

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 410.18

EFFECTIVE DATE: 28 June 2024

**SUBJECT: SUICIDE PREVENTION AND
INTERVENTION**

POLICY DIRECTIVE

PURPOSE:

To provide a suicide prevention and intervention program within the Division of Corrections and Rehabilitation (DCR).

REFERENCE:

ACA Expected Practices 5-ACI-1D-10, 5-ACI-1D-12, 5-ACI-6A-35, 5-ACI-6A-36, 5-ACI-6B-08, 5-ACI-6B-12, 5-ACI-6E-01, 5-ALDF-4C-31, 5-ALDF-4C-32, 5-ALDF-4D-08, 5-ALDF-4D-11, 5-ALDF-7B-08, 5-ALDF-7B-10, 4-JCF-4D-07, 4-JCF-6E-08, 3-JDF-1D-09, 3-JDF-1D-10, 3-JDF-1D-10, 3-JDF-4C-35 and 1-JDTP-1D-08; and National Commission on Correctional Health Care (NCCHC) §§P-B-05, J-B-05, and Y-B-05.

RESPONSIBILITY:

The Assistant Commissioner of the Bureau of Juvenile Services (BJS) is responsible for enacting Protocols to ensure compliance with this Policy and provide additional guidelines to BJS facilities and Youth Reporting Centers.

Superintendents within the Bureaus of Prisons and Jails (BPJ) and Community Corrections (BCC) are responsible for enacting Operational Procedures to ensure compliance with this Policy Directive and address local operating issues.

CANCELLATION:

Any previous written instruction on the subject including DCR Policy Directive 410.18, dated 08 October 2021. (This Policy does not cancel or supersede BJS Protocols 410 and 807.)

APPLICABILITY:

All facilities and work units within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution.

DEFINITIONS:

Acutely Suicidal (active): Inmates or residents who are actively engaging in self-injurious behavior and/or threaten suicide with a specific plan. Acutely suicidal inmates/residents are monitored by staff via constant observation.

Nonacutely Suicidal (potential or inactive): Inmates or residents who express current suicidal ideation (e.g., expressing a wish to die without a specific threat or plan) and/or have a recent history of self-destructive behavior. Nonacutely suicidal inmates/residents are monitored by staff at unpredictable intervals with no more than fifteen (15) minutes between checks.

POLICY:

- I. During orientation for all new employees (including contract staff) and annual in-service training each year, procedures for the suicide prevention program (including identification, response and referral of potentially suicidal offenders) will be reviewed.
- II. Inmates and residents may become suicidal at any point during their stay, but high-risk periods include:
 - A. Upon admission (e.g., 2 to 14 days following incarceration).
 - B. Following new legal problems (e.g., within 48 hours of court appearance, new changes, additional sentences, institutional proceedings, denial of parole).
 - C. After admittance to segregation or restrictive housing.
 - D. After receiving bad news regarding self or family (e.g., serious illness, the loss of a loved one).
 - E. After suffering humiliation (e.g., sexual assault) or rejection.
 - F. During the early stages of recovery from severe depression.
 - G. Pending release after a long period of incarceration.
- III. Signs of at-risk inmates/residents who may engage in self-destructive behavior include:
 - A. Engages in or attempts to engage in behavior with potential for self-harm (e.g., swallows razor blades, self-mutilation, hunger strike).
 - B. Threatens to attempt suicide.
 - C. Talks about suicide or self-injurious behavior with staff or other inmates/residents.

- D. Has a documented history of previous suicide attempt(s) or self-harm.
 - E. Exhibits markedly sad, tearful behavior or reduced emotional activity.
 - F. Makes a vague reference to death.
 - G. Displays symptoms of psychosis (e.g., hearing voices, paranoia).
 - H. Appears withdrawn with minimal responding, typically in flat emotionless tone.
 - I. Under the influence of drugs/alcohol.
 - J. Withdrawal from drugs/alcohol.
 - K. Makes references to a problem/concern with vague suggestion that “it will not be a problem much longer.”
 - L. Notice inmate/resident giving away all of possessions.
- IV. Any inmate or resident who threatens suicide will be placed on suicide precautions and referred to medical/mental health staff immediately.
- A. Any staff member who is concerned an inmate/resident may be potentially suicidal shall inform medical/mental health staff immediately.
 - B. Upon discovery of an inmate or resident who is actively attempting suicide, medical staff shall be notified immediately, and first aid or lifesaving efforts shall be initiated by staff.
 - 1. Depending on the circumstances, the inmate or resident will be taken directly to the medical unit or medical staff will be directed to respond to the area where the inmate or resident is located to render appropriate medical care.
 - 2. The Shift Commander will be notified as soon as possible.
 - 3. In the event of a completed suicide, the area where the suicide occurred will become a crime scene and appropriate procedures will immediately be in effect.
 - 4. The Shift Commander shall ensure appropriate notifications are made to facility leadership, the DCR Corrections Emergency Operations Center, and emergency services personnel.
 - 5. Timely debriefing by qualified individuals will be offered to all affected personnel and inmates/residents.

6. Procedures shall be in place for mental health, medical and administrative review for completed suicides.
 7. In the event of an inmate or resident death by suspected suicide, a psychological autopsy will be completed by a Qualified Mental Health Practitioner who is capable as determined by the Mental Health Authority in conducting a psychological autopsy. This is a retrospective reconstruction of the individual's life with an emphasis on the risk factors that may have contributed to the individual's death.
- V. Suicide precautions shall be determined by the provider's clinical judgement.
- A. Acutely Suicidal - Acutely suicidal inmates/residents are monitored by DCR staff via constant observation. In all adult facilities, observations will be appropriately documented on the Offender Watch Log printed from the Offender Information System (OIS). **Attachment #1** provides an example of the log which will have the inmate's name, bed assignment and picture. Juvenile facilities utilize the Observation Sheet provided in BJS Protocol 410.
 - B. Nonacutely Suicidal - Nonacutely suicidal inmates/residents are monitored by DCR staff at unpredictable intervals with no more than fifteen (15) minutes between checks. In all adult facilities, observations will be appropriately documented on the Offender Watch Log (example provided in **Attachment #1**). Juvenile facilities utilize the Observation Sheet provided in BJS Protocol 410.
 1. Other supervision aids (e.g., closed-circuit television, inmate/resident suicide companions, suicide-prevention aides) can supplement, but never substitute for direct staff monitoring/supervision.
 2. Inmate/resident suicide companions must be qualified and trained through a formal program.
 - C. Inmates and residents on suicide precautions will be placed in an area (cell, room, etc.) where staff are present (e.g., a manned section in a jail) to observe the inmate's or resident's behavior. The area will be searched prior to placement and be as suicide resistant as possible. Constant observation by staff is required any time more than two (2) inmates or residents on suicide precautions are housed together in the same cell, room, etc. regardless of whether they are acutely or nonacutely suicidal.
 - D. Prior to placement, the inmate/resident will be strip-searched and provided with a security garment that will promote safety in a way that is designed to prevent humiliation and degradation. (e.g., suicide smock)
 - E. Additional suicide precautions such as suicide mattresses, "finger foods," Styrofoam food service items will be defined in facility or bureau specific written instructions.
 - F. Cutting tools that have been designed to be safe but effective instruments for interrupting suicide by hanging should be readily available in all areas of facilities.

- VI. An evaluation by a qualified mental health professional determines the level of suicide risk, level of supervision needed, and the need for transfer to a mental health unit, facility, or program. Regular reassessments are conducted to identify any change in condition indicating a need for a change in supervision level or required transfer or commitment. The evaluation includes procedures for periodic follow-up assessment after the inmate's/resident's discharge from suicide precautions.
- A. The mental health professional shall document all findings in the inmate's/resident's medical chart.
 - B. Changes in the level or frequency of monitoring/supervision (e.g., from constant supervision to no more than fifteen (15) minute intervals) shall only be when clinically indicated and authorized by designated mental health professionals.
 - C. If in the mental health professional's clinical opinion, the inmate/resident presents no evidence of psychological distress and denies current suicidal ideation or intention, the Shift Commander will be notified, and the inmate/resident may be removed from suicide precautions. Follow up services will be provided as indicated. Only designated mental health professionals are authorized to remove an inmate or resident from suicide precautions.
 - D. Communication to provide clear and current information between mental health, medical and correctional staff regarding inmate/resident status is imperative.
 - E. Designated mental health staff shall develop an individualized clinically appropriate treatment plan for any inmate or resident expressing suicidal ideation to address underlying reasons and relapse prevention and which initiates a risk management plan.

ATTACHMENT(S):

- #1 Offender Watch Log (example)

APPROVED SIGNATURE: _____

William K. Marshall III

06/28/2024

William K. Marshall III, Commissioner

Date

