MetroHealth

Improving Suicide Outcomes

The MetroHealth System, Correctional Medicine Department,
Cuyahoga County Correctional Center

- Joseph Baskin, MD, Medical Director/ Psychiatrist
- Lindsey B McMillion LISW-S, Manager of Behavioral Health and Addiction Services

Disclosure and Disclaimer

- We do not have any relevant financial relationships with any commercial interests.
- This informational presentation was developed by independent experts. The information provided in this presentation is not the official position or recommendation of NCCHC but rather expert opinion. This information is not intended to be appropriate for every clinical situation nor does it replace clinical judgment.
- NCCHC does not endorse or recommend any products or services mentioned

Learning Objectives

Text bar

- Learning Objective 1:
  - **State the definition of suicide attempt versus self injurious behavior**
- Learning Objective 2:
  - **Review risk factors of suicidality and self-harm**
- Learning Objective 3:
  - **Identify strategies for implementing a suicide prevention policy and procedure**

Background: Cuyahoga County Correctional Facility

- Approximately 65% of inmates committed to the Cuyahoga County Jail suffer from mental illness and 50% suffer from severe mental illness.
- In the Cuyahoga County Jail, many of the suicide attempts and self-injury occurred in the "lock-up" units.
- In 2018, and the first half of 2019, there were 5 deaths by suicide in the Cuyahoga County Jail.
- In the 2nd and 3rd quarters of 2019 there were a total of 46 Code Greens (suicide attempts.)
- In the 3rd quarter of 2019, approximately 30.5% of individuals who suffered from mental illness were not identified at intake and therefore were not referred to mental health.

Defining Suicide Attempts Versus Self Injury

Literature Review

- Harrison and Rogers (2007) - Inmates are 9 times more likely to commit suicide than their community peers.

- Chui (2018) - Recommends continuous screening for suicide as inmates can become suicidal at any point during their sentence, and can often experience their first episode of mental illness after incarceration. Furthermore, approximately two-thirds of suicide victims communicate their intent prior to action.

- Hayes, (2013) - Segregation represents a risk factor for suicide due to limited interpersonal communication and connection. Many suicides take place in "special housing units" or the "SHU".

Self Injury versus Suicide Attempts

- Self injurious acting out, or the "deliberate destruction or alteration of body tissue without suicidal intent," is often mistaken as a suicidal behavior. Favassa (2006) and Walsh (2006) differentiate the two by defining suicide as a, "Life extinguishing act or escapism" and self injury as, "A form of life affirmation or a primitive coping mechanism in response to stress." Other terms used in the literature include self-harm, non-suicidal self-injury (NSSI), self-injury, suicidal behavior and deliberate self-harm (DSH).
- Pattison and Kahan (1983) define self-injury by its repetitive, time-limited nature with low lethality, and distinguish self-harm from suicide attempts by emphasizing the absence of the intent to die.
- Hooley and Franklin (2017) propose individuals engage in NSSI to 1) regulate or improve affect, 2) satisfy urges to self-punish, 3) identify with other self-injuring peers and 4) convey experienced pain or strength.

Risk Factors of Suicidality and Self Injury in a Correctional Facility

Risk Factors of Suicidality and Self Harm

- First incarceration and reaction to incarceration
- Many suicides occur within the first 24 hours of incarceration, due to:
  - Intoxication/withdrawal
  - Fear of jail itself (movies/television depictions)
  - Shame/guilt and impact on family
- Segregation/ isolation

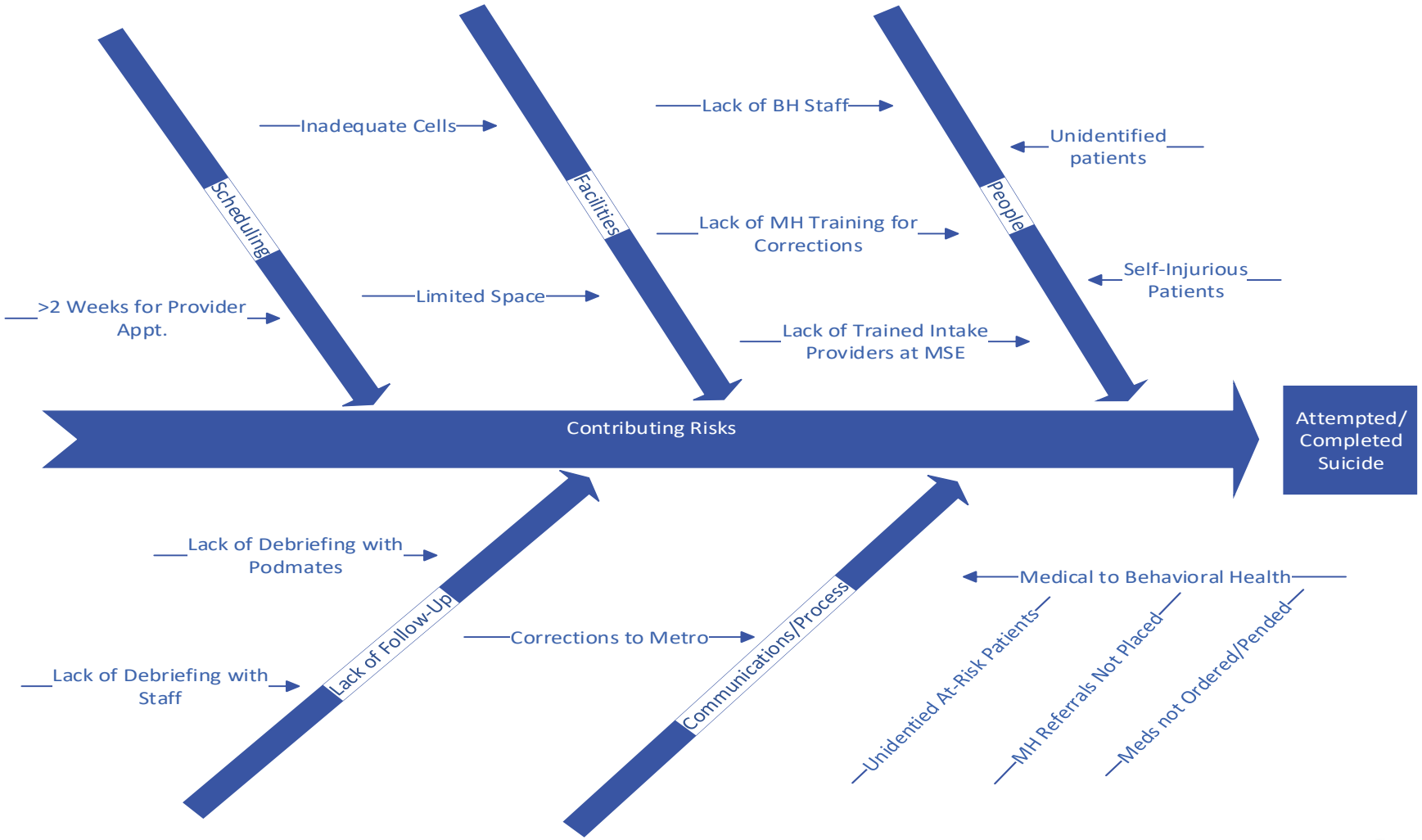
Risk Factors (continued)

- Individual Stressors
  - Death of a loved one
  - Away from children and/or significant other
  - Conflicts with other inmates
  - Substance abuse within jail
  - Set-backs in legal case
  - Sentencing

- Psychiatric history

Strategies for Implementing a Suicide Prevention Program

Fishbone Diagram: Suicide Prevention



Strategies for Implementing a Suicide Prevention Program (2019)

Text Bar

July 2019

MetroHealth contract for Medical in the CCJ

Manager of Behavioral Health and Addiction Services hired

August 2019

Precaution follow ups by a Mental Health professional with in 7 days

Critical Incident Debriefings for pods by a team of Mental Health professionals

Hired full time Psychiatrist and support staff

September 2019

Tear resistant blankets and smocks for the Mental Health Unit and lock up units

Identification (Signs and Symptoms of Mental illness), Suicide prevention, Mental Status Exam Training for Medical Staff

Hired Social Workers

October 2019

Ordered and implemented precaution status placards (direct communication with security)

Morning huddles with security of mental health patients in acute units

November 2019

Created Mental Health Step down units (Male celled/ Male dorm/ Female celled)

December 2019

Hired Psychologist

Strategies for Implementing a Suicide Prevention Program (2020-2022)

Text Bar

January 2020

Training videos were created to show corrections and medical staff

- signs and symptoms of mental illness
- suicide prevention
- de-escalation techniques
- substance use intoxication

Implemented group counseling

Implemented segregation rounds at least once per week by a mental health team member.

March 2020

COVID pandemic began. The mental health team rounds on all housing units with inmates in isolation

A COVID survival packet was created and distributed to the inmates. The packet included information on the COVID 19 virus, coping skills and stress management techniques, puzzles, exercises, and comics.

May 2020

Mental Health/ Addiction 7 day holding areas created on the Mental Health unit

2021

Addiction Medicine Team developed

Onboarding of new clinical and support staff

2022

Groups have resumed

- IOP
- Mental Health

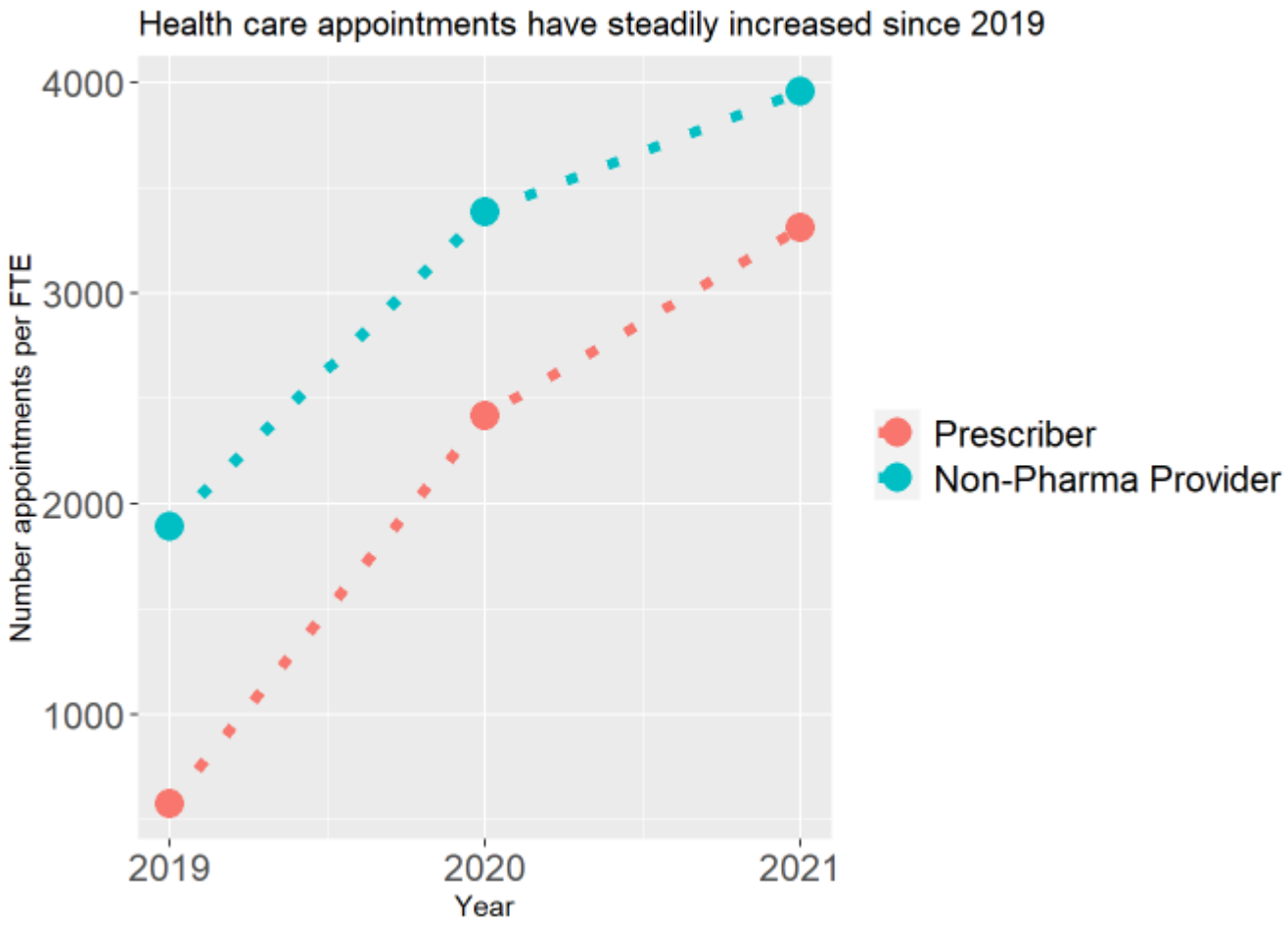
Initial psych appointments performed by social workers

Medication reviews performed by BH charge nurses

Measurement Tools

1. Review of Safety Events Reports
2. Quality Reviews - Performed random sample of patients at intake identified with mental health symptoms or a previous diagnosis.
3. Reviews of completed Behavioral Health appointments (Telepsychiatry, Psychiatry, Psychology, and Social Work) via Electronic Health Record, EPIC, chart review.
4. Track the number of code greens via utilization of daily safety briefing.
5. Track the number of precautions.
6. Track follow-up care within 7 days from discontinuation of precautions.
7. Review code greens versus non-suicidal events or self injury.

Outcomes: Increased Use of Behavioral Health Staff

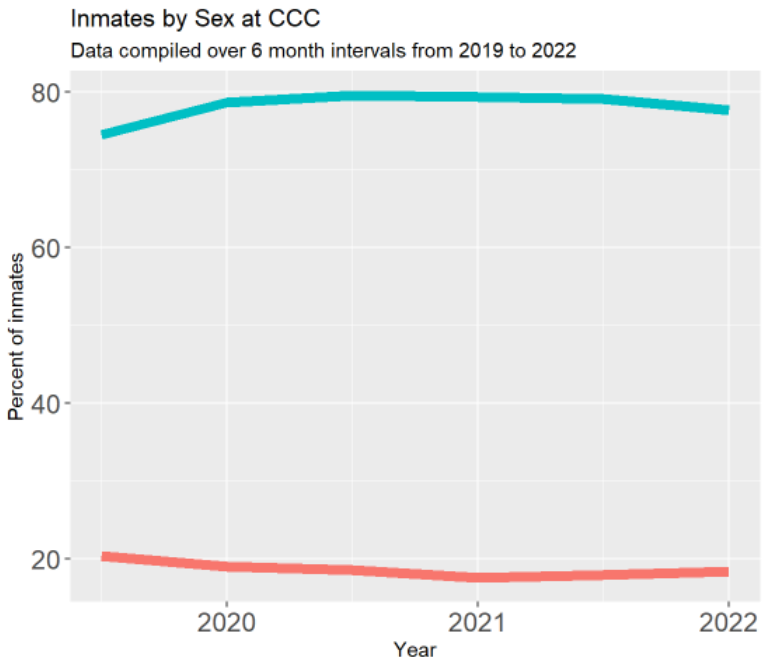


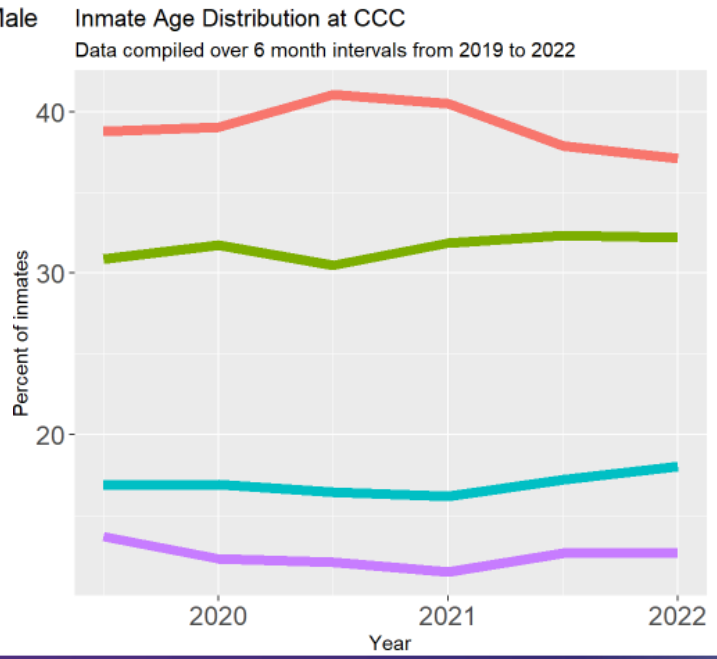
Behavioral Health Charge Nurse appointments (began 2/2022)- completes mental health medication reviews.

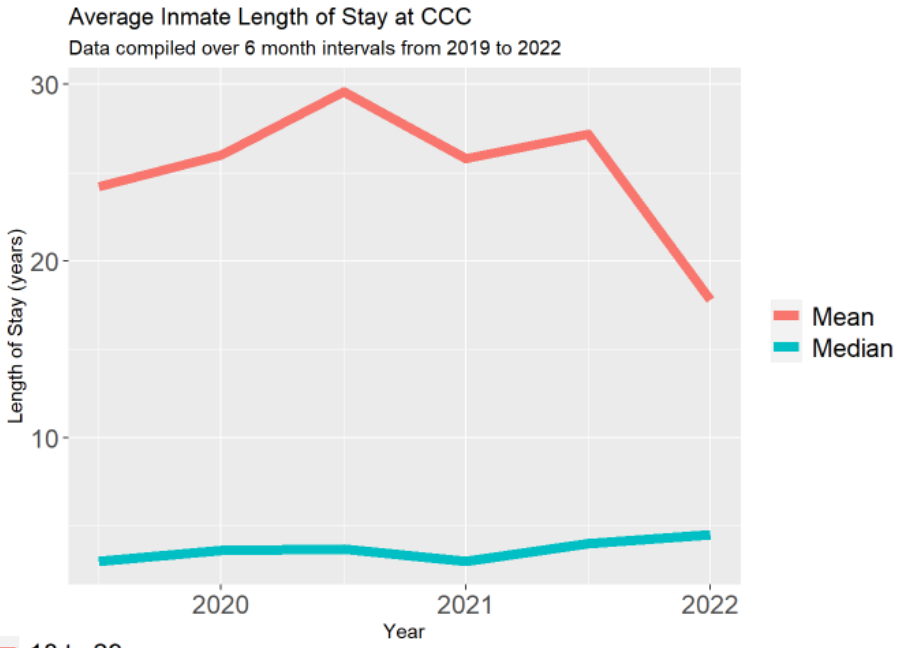
Precautions:

- 2020 compared to 2019 saw an 18% decrease,
- 2021 compared to 2020 saw a 16% decrease.

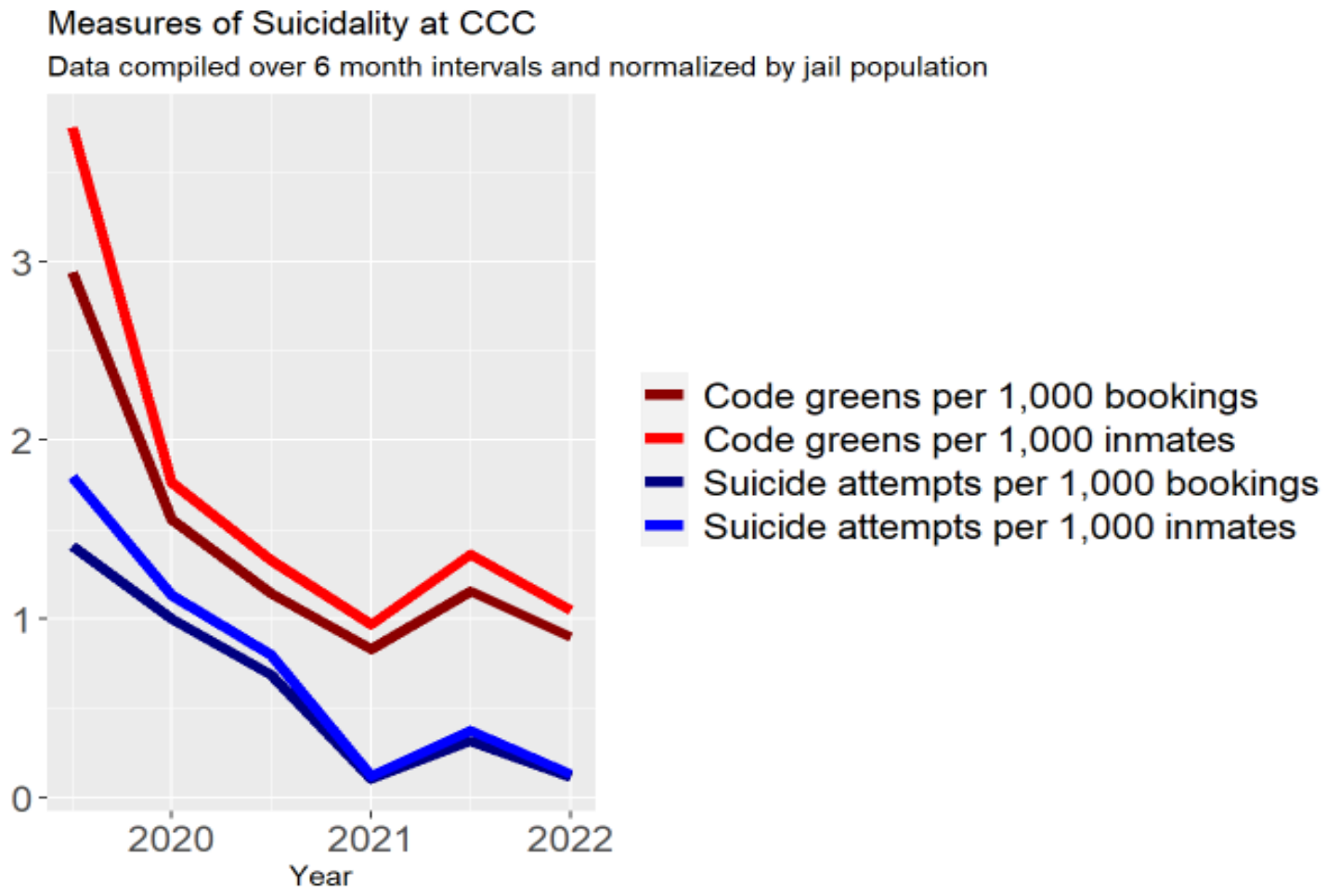
Outcomes: inmate demographics remained constant over intervention period

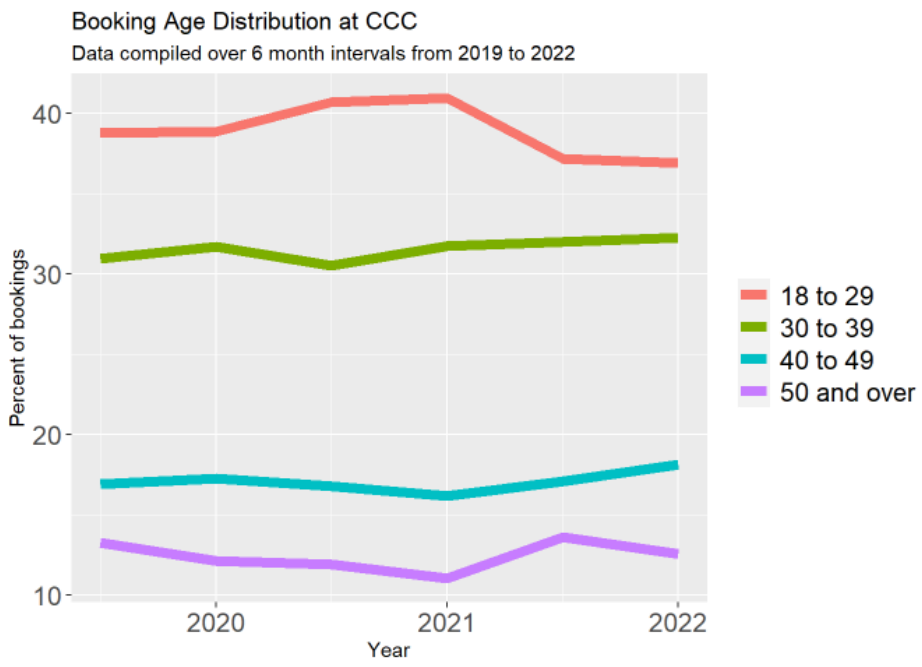


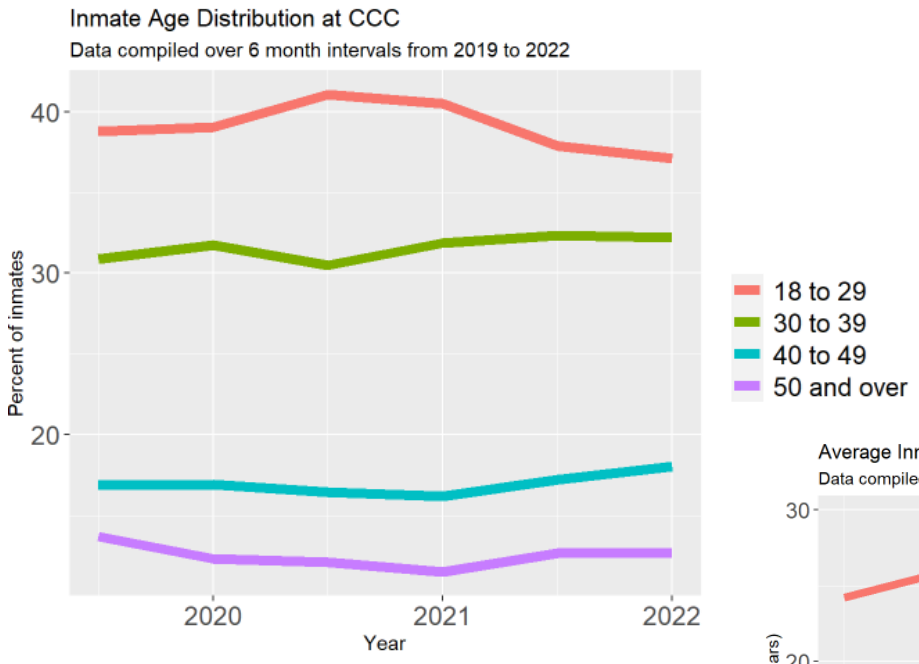


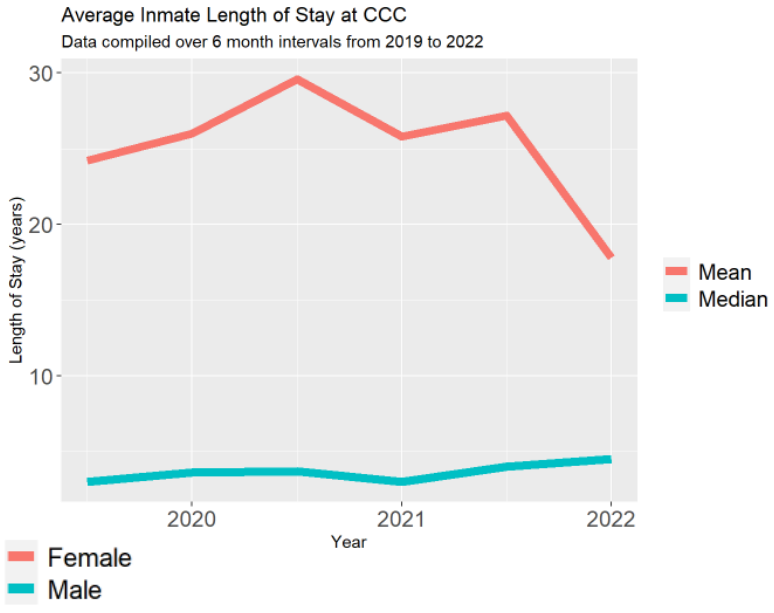


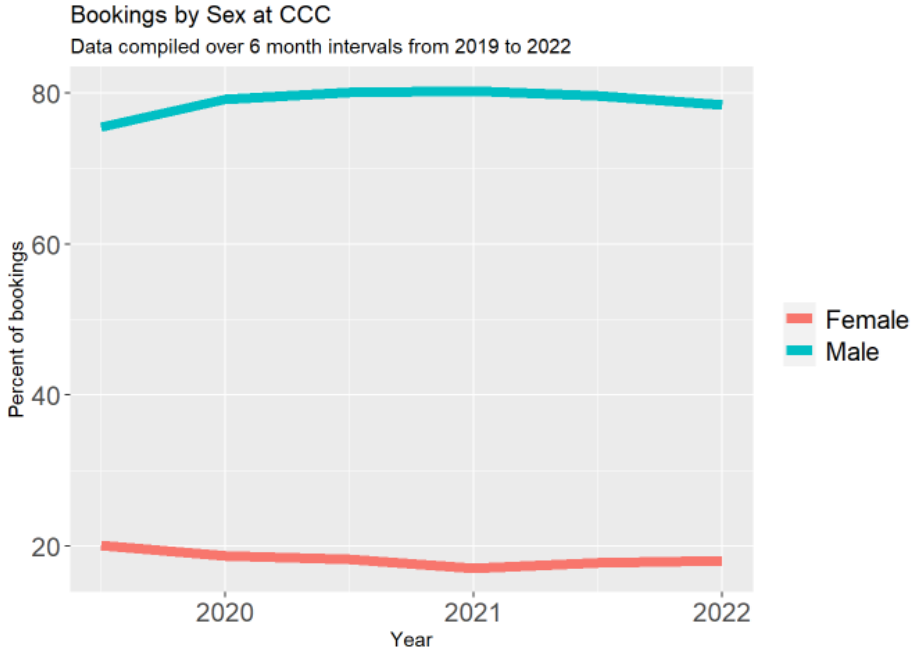
Outcomes: Measures of Suicidality at CCC have Dramatically Decreased

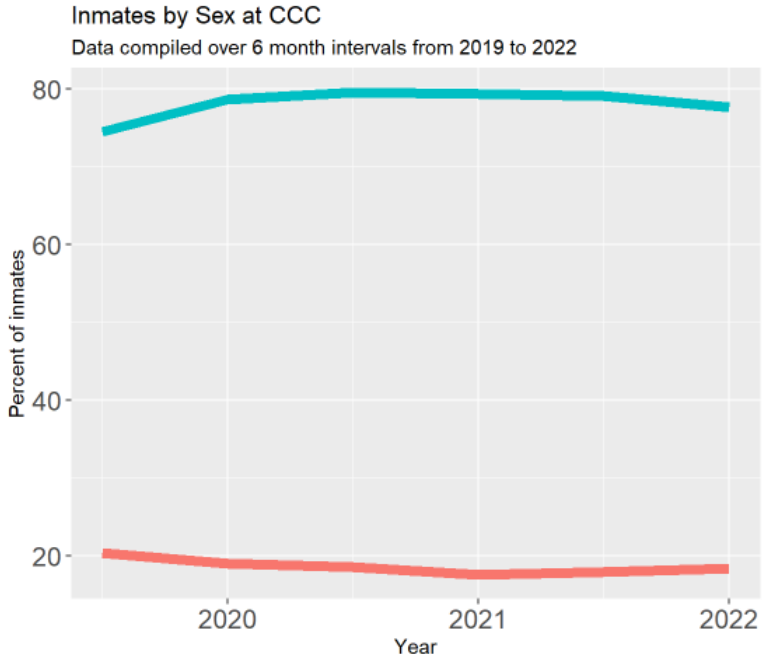



Booking Age Distribution at CCC
Data compiled over 6 month intervals from 2019 to 2022
Percent of bookings
40
30
20
10
2020
2021
2022
Year
18 to 29
30 to 39
40 to 49
50 and over

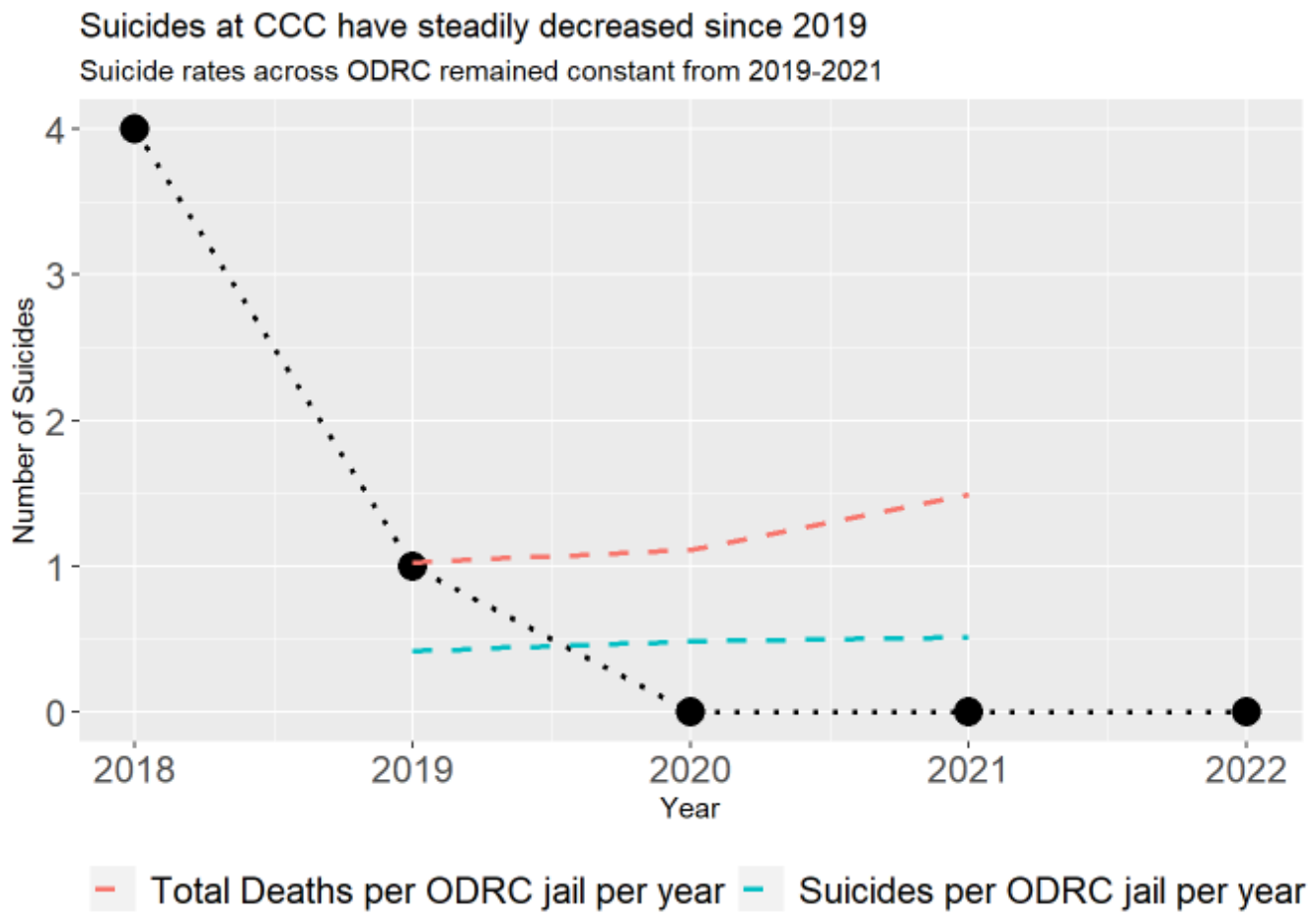

Inmate Age Distribution at CCC
Data compiled over 6 month intervals from 2019 to 2022
Percent of inmates
40
30
20
2020
2021
2022
Year
18 to 29
30 to 39
40 to 49
50 and over


Average Inmate Length of Stay at CCC
Data compiled over 6 month intervals from 2019 to 2022
Length of Stay (years)
30
20
10
2020
2021
2022
Year
Mean
Median
Female
Male


Bookings by Sex at CCC
Data compiled over 6 month intervals from 2019 to 2022
Percent of bookings
80
60
40
20
2020
2021
2022
Year
Female
Male


Inmates by Sex at CCC
Data compiled over 6 month intervals from 2019 to 2022
Percent of inmates
80
60
40
20
2020
2021
2022
Year

Suicide Rates at CCC versus Ohio Department of Rehabilitation & Corrections (ODRC) Jails



Summary

- MetroHealth initiated multiple quality improvement interventions aimed at treating mental health conditions and reducing suicidality at the CCC
  - Education/training programs for medical & security staff
  - Increased inmate access to behavioral health professionals (social workers, psychiatrists, psychologists, addiction medicine teams)
  - 7-day precaution follow-ups
  - Group therapy
  - COVID-19 isolation support

- Appointments with behavioral health staff dramatically increased

- Incidences of self-injury, suicide attempts, and completed suicides decreased

- 0 completed suicides since MetroHealth become the contracted healthcare provider at the CCC

- Inmate demographics stayed relatively constant over this period.

Literature Review

- Chui, Venus (2018)
  - Venus Chui. **Correcting Correctional Suicide: Qualified Immunity and the Hurdles to Comprehensive Inmate Suicide Prevention,** 59B.C.L. Rev.1397 (2018), http://lawdigitalcommons.bc.edu/bclr/vol59/iss4/6
- Favassa, Armando, (2006)
  - Favassa, Armando. **Why Patients Mutilate Themselves,** Hospital and community Psychiatry 1989, 40, 137-145
- Hayes, L. M. (2006)
  - Hayes, L. M. (2006). Suicide prevention in correctional facilities: An overview. In M. Puisis (Ed.), Clinical practice in correctional medicine (2nd ed., pp. 317–328). Philadelphia, PA: Mosby-Elsevier.
  -
- Hayes, L.M. (2013)
  - Hayes, L. M. (2013). **Suicide prevention in correctional facilities: Reflections and next steps.** International Journal of Law and Psychiatry, 36, 188–194.
- Harrison, K.S. & Rogers, R., (2007)
  - Harrison, K.S. & Rogers, R. **Axis 1 Screens and Suicide Risks in Jail: A Comparative Analysis and Assessment**, 14(2), 171-180.
- Hooley and Franklin, (2017)
  - J.M. Hooley, J.C. Franklin **Why do people hurt themselves? A new conceptual model of nonsuicidal self-injury**
  - Clin. Psychol. Sci., 6 (3) (2017), pp. 428-451
- Pattison and Kahan, (1983)
  - E.M. Pattison, J. Kahan **The deliberate self-harm syndrome**
  - Am. J. Psychiatry, 140 (1983), pp. 867-872
- Walsh, B W, (2006)
  - Walsh, B.W. **Treating Self Injury- A practical guide** Guileford: New York, NY, 2006.