DEPARTMENT OF CORRECTIONS

Policy Number:	**500.300**
Title:	**Mental Health Observation**
Effective Date:	**3/25/26**

PURPOSE: To provide increased monitoring for any incarcerated person/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 assigned officer can easily determine whether self-injury is occurring. There must be no blind spots in the camera coverage, and incarcerated individuals/residents must not be allowed to obstruct the observer's view in any way that prevents a clear determination of their safety or condition.

Continuing observation status (COS) – an incarcerated person/resident status minimally involving staff observation of the incarcerated person/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 incarcerated person/resident to participate in normal activities and programming. COS is a clinical and safety intervention intended to monitor individuals who may be experiencing serious mental illness or are at risk of harm to self or others. It must not be used as a substitute for disciplinary segregation, for medical purposes, or general behavior management.

Log behavior – a requirement that the assigned officer log the incarcerated person's/resident's current behavior at specified intervals (e.g., "sleeping," "pacing," "eating," "shouting," "sitting quietly,").

Physical observation – the assigned officer performing a direct (not by camera) observation of the incarcerated person/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 incarcerated person's/resident's safe condition, including a determination that the incarcerated person/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:

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 incarcerated person/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 incarcerated person/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 incarcerated person/resident is placed on COS, including communication of any suspected drug or alcohol use. A nurse observes the incarcerated person/resident on each working day.

3. On each working day, a mental health provider must assess any incarcerated person/resident on COS, consult with the facility mental health director or designee regarding the case, and document the contact in the incarcerated person's/resident's electronic health record. COS reassessment typically does not occur in-person after hours, on weekends, or holidays; however, if the incarcerated person's/resident's condition appears to worsen or urgent clinical concerns arise when mental health staff are not on site, the watch commander must notify the on-call mental health provider to determine if earlier reassessment is warranted.

4. If the incarcerated person/resident on COS demonstrates behaviors suggesting potential physical health concerns, a mental health provider must request that nursing or medical staff review the situation and determine appropriate follow up.

5. A transfer to in-patient mental health care must be considered for any incarcerated person/resident on COS.

B. Determining the conditions of observation

1. A mental health provider orders COS using a Continuing Observation Order form (attached), specifying the conditions necessary for the safety of the incarcerated person/resident. The conditions may include:
   a) Logging the incarcerated person's/resident's behavior at specified intervals;
   b) Checking the incarcerated person/resident for obvious physical distress at specified intervals;
   c) Removing objects from the incarcerated person's/resident's cell or 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); or
   d) Restricting activities (e.g., phone calls, showers, regular vs. bag meals, out-of-cell exercise).

2. If COS is 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 incarcerated person/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 DOC-employed licensed mental health provider, or an unlicensed mental health provider in consultation with a licensed mental health provider.

C. Documentation:
All actions regarding incarcerated person/resident COS must be fully documented by the provider. The minimum documentation requirements at the time of COS placement, or by the next business day for clinical documentation when COS placement in initiated during non-working hours, include:

1. Completion of a COS order (which may be completed by the watch commander);
2. Entry in the iShare Significant Incident log;
3. A brief comment in the electronic health record for population into the correctional operations management system (COMS), in the incarcerated person's/resident's mental health profile; and
4. A clinical note.

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

STATE CORRECTIONAL FACILITY SECURITY AUDIT STANDARDS: None

INTERNAL CONTROLS:

A. Continuing observation orders and supporting clinical documentation are stored in incarcerated person's/resident's electronic health record.

B. A summary listing of significant behavioral health incidents, including all COS placements is maintained on iShare.

STATE CORRECTIONAL FACILITY SECURITY AUDUT STANDARDS: None

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," 12/3/19.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Continuing Observation Order form (500.300B)

APPROVED BY:
Commissioner of Corrections