



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 4.5.62	Subject: SUICIDE PREVENTION AND INTERVENTION
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3
Section 5: Clinical Services	Effective Date: 11/23/2021
Department Director Signature: /s/ Brian Gootkin	Revised:
Medical Director Signature: /s/ Paul Rees	
Clinical Services Division Administrator Signature: /s/ Connie Winner	

I. POLICY

The Department of Corrections will prevent offender suicide whenever possible by implementing prevention efforts and intervention.

II. APPLICABILITY

All secure care facilities

III. DEFINITIONS

Acutely suicidal (active) inmates – Inmates who are actively engaging in self-injurious behavior and/or threaten suicide with a specific plan.

Non-acutely suicidal (potential or inactive) inmates – Inmates 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.

Qualified Mental Health Professional – Psychiatrists, psychologists, psychiatric social workers, licensed professional counselors, psychiatric nurses, or others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

IV. DEPARTMENT DIRECTIVES

A. General Requirements

1. All facilities must develop a suicide prevention procedure.
2. The responsible health authority and facility administrators will approve a facility's suicide prevention procedure.
3. Inmates may not be used to fulfill any supervision requirements of a suicide prevention procedure.

B. Requirements of a Suicide Prevention Procedure

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1. Facilities will provide training of all staff that work with inmates to recognize cues of a potential suicide and how to respond. Initial and annual training is provided.
2. QMHPs will develop treatment plans that identify strategies and services that address the underlying reasons for suicidality as well as strategies when at a heightened risk as well as follow up intervention.
3. QMHPs shall promptly evaluate suicidal inmates.
4. QMHPs are the only individuals authorized to remove inmates from suicide precautions.
5. Acutely suicidal inmates shall be monitored by facility staff via constant observation.
6. Non-acutely suicidal inmates shall be monitored by facility staff at unpredictable intervals with no more than 15 minutes between checks.
7. Facilities will establish suicide prevention procedures that include:
 - a. Processes to assess inmates during high risk periods, including
 - i. Admission to the facility;
 - ii. following legal proceedings;
 - iii. after admittance to restrictive housing or single-cell housing;
 - iv. after receipt of bad news regarding self or family;
 - v. after suffering humiliation or rejection
 - vi. pending release after a long period of incarceration.
 - b. Processes to assist staff in screening, observing, and interviewing inmates in relation to the inmates' potential suicide risk.
 - c. Monitoring of non-acutely suicidal and acutely suicidal inmates.
 - d. Specific timelines for referral of potentially suicidal inmates and those who have attempted suicide to a QMHP.
 - e. QMHP evaluation criteria including, level of suicide risk, level of supervision needed and need for additional supports, or potential transfer to an inpatient unit.
 - f. Specific timelines for QMHP reassessment of suicidal inmates to determine changes in condition and need for a change in supervision level.
 - g. Housing for suicidal inmates that provides for observational needs and suicide-resistant cells.
 - h. Communication processes between mental health, medical and security/correctional personnel as well as transferring authorities.
 - i. How to respond to an in-progress suicide attempt, including the provision of first aid.
 - j. Processes to communicate attempted or completed suicides to correctional administrators, outside authorities and family members.
 - k. Documentation of completed and attempted suicides.
 - l. Mental health, medical and administrative review, including a psychological autopsy for completed suicides.

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- m. Timely debriefing of all affected personnel and inmates.
- n. Patient follow up, as clinically indicated.

V. CLOSING

Questions concerning this policy should be directed to the Clinical Services Division Administrator.

VI. REFERENCES

- A. P-B-05; National Commission on Health Services in Prisons, 2018*
- B. MH-G-04; National Commission on Mental Health Services in Correctional Facilities, 2015*

VII. ATTACHMENTS

None