STATE OF OHIO

DEPARTMENT OF REHABILITATION AND CORRECTION

SUBJECT: **Mental Health Special Observation Status**	PAGE 1 OF 4.
	NUMBER: 67-MNH-32
RULE/CODE REFERENCE:	SUPERSEDES: 67-MNH-32 dated 01/08/15
RELATED ACA STANDARDS:	EFFECTIVE DATE: February 9, 2016
	APPROVED:

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish monitoring, housing and intervention requirements for the use of Mental Health Special Observation Status for inmates requiring more intensive mental health treatment services, inmates experiencing mental health related crises and/or inmates transitioning off of a suicide precaution watch.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Department of Rehabilitation and Correction (excluding DPCS, CTA and OPI staff) and to all inmates confined to institutions within the Department.

IV. DEFINITIONS

Independently Licensed Mental Health Professional (ILMHP) - Psychiatrists, Psychologists, Advanced Practice Nurse – Mental Health (APN-MH), Licensed Professional Clinical Counselors (LPCC) and Licensed Independent Social Workers (LISW), who by virtue of their training, experience and licensure are assigned specific tasks in this policy.

Mental Health Special Observation Status (MHSOS) - A level of increased monitoring, special housing, mental health and other interventions used as step-down from suicide watch status when an inmate is assessed as no longer presenting an imminent risk of suicide and/or crisis care for inmates experiencing mental health crisis or other mental health condition requiring a temporary increase in level of mental health care. Inmates placed on MHSOS require physical checks and documentation of the watch at irregular intervals not to exceed thirty (30) minutes by security staff, and daily contact by mental health staff, excluding weekends and holidays.

Mental Health Professional (MHP) - Those persons who, by virtue of their training and experience, are qualified to provide mental health care within the provisions of the state's licensure laws, policies and guidelines including Psychology Assistants, Licensed Professional Counselors (LPC), Licensed Social Workers (LSW), Registered Nurses (RN), and Activity Therapists (AT).

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to maintain a program of suicide prevention as well as crisis services for inmates experiencing mental health-related crises or other mental health-related issues requiring temporary placement at a higher level of care. Offenders placed on MHSOS shall have undergone a comprehensive mental health examination and risk assessment after which a treatment plan is developed (or updated if one is already in place) to address the inmate's treatment needs, interventions and goals of the increased level of care.

VI. PROCEDURES

A. An inmate may be placed on MHSOS as a step-down or transition from suicide precautions, as a crisis intervention or for mental health stabilization. Mental health special observation status can only be initiated by an ILMHP after a face-to-face mental health assessment of an inmate patient.

B. All placements on MHSOS require:

1. An initial face-to-face examination and documentation on the Mental Health Risk Assessment form (DRC5544) of the inmate by an ILMHP.
2. Inmate and cell searched by custody prior to watch placement and at least once daily.
3. Monitoring at staggered intervals not to exceed thirty (30) minutes by custody staff with documentation of the inmate's behavior on the Crisis Precautions &/or Immobilizing Restraint Log (DRC2534).
4. Initial property permitted as authorized by ILMHP and documented on the Crisis Precaution Disposition and Property List (DRC5202). Later property authorizations shall be determined by a multi-disciplinary team.

C. Procedures specific to the purpose for placement on MHSOS:

1. Step-down from Suicide Precautions

a. An ILMHP can reduce from constant or close watch to MHSOS when an inmate is assessed as no longer being at imminent risk of self-harm and document on Authorization for Crisis Precautions (DRC5200).

b. Housing – Initially in a crisis safe cell but may be permitted to return to other housing based upon clinical condition as determined by the ILMHP.

c. Property – As determined by ILMHP and clinically driven, but goal is to return property permitted prior to the initiation of suicide precaution watch. (If property cannot be returned, consideration should be given to maintaining the inmate on a level of suicide precaution rather than reducing him or her to MHSOS.)

d. Documented monitoring – Custody shall document the individual inmate's behavior/condition at irregular intervals not to exceed thirty (30) minutes on the Crisis Precautions &/or Immobilizing Restraint Log (DRC2534). Range check rounds in post log book do not provide sufficient documentation of the inmate's condition.

e. Mental health staff (either ILMHP or MHP) shall evaluate the inmate's condition daily excluding holidays and weekends and document findings in a mental health progress note.

f. If MHSOS is required beyond seven (7) calendar days, consideration of transfer to a higher level of mental health care shall be documented in the mental health file.

g. MHSOS may be discontinued when it is determined the inmate's condition has improved and there is no longer a need for daily assessment, intensive treatment and documented monitoring. MHSOS may be discontinued either by an ILMHP or by an MHP in consultation with an ILMHP. In either instance, a progress note shall document the assessment, the decision to discontinue the watch and the plan for follow-up.

h. Mental health follow-up as dictated in Department policy 67-MNH-09, Suicide Prevention: the inmate patient shall be seen in follow-up upon release by a mental health professional twenty-four (24) hours after the watch, seventy-two (72) hours after the watch, and seven (7) calendar days after the watch unless more frequent contact is indicated.

2. Mental health crisis care/elevated monitoring

a. An ILMHP can initiate this level of care whenever it is deemed necessary for the intensive treatment of an inmate experiencing mental health crisis or clinically in need of additional contact due to symptom worsening, psychotropic medication adjustment, etc. and documented on the Authorization for Crisis Precautions (DRC5200).

b. Housing – This decision is clinically driven. The inmate may be placed into a crisis safe cell, non-medical infirmary bed in accordance with Department policy 68-MED-21, Infirmary Care, or other area of the institution that permits the observation and

monitoring required. Inmate may also remain in current housing if it is determined to be the most clinically appropriate placement by the ILMHP.

c. Property – As determined by ILMHP and clinically driven but unless assessed as being at elevated risk of harm to self or others, property should not be restricted.

d. Documented monitoring – Custody shall document the individual inmate's behavior/condition at irregular intervals not to exceed thirty (30) minutes on the Crisis Precautions &/or Immobilizing Restraint Log (DRC2534) form. Range check rounds in post log book do not provide sufficient documentation of the offender's condition.

e. Mental health staff (either ILMHP or MHP) shall evaluate the inmate's condition daily**,** excluding holidays and weekends.

f. MHSOS may be discontinued when it is determined the inmate's condition has improved and there is no longer a need for daily assessment, intensive treatment and documented monitoring. MHSOS may be discontinued either by an ILMHP or by an MHP in consultation with an ILMHP. In either instance, a progress note shall document the assessment, the decision to discontinue the watch and the plan for follow-up.

g. If MHSOS is required beyond seven (7) calendar days, consideration of transfer to a higher level of mental health care shall be documented in the mental health file.

h. Mental health follow-up as clinically indicated and documented on the crisis care treatment plan.

Related Department Forms:

Crisis Precautions &/or Immobilizing Restraint Log	DRC2534
Authorization for Crisis Precautions	DRC5200
Crisis Precaution Disposition and Property List	DRC5202
Mental Health Risk Assessment	DRC5544