



CHAIRMAN'S MEMORANDUM

NO. 01-2011 February 14, 2011

TO: SHERIFFS, CHIEF ADMINISTRATIVE OFFICERS, COMMISSIONERS OF CORRECTION,
POLICE CHIEFS, AND HEALTH SERVICES ADMINISTRATORS

RE: SUICIDE IN COUNTY CORRECTIONAL FACILITIES AND STATE PRISONS

The Commission's Correction Medical Review Board reports a troubling increase in the rate of inmate suicide in state and local correctional facilities. In 2010, there were a total of 32 suicides in correctional facilities. While the precise causes of this rise remain unclear, the Medical Review Board has advised the Commission that a review and reiteration of the essential elements of in-custody suicide prevention is warranted. Included you will find excerpts from Chairman Memoranda 9-2008, 10-2007, and 17-1999. Please review these as a refresher to prior recommendations and interpretations of issues pertaining to jail suicide prevention.

9-2008: Need for Family, Friends, and Inmates to Report Knowledge of Inmates Threatening Self Harm or Suicide

The Correction Medical Review Board continues to review a number of suicide deaths under circumstances wherein the deceased has revealed to someone that he or she may attempt to commit suicide. In every case, this information was not reported to jail officials. This evidence has been found in telephone calls that inmates have made, in their letters to friends or family members, during visits, and in reported conversations between inmates.

Commission research has shown that inmates in temporary mental health crisis may act impulsively in a suicidal manner even though they are not necessarily determined to commit suicide. Intervention allows time for the crisis to pass.

If information regarding suicidal speech or behavior is made known to jail officials, they can refer the inmate to mental health staff for evaluation, and place the inmate on constant supervision until mental health staff can intervene.

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The following are events and situations that have triggered suicidal thoughts and/or behavior among inmates:

- Holidays and birthdays in jail
- First time in custody
- Fear associated with imminent sentencing to state prison***
- Family and personal relationship problems
- Gang activity
- Drug and alcohol withdrawal***

***Note both of these have had recent increases in completed jail suicides**

10-2007: Suicide in Local Correctional Facilities

The Local Forensic Suicide Prevention – Crisis Service Model consists of the following major components:

- Policy and procedure guidelines to clarify roles of county jail, police department lockup and mental health agency personnel;
- Screening of detainees by trained correction/police officers using Commission Form 330ADM;
- Supervision – constant supervision of high risk prisoners;
- Mental health observation housing;
- Mental health crisis intervention;
- Scheduled mental health evaluation and treatment;
- External hospitalization when warranted;
- Training which integrates roles and functions of local law enforcement and mental health staff; and
- Critical incident review of prisoner suicide attempts and deaths.

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Sheriffs, Commissioners of Correction, jail administrators and police chiefs are reminded that careful attention to the maintenance of this program in New York has shown proven results over the past 25 years in reducing rates of suicide in custody and in improved mental health services in jails. This program, in particular its screening and training components, is also a required element of compliance with New York State Correction Law §500-b and *Minimum Standards* Part 7013 Classification.

17-1999: Minimum Standards Part 7003: Additional Supervision Requirements

Determination of the Need for Additional Supervision §7003.3(h)

This subdivision requires the facility administrator or designee and/or the facility physician to make a determination as to whether an inmate's condition, illness, or injury warrants additional supervision. This means that **either** or **both** the jail administrator/designee and/or jail physician can make such a determination, and that such a determination must be made when an inmate's condition, state of health, or bodily integrity is other than normal. There is an **affirmative duty** to do so. The same subsection requires the chief administrative officer to order the additional supervision if it is determined to be warranted. Neither duty may be waived.

Types of Additional Supervision

The types of additional supervision set forth in paragraphs 1-3 of §7003.3(h) include:

- more frequent supervisory visits;
- active supervision when only general supervision is required;
- constant supervision.

"More frequent supervisory visits" pertains to the interval between supervisory visits. The Medical Review Board investigated several inmate suicides in which a determination for additional supervision was made pursuant to §7003.3(h). In these cases, the supervisory visit interval was shortened from 30 minutes to 15, 10, or even 5 minutes for inmates subject to suicide prevention precautions. As it is a well established fact that inmates can hang themselves with fatal results in less than five minutes, such shortened supervisory visit intervals were plainly inadequate and therefore a violation of §7003.3(h).

SUPERVISORY INTERVALS OF 5 TO 15 MINUTES ARE NOT ADEQUATE AS A SUICIDE PREVENTION PRECAUTION.

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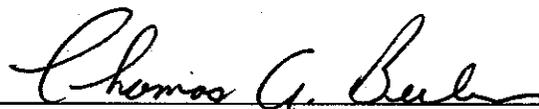
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Therefore, if the objective is to prevent suicide, **ONLY CONSTANT OBSERVATION IS EFFECTIVE.**

Trials and Sentencing Times

Recent completed suicides have occurred at and around the time of sentencing (for commitments of 20+ years) and upon being found guilty after trial. It is **recommended** you review your current policies and procedures regarding these inmates. Consideration should be given to rescreening these inmates upon their re-entering the facility. Action should be taken if the individual now shows to be at risk of committing suicide. Facilities are reminded that the initial suicide screening using the 330ADM Suicide Screening Guidelines only indicates suicide risk for the first 72 hours of incarceration. Additional screening may be required depending on changes in an inmate's status.

If you need assistance in evaluating your current practices, please contact the Commission's Forensic Medical Unit for assistance.



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