Massachusetts Department of Correction
Update: Implementation of Hayes Report Recommendations:
June 10, 2008

Recommendation #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.

Previous Update:

- New Suicide Prevention Training Curriculum in place and was first presented to the Recruit class on 3/16/07.
- The second Recruit Class received the new curriculum on 3/26/07. The class was also video taped.
- **This objective has been completed and implemented.**

Recommendation #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.

Previous Update:

- **This objective has been completed and implemented.** 8 hours of suicide prevention training is provided to all new employees entering the DOC.

Recommendation #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.

Previous Update:

- The start date for the In-Service (2-hour) program was 4/1/07. **This recommendation has been completed and implemented.**

Recommendation #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.

Previous Update:

- The 103 DOC 216 Training And Staff Development Policy was revised to include a richer description of the requirements for both pre-service and annual in-service suicide including both the length and the content of the training.

- The 103 DOC 650 Mental Health Services Policy has been revised to include the same language as the 216. The 650 policy revisions are complete and in place.

- The contractual medical and mental health vendor at the time, UMass Correctional Health (UMCH) revised their suicide prevention policy, which became effective in May 2007. Despite there now being a split contract, with UMCH maintaining responsibility for medical services and a new vendor (MHM) taking over responsibility for mental health services, all UMCH policies pertaining to mental health issues, which were in effect at the time of the contract transition (July 1, 2007), still remain operational. UMCH mental health policies were reviewed and converted to MHM policies. Policy changes in accordance with the revised 650 policy are underway.

Update as of 6/10

- **Complete:** DOC and MHM policies have been revised.

Recommendation #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.

Previous Update:

- UMCH created a new policy titled "Health Assessment of Inmates Following a Significant Event", which was designed to ensure that inmates would be screened by qualified healthcare staff for any potential change in mental health conditions precipitated by a significant event such as a court trip, classification hearing, or a parole or probation hearing.

- UMCH was instructed to immediately implement this policy where feasible, and to develop a comprehensive system-wide implementation plan based upon anticipated staffing implications.

- Through improved staff training and institutional communication procedures, mental health staff are informed whenever it is suspected that an inmate may potentially have a negative reaction to a significant event. Per protocol that inmate is to be evaluated by mental health staff.

- Protocols placed in 103 DOC 650 Mental Health Services policy.

- The morning meeting also provides a forum for senior DOC site administration to inform mental health staff of any significant events expected to occur within the day that may impact upon an inmate's overall mental status (i.e. classification hearings, parole hearing, legal decisions etc.). When it is suspected that an inmate will react negatively to such an event, mental health staff shall ensure that the inmate is to be evaluated by a qualified mental health professional upon completion of the event.

Update as of 6/10

- **Complete:** Per DOC and Vendor policy, all court returns are screened by either medical or mental health staff upon return from court. However, Lindsay Hayes is amenable to this recommendation being revised so as not to include all court returns, but only those that are deemed to be high risk. Health Services Division is in the process of initiating a Suicide Prevention Committee to regularly review policies, procedures and protocols as they relate to suicide prevention, including the Hayes recommendations. As part of the responsibilities of this committee, they will explore whether it is feasible to design a system that can identify only those inmates deemed to be at high-risk for an adverse reaction to their legal proceedings.

Recommendation #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.

Previous Update:

- Draft MOU legislation developed by DOC Legal for consideration by EOPS and county officials to increase availability of information regarding inmate's prior suicide risk within county correctional system.

- DOC General Counsel presented draft MOU at meeting of Sheriffs' Counsel on April 11, 2007. Letter enclosing MOU was sent to Mass. Sheriff's Association on April 23, 2007. Follow up meeting held in August 2007.

- DOC Health Services Director met with Sheriff's Health Services Directors and discussed use of Transfer form. Some Sheriffs departments have begun implementation of this Transfer form.

Update as of 6/10

- **Complete:** Remaining issues involve consistency of application of transfer information by various Sheriff's (not within DOC purview).

Recommendation #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.

Previous Update:

- DOC Associate Commissioner for Reentry and Reintegration discussed the revision of definitions for entry of names and incidents to the Q5 database with the Executive Director of CHSB, who indicated that he would revise the definitions to accommodate Hayes recommendations as they intersect with the intent of the statute. Letter defining terms sent to CHSB on April 11, 2007.

- Executive Director of Criminal History Systems Board revised the criteria for entry of information into the Q5 database to include inmates on watch in addition to those who had attempted suicide. This revision was completed and posted on the CJIS Extranet on April 30, 2007. Updated 8/10/07.

Update for 6/10

- **Complete.**

Recommendation #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.*

Previous Update:

- Superintendents reminded to attend, and that mental health staff must attend all Segregation Review Meetings and all morning climate meetings. Superintendents reminded to document attendance. Compliance being monitored by Assistant Deputy Commissioners. Tracking system established to monitor compliance with meetings and intra facility communication established in 103 DOC 650 Mental Health Services.

- Secure Treatment Unit being developed for SBCC and plans to implement January 2008. This unit being designed to house maximum security, segregation and DDU inmates not appropriate for routine segregation placement due to serious and persistent mental illness. This unit will provide at least 10 hours of out-of-cell structured program time as well as 10 hours of recreation time per week.

- Behavior Management Unit being planned for MCI Cedar Junction Block 9. This unit is geared as permanent housing for chronically mentally ill inmates unable to function in segregation units or general population. A cost estimate has been developed to renovate this currently vacant unit but **capital bond bill** funding has not been secured. The mental health staffing cost of $295,809 is included within the $6.9 million supplemental funding signed by the Governor on October 19, 2007.

- MHM has been instructed to begin recruiting for all mental health positions for January 2008 to ensure that all expansion programs funded by the supplemental appropriation become operational as soon as feasible even if alternative housing locations are considered for various program activities. The mental health component for supplemental funding will include 25.1 mental health positions. In addition, MHM and DOC have negotiated the addition of 13.7 positions that are being funded through the waiver of staffing paybacks and vacancy penalties.

- SBCC RTU project has been funded The mental health staffing cost of $485,102 is included within the $6.9 million supplemental funding signed by the Governor on October 19, 2007. The unit will be reserved for chronically mentally ill inmates unable to function in general population and as a step down from the Secure Treatment Unit.

- MCI Framingham Behavioral Management Unit is currently not operational. Construction costs have been included in the capital bond bill request. The mental health staffing cost of $247,709 is included within the $6.9 million supplemental funding signed by the Governor on October 19, 2007.

Update as of 6/10

- **In Process**: Secure Treatment Program (STP) at SBCC is open. Residential Treatment Unit (RTU) at SBCC is open. Behavior Management Unit (BMU) is now funded for MHM mental health staffing and for physical plant renovations. Funding is authorized for physical plant modifications for DOC; however, the dollars are spread across a five-year span. Thus, the funding for the Crisis Stabilization Unit at Framingham is a potential rather than confirmed for this next fiscal year.

Recommendation #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.

Previous Update:

- UMCH developed a policy titled "Continuity of Mental Health Care: Intra-System and Returning Inmates", to ensure appropriate sharing of mental health information upon transfer of an inmate.

- As part of this policy, UMCH created a "Mental Health Transfer Checklist" which must be completed on all inmates transferring within the DOC system. MHM is currently in the process of reviewing and revising this form.

- DOC Health Services Division audits the quality of the medical and mental health care being provided at every facility by reviewing selected inmate medical records at least 2x/year. The audit criteria are in the process of being modified to include a review of communication of mental health information between facilities, as well as between mental health and security staff where appropriate.

- MHM additionally performs an internal medical record audit at each facility 2x/year, and also reviews communication as part of their criteria.

Update as of 6/10

- **Complete:** Monitoring and accountability systems are in place regarding quality improvement initiative.

Recommendation #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.

Previous Update:

- The risk list has been eliminated. The daily morning meetings between the superintendent and the mental health director, now provides a forum for critical mental health information pertaining to an inmate's mental health needs to be communicated.

Update as of 6/10

- **Complete:** The Superintendents continue the daily morning meetings, which include the Mental Health Director or designee.

Recommendation #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.

Previous Update:

- A field survey was completed. The plans and cost estimates were prepared by Jeff Quick, the Director of the Division of Resource Management for the DOC.

- Grant funding of $250K was received and used to begin implementation of short-term corrective measures. **Remaining funding has been requested and is currently pending with the current capital projects bill. Pending.**

Recommendation #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.

Previous Update:

- UMCH revised their "Therapeutic Supervision" policy to include language from the Hayes Report dictating the basic tenets required to appropriately manage an inmate placed on a mental health watch. This policy became operational in May.

- 103 DOC 650 has also been revised to include this language.

Update as of 6/10

- **Complete:** DOC and MHM policies have been revised and are compliant with the language in the Hayes report.

Recommendation #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.

Previous Update:

- UMCH "Therapeutic Supervision" policy revised to include language stating that the placement and the removal of an inmate on a mental health watch is solely a clinical determination. This policy became operational in May.

- 103 DOC 650 has also been revised to include this language.

- All Superintendents were informed of this directive on March 30, 2007, and that overtime costs or other operational factors should not be allowed to influence any clinical decisions.

- Assistant Deputy Commissioners set up protocols to monitor that "rounds" are conducted and audited.

Update as of 6/10

- **Complete:** DOC and MHM policies reflect the language in this recommendation.

Recommendation #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.

Previous Update:

- 15 minute rounds in all HSU's were initiated at the end of April 2007.

- In order to implement the 15-minute rounds, the Department originally utilized overtime of approximately $350,000. The Department then redirected correction officer positions from the correction officer recruit class, which graduated on April 27, 2007, to these seventy (70) additional posts. With funding from the supplemental appropriation signed on October 19, 2007, the Department will be able to backfill the original posts that the graduating class was intended to fill, thereby maintaining staffing for the continuation of 15 minute rounds in the HSUs.

Update as of 6/10

- Complete

Recommendation #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.

Previous Update:

- A directive was issued by the Deputy Commissioner of the Prison Division to eliminate this offense from being issued. This procedure has been incorporated into policy which will go to a public hearing in the Fall of 2007.

Update as of 6/10

- The 103 CMR 430 Inmate Discipline Policy is **pending** public hearing.

Recommendation #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.*

Previous Update:

A field survey was completed on 2/22/07.

- Cost estimates have been submitted to EOPS for funding. Some minor improvements are underway at facilities.

- A revised plan has been submitted. Funding has been requested and **is currently pending with the current capital projects bill.**

Recommendation #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.

Previous Update:

- As currently constituted, it would not make sense clinically or operationally, to transition inmates from a mental health watch to a Residential Treatment Unit. DOC Health Services worked with MHM regarding the creation of a more appropriate transitional plan that includes various step-down and review measures.

Update as of 6/10

- **Complete:** In a meeting with Lindsay Hayes on December 12, 2007, he agreed that transitioning male inmates from a mental health watch to Residential Treatment Units did not make sense clinically or operationally. This is a practice however, that is more manageable at MCI-Framingham, and is often utilized.

- MCI-Framingham is in the process of establishing an Acute Stabilization Unit, pending capital funding, that will allow for a transitional phase form a mental health watch

- Health Services Division in conjunction with MHM is exploring the feasibility of creating one or more crisis stabilization unit(s) for Male offenders that would allow for a transitional phase from mental health watch as well.

Recommendation #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.

Previous Update:

- UMCH revised their "Therapeutic Supervision" policy to include language from the Hayes Report better describing the type of behavior and/or circumstances that necessitates a specific level of observation. This policy became operational in May.

- 103 DOC 650 has also been revised to include this language.

Update for 6/10

- **Complete**: DOC and MHM policies have been revised to include this language.

Recommendation #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.

Previous Update:

- Per protocol, 30-minute mental health watches are no longer used within the DOC. 103 DOC 650 has been revised to include this language.

- UMCH revised their "Therapeutic Supervision" policy, which now also reflects that 30-minute mental health watches are no longer utilized.

Update as of 6/10

- **Complete:** All DOC and MHM policies have been revised to reflect this language.

Recommendation #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 it officers from allowing inmates on suicide precautions to cover their heads with blankets or other bedding.

Previous Update:

- **Complete**:On March 6, 2007 the Deputy Commissioner of the Prison Division issued a directive to all superintendents to prohibit inmates on watch status from covering their heads with blankets or other objects. Mental Health Watch Forms and the Correction Officer Observation Check Sheet are currently operational.

Recommendation #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.

Previous Update:

- Fifteen-minute security rounds have been implemented at all facilities with a Health Service Unit. Thirty-minute rounds have been implemented at all facilities with a Residential Treatment Unit. Thirty minute rounds continue at all facilities with a Special Management Unit
- Weekly audits are conducted of all rounds utilizing video surveillance, where available, and reports of the audits are submitted to the Assistant Deputy Commissioner.
- In the instance a particular round is not conducted as required, appropriate discipline is implemented.

Update as of 6/10

- **Complete**-Beginning in the late winter/early spring of 2007 each institution with a SMU and / or Infirmary (including the BSH ITU and B-I unit in which seclusion and mental health watches are conducted, respectively) was required to audit the performance of rounds by staff to determine if checks were being made in accordance with policy and post orders. These audits were to be conducted weekly and submitted to the appropriate ADC. If discrepancies were noted, follow-up action was to be taken.

- These round audits have been conducted at all affected Southern Sector sites (OCCC, MTC, BSH,MCI-N, and MCI-CJ) since that time. At nearly all sites the audits were conducted by a Captain or above reviewing video recordings. There were two exceptions: at CJ the Operations Lt conducted the audit and at Norfolk, until a CCTV system was installed the auditing was done in-person by a Captain. The institutions have consistently completed the audits and submitted them to me. On occasion, the submission of an audit report has been delayed or received late but this is an exception.

- This process has been effective. Staff know that we watch the video. The frequency with which rounds have not been done, as indicated by the audit process, is very low. The number of successful suicides and the incidence of serious self-injurious behavior incidents has dropped significantly. ADC of the Southern Sector cannot think of a recent incident of self- injurious behavior which was preceded by a period of staff not adhering to the rounds protocol. ADC of the Southern Sector thinks that the auditing process is effective.

Recommendation #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.

Previous Update:

- UMCH revised their "Therapeutic Supervision" policy to include language from the Hayes Report dictating the terms by which the cases of inmates on a mental health watch are to be reviewed prior to any change of status. This policy became operational in May.

- 103 DOC 650 has also been revised to include this language.

Update as of 6/10

- **Complete:** All Doc and MHM policies have been revised to reflect this language.

Recommendation #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.

Previous Update:

- UMCH revised their "Therapeutic Supervision" policy to reflect a period of clinical review to include a follow-up with a mental health clinician three days after being cleared from a watch and again seven days later. If the inmate had not been an "open mental health case" prior to being placed on a mental health watch, they will be "open for evaluation" to determine the most appropriate course of clinical follow-up.

- 103 DOC 650 has also been revised to include this language.

Update as of 6/10

- **Complete**: All DOC and MHM policies have been revised to reflect this language. This corrective action item was reviewed with and approved by Lindsay Hayes on December 12, 2007.

Recommendation #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.

Previous Update:

- Directive was issued to superintendents by the Deputy Commissioner that in cases where an inmate's behavior is such that it requires an increased level of observation, a mental health watch is to be utilized.

- UMCH revised their "Therapeutic Supervision" policy to include language from the Hayes Report better describing the type of behavior and/or circumstances that necessitates a specific level of observation. This policy became operational in May.

- 103 DOC 650 has also been revised to include this language.

- 103 DOC 505 Use of Force Policy revised to define the parameters by which security watches are to be utilized.

Update as of 6/10

- **Complete:** All DOC and MHM policies have been revised to reflect this language.

Recommendation #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.

Previous Update:

- Appropriate conduct of CPR, as addressed in training, will be reiterated with each re-certification. Complete and ongoing.

Update as of 6/10

- **Complete.**

Recommendation #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.

Previous Update:

- The emergency medical bags and rescue shears are in place in all housing units in DOC facilities. **Complete.**

Recommendation #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.

Previous Update:

- DOC Health Services Director instructed UMCH to conduct daily per shift review of code 99 emergency response equipment. UMCH revised "Code 99" policy, which became operational in May.

- UMCH responsible for ensuring compliance of inspections through supervision and quality improvement review process.

- Director of Nursing responsible for documentation of compliance. DOC Health Services Division Regional Administrators will audit for compliance as part of contract compliance.

Update as of 6/10
- **Complete.**

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

Previous Update:
- UMCH modified emergency drill procedure to incorporate a frequent review of suicide responses.

- DOC has revised mock drills of a code 99 response to a suicide attempt by utilizing Simulaids Rescue Manikins, which are designed to more appropriately simulate a real response. Additionally DOC revised the 103 DOC 560 Disorder Management Policy to reflect the requirement that each institution conduct a quarterly code 99 suicide drill on each shift.

Update as of 6/10
- **Complete.**

Recommendation #29- 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.

Previous Update:
- Corrective Action Plans will be developed to respond to all recommendations generated from the DOC Quality Assurance Suicide Mortality Reviews.

Update as of 6/10
- **Complete.**