Eight Tips for Implementing the Zero Suicide Framework in Correctional Settings

Transitions in care are high-risk times for people with behavioral health concerns and/or thoughts of suicide. Implementing best practices during transition times helps organizations improve treatment outcomes. The best practice Zero Suicide Framework provides aspirational guidance for safety-focused care. This tip sheet offers corrections administrators, behavioral health providers, and other health care providers in correctional settings practical ways to strengthen custodial care transitions using the Zero Suicide Framework.

Suicide is the leading preventable cause of death in correctional facilities (85% of deaths in state prisons are caused by suicide and 61% in federal prisons).[1] During the first year after release from incarceration, people have a suicide mortality risk that is nearly nine times higher than that of other U.S. adults. In 2019, an estimated 19.9% of adult suicides occurred among people who had been released from incarceration in the past year.[2]

Disclaimer: This tip sheet is best used by administrators, behavioral health providers, and other health care providers in correctional settings who have a basic knowledge of the Zero Suicide Framework. Please see the Zero Suicide Toolkit for additional information.

1) Focus on Identifying High-Risk Transition Points (Lead)

Tip: Organizational leadership should consider every transition to be a clinical risk event.

- Set the Zero Suicide Framework as the standard for suicide care.
- Understand the care transition points that occur within the correctional system (e.g. intake, returning from court, release from custody). Develop protocols for safety during these transition periods.
- Refine policies and training practices to improve high-risk transition points.

Resources: Suicide Prevention Resource Guide for Corrections, and Zero Suicide Toolkit: Lead

2) Provide Access to Recovery and Peer Support Networks During Custodial Stays (Lead)

Tip: Correctional facilities can use the continuity of care approach to reduce suicide risk.

- Support individuals in custody in connecting with recovery networks as a core standard of care.
- Provide peer recovery support services during stays and help individuals connect to potential care provider networks after release through pre-release planning.
- During pre-release planning, plan for barriers individuals may encounter when accessing recovery and peer support networks post-release (e.g. not having a phone, lack of transportation, difficulty accessing medication, etc.).

The continuity of care (CoC) approach focuses on the quality of care a person receives over time, with an emphasis on ongoing care and coordination between providers. Relationships between correctional organizations and community health care agencies are key to seamless care for people who are incarcerated.

Resources: Peer-Assisted Suicide Prevention Programs in Prison, Zero Suicide Toolkit: Lead

3) Conduct Universal Suicide Screening at Every Transition (Identify)

Tip: Suicide screening by trained providers is not a one-time event. It's a continuous process.

- Use validated screening tools at all transition points (e.g., transfers, housing or classification changes, behavioral incidents, clinical deteriorations). Document screening results clearly and share concerns across teams.
- When a person screens positive for suicide risk, follow up with a full suicide risk assessment and risk formulation.
- Include a standard risk status box on all transfer documentation.

Resources: Zero Suicide Toolkit, SAFE-T with C-SSRS Lifetime and Recent, and Zero Suicide Toolkit: Identify

4) Create Suicide Care Management Plans (Engage)

Tip: Administrators, behavioral health providers, and health care providers should engage in safety planning using established tools with every individual who is identified as being at risk for suicide.

- Develop individualized safety plans with individuals at risk for suicide that include coping strategies and problem-solving techniques that can be used effectively in various custodial settings.
- Review and update the safety plan at each transition point.

Resource: Zero Suicide Toolkit: Engage

5) Improve Observational Safety (Treat)

Tip: Successful treatment for individuals at risk for suicide includes protective monitoring.

- Ensure best practices for observation protocols are in place across all transitions and integrate clinical oversight into all transition practices.
- Remove or mitigate identified risk points in transport or holding spaces.

Resources: SAMHSA Guidelines for Successful Transitions of People With Mental or Substance Use Disorders From Jail or Prison: Implementation Guide, and Zero Suicide Toolkit: Treat

6) Strengthen Interdisciplinary Collaboration (Train)

Tip: Suicide prevention requires a coordinated and multifaceted team effort.

- Require suicide prevention community helper training for all correctional staff on a yearly basis.
- Train all staff together on transition-related suicide risks.
- Enhance suicide prevention efforts by improving communication, observation, escalation, and information sharing practices.
- Train administrators, behavioral health providers, and health care providers on standardized best practices for documentation, screening, risk assessment, and risk formulation.

Resources: Suicide Prevention Resource Guide for Corrections, Report on Actions to Reduce the Risk of Suicide by Adults in Federal Custody and Advance a Culture of Safety, and Zero Suicide Toolkit: Train

7) Build Suicide-Safer Care Transitions (Transition)

Tip: Successful care transitions require continuity in suicide prevention care.

- Coordinate warm handoffs to community-based providers. Participate in person-to-person introductions when possible to support connection and relationship building.
- Before release, arrange for behavioral health follow-up to take place 24 to 72 hours after release as a standard protocol.
- Facilitate transition to community. Assist with medication management and enrollment in Medicaid and Veterans Affairs (VA) benefits if applicable.[3]

Resources: Follow-Up Matters, SAMHSA Intercept 4: Reentry, and Zero Suicide Toolkit: Transition

8) Use Data to Drive Continuous Improvement (Improve)

Tip: Improving suicide safety during transitions depends on data collection and accountability.

- Track and evaluate transition-related suicide incidents.
- Measure, evaluate, and improve outcomes, workflows, policies, and processes.
- Conduct multidisciplinary case reviews to identify system gaps.

Resource: Zero Suicide Toolkit: Improve

References

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