I. **PURPOSE:**
The purpose of this directive is to provide procedures and guidelines for the Inmate Peer Support Program to assist Mental Health and Security by providing actual observation of inmates on suicide watch and by reporting/alerting staff to the levels of activity observed related to the inmate’s suicidality and/or other behavioral health reasons.

II. **APPLICABILITY:**
To all Department of Corrections staff, contracted employees and volunteers.

III. **POLICY:**
The New Hampshire Department of Correction (DOC) shall maintain an Inmate Peer Support program to provide supportive assistance with inmates identified as suicide risks and to recognize the warning signs of suicidal behavior in inmates who are placed under observation pursuant to PPD 6.10 Suicide Prevention and Intervention. In all instances, the intent of this program is to have an Inmate Peer Supporter provide a service in support of the work of clinicians and security and is always under the direction of staff. Inmate Peer Supporters are intended to augment the existing requirements of staff in these situations.

The Inmate Peer Support Program may be maintained twenty-four (24) hours a day, seven (7) days a week, in each area designated for use to facilitate the safe and direct observation of those inmates on suicide watch at the DOC facilities.
IV. PROCEDURES
A. Selection of an inmate peer supporter
1. An inmate will be considered for the volunteer position of “Inmate Peer Supporter” when they can satisfy the following:
   a. It can be reasonably determined the inmate’s sentence shall be at least one year or greater to be considered as an Inmate Peer Supporter. This is to reduce the potential for an inordinate amount of vacancies, allow appropriate training time, and maximize the effectiveness of the Peer Support Program.
   b. An application is provided to the facility clinician assigned to track these volunteers. The application describes why the inmate wants to be an inmate peer supporter and the reasons they would be a good candidate.
   c. The inmate receives a recommendation from the clinician assigned by the Administrator of Forensic Services or designee based on their evaluation of the inmate’s ability to be alert, empathetic, and successful in the required training.
   d. The inmate obtains the required security clearance per PPD 7.15 for Security Sensitive Jobs.
   e. The inmate successfully completes the training and orientation as described in Section B below.
2. Each facility shall have a mental health clinician, to screen, select, and assign Inmate Peer Supporters. The assigned clinician will keep an active up-to-date list of inmate peer supporters for their facility in our electronic offender management system (CORIS) located by assigning the appropriate Alert under Suicide Prevention and selecting Peer Supporter. This list will be available through the Alerts Lookup report. Additionally, Inmate Peer Supporters must receive the required training, successfully pass the prescribed examination, and be certified by a Psychological First Aid Instructor through NH Department of Health and Human Services or like program before being assigned.
   a. When screening prospective inmates for the position as a Inmate Peer Supporter, the assignment clinician should look for qualities such as, but not limited to, alertness, empathy, compassion, conscientiousness, and high motivation. The clinician should also be reviewing the inmate’s own resiliency in doing this volunteer work.
   b. Each Inmate Peer Supporter candidate must have clearance by security prior to receiving training or assignment as an Inmate Peer Supporter. They must also meet the criterion for Security Sensitive Jobs per PPD 7.15 (Attachment A).
3. A prospective inmate peer supporter will not be disqualified by virtue of needing their own mental health services. Where an inmate is determined as needing mental health services, the inmate must be evaluated by mental health and be determined suitable on a case-by-case basis for the volunteer position of inmate peer supporter.
4. The medical staff or mental health staff shall give prompt notification to the Shift Commander, or designee, of any Inmate Peer Supporter who is unable to perform the prescribed duties because of medical reasons that could impair the Inmate Peer Supporter's effectiveness or create a risk.
5. The Inmate Peer Supporter should immediately report to the Shift Commander or Medical Officer if they are unfit or unwilling to perform the duties of the position. This includes but is not limited to: illness, medications, disciplinary infractions or other reasons that may interfere with or prohibit fulfilling the responsibilities of the position.
6. Upon receiving such notification, the Shift Commander, or designee, shall notify the Medical Officer who shall find a suitable replacement for the scheduled Inmate Peer Supporter.
7. It will be the responsibility of Security to monitor and take action to temporarily remove any Inmate Peer Supporter from their position if there are infractions or reasons that the inmate should not or cannot perform the duties as an Inmate Peer Supporter. These include
but are not limited to disciplinary reports, keep-a-ways, medical alerts and any other concerns that may jeopardize security and/or the well-being of inmates under observation. Security shall refer any findings to the Administrator of Forensic Services for review and determination to remove the Inmate Peer Supporter from the program.

B. Training of Inmate peer supporters

Inmate Peer Supporters are required to attend and successfully complete an orientation and educational program in suicide prevention, administered by the Department's Behavioral Health Unit, a Psychological First Aid Instructor or other evidence-based program as sanctioned by the Director of Medical & Forensic Services. Failure of any inmate to participate as required may be grounds for removal from the program. No inmate shall be permitted to work as an Inmate Peer Supporter who has not fulfilled the requirements of the departmental training program for Inmate Peer Supporters. This curriculum will consist of a four (4) hour education series on:

- Suicidal behaviors,
- Recognizing and reporting mental health/medical concerns,
- Development of listening skills & communication,
- Common behaviors of diagnostic groups, and
- Confidentiality.

Peer Supporters may use a variety of supportive tools, to include:

- Training exercises from inner health studio-relaxation worksheets, deep breathing exercise, education on tension and stress, meditation and changing negative thinking patterns.
- Handouts from approved workbooks.
- Clinical team may also provide worksheets as appropriate.
- Psychological First Aid training provided by Department of Health and Human Services or certified instructor, or other evidence based programs.

C. Deployment of peer supporters

Inmate Peer Supporters shall only be assigned through a provider’s documented recommendation in the medical record. The provider will need to determine that the inmate would benefit from their support while on observation. This is best accomplished by a conversation with the inmate and other staff who are providing care and monitoring of the inmate. The provider shall write a recommendation indicating that a peer supporter can be deployed. The treatment staff involved will review all Inmate Peer Supporter log entries and determine continued need for support as the observation level continues pursuant to PPD 6.10. Inmate Peer Supporters will not have physical contact with inmates on observation and are only to act as peer supporters. If an emergent issue or concern is noticed, peer supporters are directed to alert security through use of their whistle or other appropriate means. Peer supporters will provide listening and observation skills, worksheets and other tools through closed and secured doors, providing a safe distance between inmates at all times.

D. Peer supporter roster

The Behavioral Health and Medical team for each facility shall maintain an up-to-date roster in CORIS of Inmate Peer Supporters to provide support twenty-four (24) hours a day, seven (7) days a week or as needed. The Behavioral Health team and nursing shall ensure their respective facilities maintain the list of Inmate Peer Supporters who are qualified and pre-approved to act as immediate backfill for loss of Inmate Peer Supporters due to inmate discharges, transfers, change in classification status, or other unforeseen factors that result in an immediate decrease of available Inmate Peer Supporters from the active list. The security staff requesting a peer supporter will have to review CORIS prior to assignment to an offender to ensure there are no keep-aways. The Shift Commander or designee shall notify the Housing Supervisor who shall call for a replacement if the scheduled Inmate Peer Supporter is unable to perform task with a suitable replacement.
A print out of the roster shall also be maintained in the Medical Control Room(s), nurses’ station or other designated area in the event of a power failure or technical issue.

E. Inmate peer supporter duties

Inmate Peer Supporters shall:
1. Conduct a dialogue with inmates placed under observation due to suicidality. Assist with coping skills and decrease the feelings of segregation and isolation.
2. Promptly report any unusual or suicidal behavior to the Corrections Officer on duty assigned to the area,
3. Talk with inmates in an effort to identify their needs and communicate those needs to the Corrections Officer on duty.
4. Provide whatever assistance the Corrections Officer or supervisory staff directs following a suicide attempt or suicidal gesture.
5. Make appropriate logbook entries as required in this directive.

F. Equipment

While on duty, each Inmate Peer Supporter shall be assigned the following equipment, which must be in working order:
- A watch or access to a working clock
- A means to document and track their work as assigned
- Whistle or alert system

1. The Officer assigned to the observation area must notify their supervisor if any of the above listed equipment is not operational or not available to ensure prompt replacement.
2. The Officer shall be responsible for issuing the above listed equipment to each Inmate Peer Supporter at the commencement of their scheduled duties and retrieving the equipment at the completion of the inmates assigned duties.

G. Scheduling and benefits

1. Inmate Peer Supporters will be assigned to a suicide watch cell to provide peer support for a four-hour shift and may be allowed to return following a four-hour break.
2. Inmate Peer Supporters shall only be scheduled to work in shifts lasting no greater than four (4) hours at one time.
3. Inmates that participate in good standing in the Peer Support program for eight months will be considered a level two accomplishment and shall be issued a certificate acknowledging their meaningful participation was deemed valuable to the inmate’s rehabilitation and will be eligible for consideration under PPD 5.11 Earned Time Credit Provisions for Mental Health.
4. Inmates providing Inmate Peer Support services during meal times will be provided a cell feed delivered to the medical unit and may eat at assigned cell.
5. Any Inmate Peer Supporter who completes a level two accomplishment (16 months) will receive a synopsis of their services by a formal letter with an overview of the program, an explanation of their contribution and words reflecting appreciation for their service.

H. Dismissal of peer supporters

1. Inmate Peer Supporters may request to be removed from the program at any time. The reason for such request shall be noted in CORIS in the notes section by the clinician overseeing the facility program.
2. In all instances where an Inmate Peer Supporter has been removed, it shall be the responsibility of the Shift Commander or designee to ensure that a suitable replacement is assigned from the active list of Inmate Peer Supporters.
3. Inmates may be removed from the program for:
   a. improper performance of duty;
   b. sleeping on duty;
c. improper conduct;
d. violation of inmate rules;
e. encouraging an inmate to attempt suicide or to commit a suicidal gesture; or
f. violating the confidentiality of those receiving any service in the Health Care Services unit.

4. Inappropriate job performance may result in disciplinary action. Pursuant to PPD 5.25, Processing Spot, Disciplinary, Incident & Intelligence Reports, section IV C, 3, (l.). The facility Chief of Security, may for cause, upgrade a minor “B” violation to an “A” level offense. Documentation justifying the upgrade must be available to the Warden and Commissioner during the appeals process. Staff facilitating these disciplinary actions in cases where a peer supporter is removed for inappropriate job performance, will take this option into account when documenting the recommended disciplinary action.

5. Failure to promptly report a suicide attempt or a suicidal gesture will result in disciplinary action and possible criminal charges if appropriate.

6. Improper performance of a less serious nature, such as failure to make entries in the inmate peer supporter logbook or a non-cooperative attitude, may also result in dismissal. In such cases, staff need not prepare an infraction report; however, the Corrections Officer dismissing the Inmate Peer Supporter will note such in CORIS and shall notify the shift commander of such action. Notifications by security will be made to Behavioral Health and medical staff to remove the inmate from the Inmate Peer Support list.

I. Inmate peer support logbook
In order to provide a system of accountability, the Department shall provide logbooks in each health services center, where Inmate Peer Supporters are assigned. These logbooks shall only be used as per the provisions noted below:
1. The logbook shall be labeled "Report of Activity - Inmate Peer Supporter" (Attachment B)
2. The logbook shall be kept at the nurses’ station and requested by the inmate when needed. The Inmate Peer Supporter shall not be permitted to enter the nurses’ station to obtain the logbook or to make log entries.
3. All entries shall be printed legibly, in ink.
4. Inmate Peer Supporters must make daily entries into logs and include all incidents of suicidal or unusual behavior or any behavior or action exhibited by an inmate and reported to security that may indicate the need for medical treatment and/or mental health evaluation in the log.

The sample log entry below is an example of what to include:

An inmate sitting on bed, appearing to be in a depressed state; talking to someone when in fact, no one is present; or is seeing objects or hearing voices that do not exist.

5. The Inmate Peer Supporter shall make all appropriate entries at the end of each shift.
6. Security and nursing will initial each entry every four hours to ensure appropriate documentation and review of any general non-emergent concerns. Security and nursing will initial the log before their change of shift if the four hours a peer supporter is volunteering crosses over shifts.

J. Security post officer duties/ responsibilities
The Corrections Officer(s) assigned to the Health services center security post or any other area within the DOC facilities where a suicide watch is being conducted shall ensure all obligations by security staff are followed as outlined in PPD 6.10 Suicide Prevention and Intervention as
ordered by the psychiatric provider instructing the observation level (e.g. 15 minute checks). In addition, the officer shall ensure that the Inmate Peer Supporter is prepared to perform duties within the health services area. The Corrections Officer(s) shall:

1. Obtain the appropriate equipment from the Control Room or designated secured area for each Inmate Peer Supporter assigned to the Medical unit.
2. Record the following information in the Inmate Peer Supporter Logbook:
   a. Name and number of each Inmate Peer Supporter on duty.
   b. Name and number of any Inmate Peer Supporter who is replaced or relieved during the Officer's tour of duty.
   c. Name of inmate and ID number being supported by Inmate Peer Supporter
   d. Officer will sign their initials on the Log Book when the Peer Supporter is dismissed from their volunteer post each time.
3. Notify the Shift Commander or designee of any Inmate Peer Supporter who is replaced or relieved during his/her tour of duty.
4. Ensure that the Inmate Peer Supporter who is scheduled to work is on post and performing the prescribed duties.
5. Notify the Shift Commander or designee of any Inmate Peer Supporter who cannot perform the prescribed duties.
6. Complete an incident report on any inmate who has attempted suicide, is displaying suicidal behavior, or is exhibiting behavior that may indicate the need for medical treatment and/or mental health evaluation by Inmate Peer Supporters using the emergency alert system prior to the end of shift.
7. Review for appropriate entries in the Inmate Peer Supporter Logbook.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards
   4-4373, 4-4393

Standards for Adult Community Residential Services
Fourth Edition Standards
   4-ACRS-4C-16

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

Attachment A: Volunteer Review Form

Attachment B: Report of Activity - Inmate Peer Supporter Log

MATTIS/jc
### Section 1 – Inmate Information

**Date:**

**Inmate’s Name:**

**CORIS #:**

---

### Section 2 – Current Supervisor

**Date:**

**Comments:**

**Signature:**

Recommended  Yes / No

---

### Section 3 – Proposed Volunteer Site

**Date:**

**Comments:**

**Signature:**

Recommended  Yes / No

---

### Section 4 – Mental Health Recommendation

**Date:**

**Comments:**

**Signature:**

Recommended  Yes / No

---

### Section 5 – Security Recommendation

**Date:**

**Comments:**

**Signature:**

Recommended  Yes / No

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### Section 6 – Security and Operations (Sensitive Job/Volunteer Assignments Only)

**Date:**

**Assigned:**  Yes / No  

**Start Date (if Applicable):**
Criteria for inmates to be approved for security sensitive jobs/volunteer posts as listed in NH DOC PPD 7.15

Sentence:
- Life w/o the possibility of parole  ..........  Must be 5 years post-sentence
- Minimum of 20 years or greater ..........  Must be 3 years post-sentence
- Minimum of 10 to 20 years ..........  Must be 2 years post-sentence
- Minimum of less than 10 years ..........  No restriction based on sentence

Crime:
- Currently serving sentence for escape ..........  Classified C3 for at least 5 years
- Offenses of extreme violence ..........  No specific restriction – Can be considered on a case by case basis
  (Murder, attempted murder, assault w/weapon, Use of weapon during the crime)

Escape History, but not currently serving sentence for escape:
- Escape ..................................  5 years after
- Walk-away ..................................  3 years after
- Absconding ..................................  1 year after

Documented Institutional History:
- Possession of Contraband ..................  5 years after most recent event
  (Escape Implements)
- Possession of Contraband ..................  2 years after most recent event
  (Dangerous Materials, Drugs, Weapons)
- Positive Drug Screen ..................  1 year after most recent event

Disciplinary History:
- Major Infraction ..........................  60 days after hearing or plea
- Minor Infraction ..........................  No Restriction

Notes:
Keep-away lists should be reviewed for all inmates in an effort to maintain security and safety.

The Unit Management Team should review all inmates to assess suitability, genuine interest, and motivation to participate in the specific activity/work assignment.

Inmates volunteering in these areas are subject to removal if their actions make them noncompliant with original approval standards.

Recommendations against volunteer approval can be offered in spite of approval standards. These would be based on unusual circumstances, confidential intelligence information, and firsthand knowledge of the inmate.

Any exceptions to these standards will only be approved by the Chief of Security or higher authority.

*************** Return to Mental Health after completion and file in Medical Record under Legal  ***********************
Report of Activity - Inmate Peer Supporter

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<th>Time Out</th>
<th>Inmate Observed/ID #</th>
<th>Inmate Peer Supporter/ID #</th>
<th>Observations/Concerns</th>
<th>Skills/Worksheets Used</th>
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<th>Nursing Initials</th>
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Facility:  ☐ NHSPM  ☐ NHSPW  ☐ NCF  ☐ SPU/RTU

Attachment B