

## Minnesota Department of Corrections

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**Policy Number:** 500.300  
**Title:** Mental Health Observation  
**Effective Date:** 12/3/19

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**PURPOSE:** To provide increased monitoring for any offender/resident who demonstrates serious mental illness, or a potential for harm to self or others.

**APPLICABILITY:** All facilities

**DEFINITIONS:**

Camera observation – observation via a camera and monitor. The image must be sufficiently clear and comprehensive so that the observing officer can easily determine whether self-injury is occurring. There must be no blind spots in the camera coverage, and offenders/residents must not be allowed to cover themselves such that an observer cannot determine the offender’s/resident’s status.

Continuing observation status (COS) – an offender/resident status minimally involving staff observation of the offender/resident (physically or electronically) on a continuing and frequent basis, with all medications administered by directly-observed-therapy. At some facilities, a step-down status is available involving increased behavioral monitoring in a normal living unit, allowing the offender/resident to participate in normal activities and programming.

Log behavior – a requirement that the assigned officer log the offender’s/resident’s current behavior at specified intervals (e.g., “sleeping,” “pacing,” “eating,” “shouting,” “sitting quietly,” etc.).

Physical observation – the assigned officer performing a direct (not by camera) observation of the offender/resident at a specified interval and logging the results of that observation. The observation may take place without entering the cell/room, so long as the officer is able to make a clear and unquestionable determination of the offender’s/resident’s safe condition, including a determination that the offender/resident is breathing and not in obvious physical distress.

Serious mental illness (SMI) – psychotic disorders, bipolar disorders, and major depressive disorder; and any other diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person’s ability to meet the ordinary demands of living and requires an individualized treatment plan by a mental health professional.

**PROCEDURES:** Each facility has designated observation cells or rooms designed to reduce the risk of offender/resident suicide or injury to self or others and to ensure the continuing observation of that offender/resident.

A. General procedures

1. Continuing observation status (COS) may be ordered by any mental health provider or a watch commander. COS minimally involves staff (physically or electronically) observing the offender/resident on a continuing and frequent basis, and medication administration only by directly-observed-therapy. Non-medical (or non-behavioral health) staff monitoring COS must be of the same gender as the offender/resident being monitored, except in exigent circumstances.

2. The watch commander must notify health services and mental health staff (including the on-call mental health provider if after regular business hours) whenever an offender/resident is placed on COS, including communication of any suspected drug or alcohol use. A nurse observes the offender/resident on each working day.
3. On each working day, a mental health provider must visit and review any offender/resident on COS; must consult with the facility mental health director or designee regarding the case; and must document the contact in the offender's/resident's mental health file.
4. If an offender/resident on COS is mute or otherwise unable to effectively communicate (e.g., due to confusion), a mental health provider must request that health services staff assess the offender/resident.
5. A transfer to in-patient mental health care must be considered for any offender/resident on COS.

B. Determining the conditions of observation

1. Normally, a mental health provider orders COS using a Continuing Observation Order form (available on the general Behavioral Health iShare page), specifying the conditions necessary for the safety of the offender/resident. The conditions may include:
  - a) Logging the offender's/resident's behavior at specified intervals;
  - b) Checking the offender/resident for obvious physical distress at specified intervals;
  - c) Removing objects from the offender's/resident's cell/room that might be used to cause injury to self or others (e.g., clothing, underwear, sheets, keep-on-person (KOP) medication, sharp objects, glass, metal, eye glasses, belts, shoelaces, plastic bags, dentures, canes/crutches, reading material); or
  - d) Restricting activities (e.g., phone calls, showers, regular vs. bag meals, out-of-cell exercise).
2. If ordered by a watch commander, the initial observation conditions must be the most restrictive. Based on the immediacy of the order, cross-gender, non-medical or non-behavioral health staff may monitor the offender/resident, only until the assignment of same gender staff is operationally possible.
3. Modification of the COS conditions, or the termination of this status, must be determined by a department-employed licensed mental health provider, or an unlicensed mental health provider in consultation with a licensed provider.

C. Documentation:

All actions regarding offender/resident COS must be fully documented by the provider. The minimum requirements at the time of COS placement include:

1. Completion of a COS Order (which may be completed by the watch commander); The COS order is available on the general Behavioral Health iShare site;
2. Entry in the iShare Significant Incident log;
3. A brief comment in the correctional operations management system (COMS), in the offender's/resident's base file health profile, specifically for mental health; and
4. A clinical note.

An additional incident report concerning the placement is not necessary, unless the mental health staff actually witnessed the offender/resident behavior which resulted in COS placement.

**INTERNAL CONTROLS:**

- A. Continuing observation orders and supporting clinical documentation are stored in offender/resident mental health charts.
- B. A summary listing of significant behavioral health incidents, including all COS placements is maintained on iShare.

**ACA STANDARDS:** 4-4373 and 4-4350

**REFERENCES:** [Minn. Stat. § 241.021, subd. 4](#)  
[Policy 500.1261, “Health Care for Juvenile Residents and Youthful Offenders”](#)

**REPLACES:** Policy 500.300, “Mental Health Observation,” 3/26/18.  
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

**ATTACHMENTS:** Continuing Observation Order form (on the [general Behavioral Health iShare site](#))

**APPROVED BY:**

Deputy Commissioner, Community Services

Deputy Commissioner, Facility Services

Assistant Commissioner, Operations Support

Assistant Commissioner, Facility Services

**Instructions**

[500.300RW, “Observation and Vocational Restriction”](#)