



Preventing Suicide In Jails: A Program Analysis

Innovative Solutions for Common,
Systemic, Classification, and
Housing Challenges

Executive Summary

Security administrators of jails have sought to carefully analyze their suicide prevention programs, examining conventional practices regarding suicide observations, special needs classification, and systematic removal of inmates from suicide watch. In most jails, challenges in suicide intervention can span many areas including: the ability of staff to identify high-risk inmates at intake, insufficient training for officers, and an institutional culture contributing to lack of accountability.

Perhaps an even bigger challenge commonly faced by jails (especially older facilities) is housing limitations from structural (physical) design or layout. Accommodating the direct needs of mentally ill inmates in older, more antiquated facilities can prove to be a major challenge, especially for those inmates with severe mental illness and tendencies to self-harm. A big question for these jails then becomes: How do we manage mental illness within a structure or setting that is ill-equipped to address the mental health needs of special populations?

The Falcon Approach to a Suicide Prevention Program

Falcon experts provided assistance to a jail that sought answers to this question. Jail Administrators for this facility aimed to establish a “best practice” suicide prevention system but the structural layout was a significant obstacle. Based on an on-site system analysis and interviews with key security staff, Falcon investigated how physical structure and layout hindered the implementation of an effective suicide prevention program and process.

Areas of examination included:

- The Facility’s Current Suicide Prevention System
- The Facility’s Classification System and Operations – Housing and Special Needs Categories
- Current Suicide Intervention Process for Male Inmates (Including Special Management Inmates)
- Current Suicide Intervention Process for Female Inmates (Including Special Management Inmates)
- Current Suicide Prevention Criteria and Guiding Principles
- Current Process in Handling Special Problem Areas

Areas of questioning included:

- Was the current suicide prevention system in the facility appropriate?
- Given the facility's structural limitations, did the suicide prevention system follow industry standards?
- Were monitoring and management protocols consistent with best practices?
- Considering physical layout, were booking observation procedures appropriate?
- Were overflow watches handled and followed consistently and according to best practices?
- When inmates were determined to be no longer at risk, did the facility utilize a “step-down” process to safely transition inmates into the General Population (GP)?
- If not, how could this be safely implemented considering structural limitations?
- Finally, how did the facility's cultural values promote or hinder the safe management of its special populations?

Falcon worked with this facility to answer these specific questions and helped provide practical, sustainable solutions that enabled the safe and secure management of high-risk populations.

Existing Suicide Prevention System

The jail's existing suicide prevention system was appropriately designed to follow industry standards but was limited by facility structural layout. The system involved processes that combined level 1 and 2 suicide watch observations (as defined by NCCHC). This entailed strip ceiling, placing the inmate in a suicide gown, removing all items and property for precaution, and 15-minute observations. Medical and mental health staff utilized a “clinical monitoring” policy to manage the inmate while on suicide watch. Security made all efforts to coordinate monitoring and management with healthcare staff by consistent communication and collaboration.

Suicide Intervention for Male Inmates

Suicide Watch for All Male Inmates. When male inmates became suicidal or expressed suicidal ideations, they were immediately placed on suicide watch in the booking area of the jail. Staff utilized booking observation areas “A” and “B” to place male inmates on suicide watch. They also utilized “C” and “D” if and when more cells were needed. Suicidal inmates from booking were eventually transferred to “2D” and “3D”. Overflow from these cells were placed in “2D” (cells 11, 12) and “3D” (cells 11, 12). These cells were the most visible areas in these units. Inmates continued their time on suicide watch here until mental health staff further determined their clinical disposition. When staff determined that

inmates were no longer at risk for suicide, the facility wanted to utilize a “step-down” process. However, they were faced with challenges and needed assistance to safely implement the process. Due to classification issues, Maximum inmates had been difficult to “step-down,” or “transition” into GP safely, which prompted administration to seek alternatives.

Considering the structural and classification limitations, staff still managed Maximum inmates safely on a case-by-case basis. For severe cases, maximum inmates remained on suicide watch for a longer period of time and carefully monitored, before being released to GP. Once released, security was encouraged as much as possible to seek open, observable housing.

Process After Analysis. Based on an analysis of housing, structural layout, current suicide intervention system, and incorporation of standards (as much as possible), the following was recommended as the suicide intervention and step-down system for male inmates:

For Minimum/Medium Security Level Inmates. The management and housing of minimum and medium-classified suicidal inmates were appropriate. The facility proceeded with the existing process for management and housing of these inmates beginning at booking. From booking, these inmates were transferred to designated, highly visible cells (such as “2D” and “3D”) to further serve their time on suicide watch. Security appropriately suicide proofed all cells. Security continued 15-minute observations and provided documentation that 15-minute checks were completed. The facility followed Level 1 and 2 Suicide Watch Criteria throughout the inmates’ time in booking, as well as when transferring the inmates to the designated cells (described above). Because the cells were located in a pod that included other non-suicide watch cells, it was critically important that security took all precautions to restrict or inhibit the passing of objects or items to inmates on suicide watch.

When a Mental Health Professional (MHP) determined that these inmates were no longer at risk for suicide and could be “stepped-down,” it was recommended that staff transfer all “transitioning” inmates classified as minimum or medium to Dayroom “1”. Dayroom “1” was selected as an appropriate “step-down” or “transitional” dorm due to its openness, line of sight, and the ability for inmates to be socialized and housed with others. The size of this dayroom also corresponded well to the size of the facility’s “high-risk” population. To maximize effectiveness, the use of this dayroom as a “step-down” unit followed established criteria outlined in “Specific Criteria and Guiding Principles” developed by Falcon that included training, implementation, and monitoring programs.

For Maximum Security Level Inmates. The management and housing of maximum suicidal inmates at booking was appropriate. The facility proceeded with the existing process for management and housing of these inmates beginning at booking. The process entailed the following:

From booking, these inmates were transferred to the most visible cells (such as “2D” and “3D”) to further serve their time on suicide watch. Security appropriately suicide proofed all cells. Security continued 15-minute observations and provided documentation that 15-minute checks were completed. The facility followed Level 1 and 2 Suicide Watch Criteria throughout the inmates’ time in booking, as well as when transferring the inmates to the designated cells as described above. Because the cells were located in a pod that included other non-suicide watch cells, it was important that security took all precautions to restrict or inhibit the passing of objects or items to inmates on suicide watch.

When a MHP determined that these inmates were no longer at risk for suicide and could be “stepped-down,” it was recommended that staff transfer all “transitioning” inmates classified as maximum to areas that were suggested as the most appropriate housing options to transition these inmates safely into GP. “Area 1” held 8 individual cells within an open dayroom and were visible to the station officer positioned centrally within the unit. All dayroom structures for maximum inmates in “Area 1” had similar layouts. Cells “1” and “3” were suggested to be the most visible to the station officer. Doors to the cells prevented complete openness, but the openness of the dayroom allowed visibility and line of sight from the station directly to the cells. To be effective, the use of these cells as “step-down” cells was consistent and followed “Specific Criteria and Guiding Principles” developed by Falcon.

As an added precautionary step, continued awareness of those released from watch (“transitioning” inmates) was encouraged. Those inmates in a suicide smock commonly received all focus but due to adverse events, recovering inmates could quickly decompensate and complete suicide. Decreased focus on transitioning inmates was dangerous and led to higher levels of completions. Decreased focus on transitioning inmates occurred when staff was not able to readily identify those with recent suicide watch histories. To strengthen the step-down process, it was recommended that the facility develop a flagging system for those who were “stepping-down” or “transitioning” from watch and incorporate this into its training and facility classification procedures. As part of the process, a MHP would be required to evaluate inmates in the step-down phase for appropriateness to be released into GP.

Suicide Intervention for Female Inmates

Suicide Watch for All Female Inmates. When female inmates became suicidal or expressed suicidal ideations, the facility immediately placed them on suicide watch in the booking area of the jail. Booking observation areas “3” and “4” were utilized for this purpose. “Dayroom 3” (female holding) also was used if and when more cells were needed. The facility eventually transferred suicidal inmates from booking to the most easily visible cells in “Dayroom 2”. They continued their time on suicide watch until mental health staff further determined their clinical disposition. Due to a shortage of available open dormitory housing for female inmates, the facility lacked an effective way to “step-down” female inmates. The facility needed all three dayrooms for other purposes as well -- “Dayroom 1” housed Maximum female inmates, “Dayroom 3” housed medium inmates and “Dayroom 2” housed Suicide Watch, Medium Segregation, Disciplinary, and Administrative Segregation inmates. The challenges faced with housing limitations and an inability to “step-down” female inmates prompted Administration to seek alternatives.

Process After Analysis. Based on an analysis of housing, structural layout, existing suicide intervention system, and the greatest possible incorporation of standards, the following was recommended as the suicide intervention and step-down system for female inmates:

The management and housing of female suicidal inmates at booking was an area of concern. Most notably the concern related to the fact that the officers could not see the overflow area (Dayroom “3”) from the intake area work station. The suicide watch cells “1” and “2” were appropriately used for primary placement of female suicidal inmates. However, the facility needed to designate a more suitable area in booking for overflow of these suicide watch inmates. The facility was encouraged to proceed with the process of transferring female suicidal inmates from booking to their most visible cells such as “5,6, 7, and 8” in “3C” (“Dayroom 2”) to continue serving their time on suicide watch. Security appropriately suicide proofed all such cells. Security continued 15- minute observations and provided documentation that 15-minute checks were being completed. Level 1 and 2 Suicide Watch Criteria were followed throughout the inmates’ time in booking, as well as when the inmates had been transferred to highly visible, suicide-proof cells. Because suicide watch cells were located in a pod that included other non-suicide watch cells, it was critically important that security took all precautions to restrict or inhibit the passing of objects or items to inmates on suicide watch.

When a MHP determined these inmates were no longer at risk and could be “stepped-down,” it was recommended that these inmates were placed in the most open and observable cells that also were

most easily visible from the work station. The same cells used for suicide watch in “Dayroom 2” were considered and the inmate was systematically flagged as a “transitioning” inmate. In the event of overflow issues, cells in “Dayrooms 1 and 3” were used, as long as they were easily visible to the work station and did not have blind spots. To maximize effectiveness, the use of these cells as “step-down cells” was consistent and followed “Specific Criteria and Guiding Principles” developed by Falcon that included training, implementation and monitoring programs.

To strengthen the step-down process (and similar to the male process), it was recommended that the facility develop and utilize a consistent flagging system for those who were “stepping-down” or “transitioning” from watch, and incorporate this into its training and facility classification procedures. As part of the process, a MHP would be required to evaluate inmates in the step-down phase for appropriateness to be released into GP.

Specific Recommendations

Recommendation for Female Suicide Watch Overflow Placement at Booking. The management and housing of female suicidal inmates at booking was an area of concern. Most notably the concern related to the fact that the officers could not see the overflow area (“Dayroom 3”) from the intake area work station. The suicide watch cells were appropriately used for primary placement of female suicidal inmates. However, the facility needed to designate a more suitable area in booking for suicide watch overflow of these inmates by discontinuing use of “Dayroom 3” in the booking area and instead transferring overflow directly to the cells used in “Dayroom 2” for suicide watch.

Cellmate Restrictions. As an added precautionary step it was highly recommended that whenever possible all inmates “stepping-down” from a suicide watch be required to have a cellmate at all times. Having a cellmate contributed positively to the socialization aspect of recovery from a “depressed state” and also deterred inmates from attempts especially when opportunities for privacy and isolation were removed.

Multidisciplinary Treatment Team Meetings. It was highly recommended that the facility establish a multidisciplinary treatment team setting to discuss difficult to manage, high-risk, and mentally ill inmates at least once weekly. These meetings could be held in conjunction with Classification meetings. Required attendance from Supervisory level security, Mental Health, Medical, Classification, and other relevant departments was advisable. These meetings were important for increased team communication, consistency, and collaboration that could result in more effective management of high-risk inmates.



ABOUT FALCON EXPERTS

Falcon brings together some of the most distinguished, credentialed leaders in the field with a singular clarity of vision. We aim to elevate behavioral health services within the correctional industry to ensure real, sustainable results for families, communities and society as a whole. Our decades of experience deliver an approach that's disciplined, focused and innovative. With every challenge, we seek partners who share our dedication to transforming mental health services for the inmates in their care.

Falcon reimagines the jails and prisons of the future, built on foundational learning environments that promote change and opportunity. Through proven, safe, and progressive programs, we are passionately committed to helping inmates succeed upon release. And this optimism is at the core of how we tackle every problem - believing that no matter how challenged the system or inmate, transformation is possible when care is innovative, restorative and implemented with both passion and unparalleled expertise.