intervention Team Leader who shall be an MHP;
 - (2) All facility MHPs and nursing staff; and
 - (3) At least one member of the facility's security staff of the rank of Lieutenant or above.

NOTE: Other Crisis Intervention Team members may be chosen from facility staff upon the recommendation of the Team Leader to ensure at least one member is on site at all times.
 - b. Prior to serving, all members of the Crisis Intervention Team shall receive training in accordance with Paragraph II.G.1. Crisis Intervention Team members on leave of absence shall be required to make up missed training upon return and prior to resuming service on the Crisis Intervention Team.
 - c. All Crisis Intervention Team members shall participate in quality assurance meetings no less than once per quarter.
 - (1) Meetings shall be held to:
 - (a) Review all events involving the individual in custody suicide during the previous quarter;
 - (b) Review the facility's Prevention and Intervention Plan in accordance with Paragraph II.G.;
 - (c) Assess the adequacy of the facility's training program in relation to the facility's needs; and
 - (d) Develop Corrective Action Plans as needed.
 - (2) Meetings shall be documented in writing and shall:
 - (a) Include the date and minutes of the meeting, a list of all persons in attendance and any recommendations or issues noted.
 - (b) Be submitted to the CAO, the respective Regional Psychological Administrator and the Chief of Mental Health.
2. Designate a Crisis Care Area.
 - a. Crisis care areas shall be used to house individuals in custody determined by an MHP to require removal from his or her current housing assignment for the purpose of mental health treatment or observation.

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- b. Excluding exigent circumstances as determined by the Director or a Deputy Director, restrictive housing units and special management units shall only be utilized for crisis care areas if no other crisis care areas are available, and only until alternative crisis care areas are available.
- c. Cells designated as crisis care areas shall:
 - (1) Allow for visual and auditory observation of the entire cell;
 - (2) Allow for prompt staff access;
 - (3) Control outside stimuli;
 - (4) Contain beds that are suicide resistant and constructed of a metal base, cinder block, concrete slab or herculite material;
 - (5) Contain a pass through or chuck holes that open out of the cell;
 - (6) Contain mesh coverings over all vents;
 - (7) Contain laminated glass over all windows or be safety and security glazed windows;
 - (8) Provide adequate lighting and temperature; and
 - (9) Be made appropriately suicide resistant.

G. Prevention and Intervention Plan

The CAO, in consultation with the facility's mental health authority, shall establish a written procedure for responding to, and providing emergency mental health services, including prevention and intervention of emergency mental health situations. The procedure shall be reviewed annually and shall be approved by the Chief of Mental Health and shall include, at a minimum, provisions for the following:

1. Training

The Chief of Mental Health, in consultation with the Office of Staff Development and Training, shall establish standardized training programs that provide information on emergency mental health services. All training shall be provided by an MHP, or in the absence of an MHP, a current crisis team member and, where appropriate, shall include enhanced content specific to the facility.

- a. Level I Training shall be required as part of annual cycle training for all staff that have regular interaction with individuals in custody, and shall include a minimum of one hour of the following:
 - (1) Elements of the facility's Prevention and Intervention Plan;
 - (2) Demographic and cultural parameters of suicidal behavior in a correctional setting, including incidence and variations in precipitating factors;
 - (3) Risk factors and behavioral indicators of suicidal behavior;
 - (4) Understanding, identifying, managing and referring suicidal individuals in custody, including the importance of communication between staff;

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- (5) Procedural response and follow-up procedures including crisis treatment supervision levels and housing observation; and
 - (6) Documentation requirements.
 - b. Level II Training shall be required as part of annual cycle training for all personnel identified in the facility's Prevention and Intervention Plan as having the authority to initiate a crisis watch. Level II Training shall consist of a minimum of four hours of in-depth didactic and experiential training in assessing suicide risk and procedures for initiating a crisis watch.
 - c. Level III Training shall be required for all Crisis Intervention Team members, excluding MHPs, and shall consist of 24 hours of advanced training in the recognition of mental and emotional disorders and in the philosophy of suicide prevention and continuous quality improvement of the facility's Prevention and Intervention Plan.
 - (1) Crisis Intervention Team members shall also be trained by an MHP, designated by the Chief of Mental Health, in consultation with the Office of Staff Development and Training. This training will give the Crisis Intervention Team member the ability to instruct on the standardized training curriculum that provides information on recognition of mental and emotional disorders and emergency mental health services during cycle training, in the absence of an MHP.
 - (2) Training shall be completed prior to active service with the Crisis Intervention Team.
 - d. Clinical Continuing Education shall be required for all Crisis Intervention Team members and shall consist of a minimum of one hour per quarter of training to assist Crisis Intervention Team members in monitoring facility policy and procedure and in reviewing suicide attempts or completions. Clinical Continuing Education Training may be obtained through participation in the quarterly Crisis Intervention Team quality assurance meeting.
- 2. Referrals for Emergency Mental Health Situations

Staff shall immediately notify the Crisis Intervention Team, through his or her chain of command, of any situation whereby an individual in custody exhibits behavior indicative of mental or emotional distress, imminent risk for harm to self or an attempted suicide.
- 3. Crisis Intervention Team Response
 - a. At least one Crisis Team member shall be on site at all times. The designated Crisis Intervention Team Leader shall be available by phone when not on site.
 - b. The Chief of Mental Health and the respective Regional Psychological Administrator shall be notified within 24 hours of the suicide of an individual in custody, and within 72 hours of any attempted suicide.
 - c. Upon notice of a potential crisis situation, a Crisis Intervention Team member shall:
 - (1) Implement necessary means to prevent escalation and to stabilize the situation.
 - (2) Ensure that the individual in custody is properly monitored for safety.
 - (3) Review the situation with the Crisis Intervention Team Leader or an MHP to determine what services or referrals shall be provided, including psychiatric intervention. If the Crisis Intervention Team Leader is not on grounds and cannot

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be reached by telephone, and there are no MHPs on grounds, the Crisis Team member shall contact an alternative MHP and the review may be completed via telephone.

- (4) Initiate a Crisis Watch Record, DOC 0377, to monitor and facilitate the delivery of services, including referrals for mental or medical examination, and any additional recommendations of the MHP.
- (5) If determined that the individual in custody does not need to be placed in the crisis care area, notify the Shift Supervisor of any additional care requirements for security staff.

4. Crisis Watch

a. A crisis watch shall be initiated when:

- (1) An individual in custody exhibits behavior that is likely to cause harm to him or herself.
- (2) Mental health issues render an individual in custody unable to care for him or herself.
- (3) Gestures, threats or attempts of suicide are made.
- (4) The Evaluation for Suicidal Potential, DOC 0379, if administered, indicates need.
- (5) Less restrictive measures have failed or are determined to be clinically ineffective.

b. Determination to initiate a crisis watch shall be made by an MHP. If an MHP is not available, the following individuals, in order of priority, may initiate a crisis watch:

- (1) Respective Regional Psychologist Administrator.
- (2) Any Regional Psychologist Administrator.
- (3) Chief of Psychiatry.
- (4) Chief of Mental Health Services.
- (5) CAO in consultation with a Crisis Intervention Team Leader.
- (6) Back-up Duty Administrative Officer in consultation with a Crisis Intervention Team Member.

c. Individuals in custody in crisis watch shall not be transferred to another facility unless clinically indicated and approved by the Chief of Mental Health or in the absence of the Chief of Mental Health, the Chief of Psychiatry.

d. Upon initiation of a crisis watch, an MHP shall determine:

- (1) The appropriate level of supervision necessary in accordance with Paragraph II.E.; and

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- (2) Allowable property, including the type and amount of clothing. Personal items, like authorized family pictures, can be allowed when determined clinically appropriate by an MHP.
 - e. Unless medically contraindicated:
 - (1) Water shall be available in the cell or offered at regular intervals. When water is not available in the cell, the offers shall be documented on the Crisis Watch Observation Log, DOC 0378.
 - (2) Meals not requiring utensils shall be provided in the cell or crisis care area. If contraindicated, alternative nutrition sources shall be provided.
 - f. The individual in custody's vital signs shall be taken by health care staff within 24 hours of placement on crisis watch, or sooner if the individual in custody has been placed in restraints for mental health purposes.
 - g. Prior to placement in a designated crisis care area, the individual in custody shall be unclothed searched and the cell shall be inspected for safety.
 - h. Individuals in custody shall be monitored at appropriate intervals, dependent upon level of supervision. All observations shall be documented within the appropriate staggered interval, on the DOC 0378, and shall include staff's observation of the individual in custody's behavior and speech, as appropriate.
 - i. The individual in custody shall be evaluated by an MHP, or in his or her absence, a Crisis Intervention Team member, in consultation with the Crisis Team Leader, at least once every 24 hours. The evaluation shall assess the individual in custody's current mental health status and response to treatment efforts. The crisis care status shall be updated on the DOC 0377.
 - j. An individual in custody's crisis watch shall only be terminated by an MHP following the completion of an evaluation assessing the individual in custody's current mental health status and the individual in custody's response to treatment efforts. The evaluation shall be documented in the individual in custody's medical record and the termination of the crisis watch shall be documented on the DOC 0377.
 - k. Following discharge from crisis watch, an MHP shall conduct at least one individual follow-up assessment within five working days to assess stability and progress and to provide therapeutic counseling or interventions as clinically appropriate.
 - (1) If the individual in custody is transferred prior to completion of the individual follow up session, within the five-day period, the MHP at the receiving facility shall conduct the required individual assessment.
 - (2) The DOC 0379 shall be completed every two months for six months or more frequently as scheduled in the individual treatment plan.
- 5. Response to Self Inflicted Injury and Suicides
 - a. Responses to medical emergencies shall be in accordance with Administrative Directive 04.03.108 and shall include immediate notification of an MHP.

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- b. In the event of attempted suicide, the preservation of the individual in custody's life shall take precedence over preservation of the crime scene; however, any delay in response due to security factors shall be noted in the Incident Report, DOC 0434.

6. Quality Improvement Reviews

a. Mortality Review

In the event of an individual in custody's suicide, the Chief of Mental Health shall designate an MHP to complete a psychological autopsy. The psychological autopsy shall be documented on the Psychological Autopsy, DOC 0375, and shall be submitted to the Chief of Mental Health within seven working days of assignment.

b. Administrative Review

(1) In the event of an individual in custody's suicide, the CAO shall:

- (a) Establish a clinical review team who shall systematically analyze the event. The Review Team shall consist of:
 - i. Mental health and medical staff, including an MHP, a psychiatrist and a registered or licensed practical nurse. Medical staff chosen for the clinical review team shall have had no direct involvement in the treatment of the individual in custody for a minimum of 12 months prior to the event.
 - ii. The correctional counselor assigned to the individual in custody.
 - iii. A security staff supervisor.

NOTE: Facility administrators or staff, whose performance or responsibilities may be directly involved in the circumstances of the suicide, shall not be chosen for the review team.

- (b) Designate a clinical review team Chairman who shall ensure all relevant documentation pertaining to the individual in custody and his or her treatment including, but not limited to, the master file, medical record, Medical Director's death summary and the DOC 0375, if applicable, is available to the clinical review team.

(2) Within ten working days following the suicide, the clinical review team shall complete a review to:

- (a) Ensure appropriate precautions were implemented and Department and local procedures were followed; and
- (b) Determine if there were any personal, social or medical circumstances that may have contributed to the event, or if there were unrealized patterns of behavior or systems that may have indicated earlier risk.

(3) Upon completion of the review, the Chairperson shall submit a written report to the CAO, the facility's Training Coordinator, the Chief of Mental Health, the Chief of Psychiatry, and the respective Deputy Director summarizing the review team's findings and providing any recommended changes or improvements.