

**Report on Actions to Reduce the Risk of
Suicide by Adults in Federal Custody
and Advance a Culture of Safety**

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**The Principal Associate Deputy Attorney General
Working Group of DOJ Components**

Use of this Report

This Report was drafted to provide recommendations to reduce the risk of suicide by adults in federal pretrial and correctional custody and to advance a culture of safety in Department of Justice institutions. The recommended actions herein are not intended to, and do not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, or employees. Nothing in this Report should be construed to impair or otherwise affect the authority granted by law to a department or agency, or the head thereof, or the functions of government officials relating to budgetary, administrative, or legislative proposals. Recommended actions will be implemented only as consistent with applicable law and subject to the availability of appropriations. Both implementation and application of policy recommendations involve the exercise of judgment of relevant Department of Justice officials.

INTRODUCTION

Providing humane, safe, and secure environments for individuals in the custody of the Department of Justice (Department) is a vital component of the Department's mission to uphold the rule of law, keep our country safe, and protect civil rights. In recent years, the Department has engaged in active efforts to improve conditions of federal detention and incarceration by working to improve and maintain quality facilities; ensuring access to counsel for those in federal custody; recruiting, retaining, and training effective correctional professionals; supporting employee wellness; implementing First Step Act (FSA) mandates; expanding compassionate release and home confinement; protecting detainees, adults in custody (AICs), and employees from sexual assault and all forms of violence; holding AICs and employees accountable for violations of law related to contraband; addressing the needs of AICs with physical and mental health-related disabilities or illnesses;¹ and reducing the use of restrictive housing—but safeguarding the health and safety of those in its custody from suicide or other self-directed violence is and must remain a priority focus. The U.S. Marshals Service (USMS) and Federal Bureau of Prisons (FBOP) have long worked to reduce suicide and self-directed violence in the populations they serve, but as detailed below, further reducing the risk of death by suicide requires renewed attention and a Department-wide effort and partnership with federal, state, local, and nongovernmental entities.

As directed by Deputy Attorney General Lisa Monaco, this Report sets forth recommended actions to reduce the risk of suicide by adults in federal pretrial and correctional custody and to advance a culture of safety in Department institutions that were developed after a careful review of USMS and FBOP policies and practices. That review process included reviewing research, analyzing data, reviewing a February 2024 report from the Department's Office of the Inspector General (OIG),² receiving briefings from Department components, and visiting USMS and FBOP facilities. The recommended actions also incorporate ideas and feedback the Department received during listening sessions held with researchers who specialize in suicide prevention in custodial settings, suicide prevention and prison reform organizations that advocate on behalf of individuals in the Department's custody, representatives from the Administrative Office of the U.S. Courts (AOUSC), representatives from the Defender Services Office and national defense counsel organizations, and representatives from federal, state, and local law enforcement agencies and correctional facilities.

¹ Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 504, prohibits discrimination by federal agencies and recipients of federal funding on the basis of disability. Section 504 covers a wide range of disabilities, including: hearing, speech, and vision impairments; limited physical mobility; mental illnesses; and intellectual, developmental, and cognitive disabilities. The Department has issued guidance related to its obligations under Section 504. (See "Department of Justice Guidance on Interactions with Members of the Public with Disabilities in Traditional Law Enforcement Programs and Activities," January 6, 2017).

² See Department of Justice OIG, Evaluation of Issues Surrounding Inmate Deaths in Federal Bureau of Prisons Institutions, Evaluations and Inspections Division, 24-041 (February 2024), <https://oig.justice.gov/sites/default/files/reports/24-041.pdf>. In response to the OIG's report, FBOP has provided a program of planned actions that address each of the recommendations in the report, which OIG has found are responsive. FBOP will continue to coordinate with OIG as implementation of those actions develops.

BACKGROUND

The Department’s custodial population includes those who have been charged with, but not convicted of, a federal crime and remanded to the custody of the USMS pending trial or sentencing, and those who have been adjudicated guilty and sentenced to a term of imprisonment in FBOP correctional facilities.

USMS is responsible for the safe and secure confinement, care, and transportation of individuals from the time a court orders them held in pre-trial detention until either their acquittal or their final conviction and delivery to the FBOP to serve their sentence. USMS is a Department component and federal law enforcement agency that operates at more than 400 locations in all 94 federal judicial districts throughout the 50 states and the territories. Its responsibilities range from protecting the federal judiciary, to apprehending dangerous fugitives, to operating the Witness Security Program, as well as housing and transporting federal prisoners. USMS has a staff of approximately 6,100 Deputy U.S. Marshals and career employees and a budget of \$3.8 billion—but does not own or operate its own detention centers. Instead, USMS partners with FBOP, state and local agencies, and a handful of private companies to house detainees at their detention facilities, primarily through negotiated intergovernmental agreements (IGAs).³

In Fiscal Year (FY) 2024, USMS took custody of approximately 134,400 individuals. At the time of detention, USMS identifies and communicates an individual’s health and safety risks (including risk of self-directed violence) to its partner facilities so they can be addressed, but USMS faces challenges in executing that important task. USMS often does not receive critical and relevant information from arresting agencies and has limited opportunity to engage in mental health-related questioning—particularly in “booking” settings where individuals may be reluctant to share such personal information. Moreover, USMS lacks access to pretrial services reports prepared by U.S. Probation and Pretrial Services (USPPS) for use during initial and subsequent detention hearings by courts, defense counsel, and Assistant U.S. Attorneys (AUSAs), which often contain pertinent health and personal history information. While sharing information in pretrial reports with law enforcement is statutorily permitted in some situations, including to protect the safety of the detained individual, the ultimate decision to release information is made in conformity with judicial regulations as interpreted by the presiding judge.⁴ In addition, while USMS requires its partner facilities to follow federal detention standards, limited resources constrain USMS’s capacity to actively oversee consistent compliance at the nearly 1,200 IGA facilities. Finally, although FBOP receives the USPPS-prepared presentence reports (PSRs) following conviction,

³ Executive Order 14006 (the “EO”) directs the Department to cease renewals of contracts with privately operated criminal detention facilities. The USMS has worked diligently to relocate detainees to facilities operated by FBOP or state or local governments in the same metropolitan area, allowing the USMS to close out contracts with numerous privately-operated facilities in accordance with the EO. In a handful of instances, consistent with statutory authorization, the USMS determined that there was insufficient detention space at government-operated facilities near enough to the relevant federal courts to meet detention housing requirements and has obtained EO exemptions to continue housing USMS detainees in five privately operated detention facilities.

⁴ 18 U.S.C. § 3153(c)(2) provides authority to the courts to create regulations concerning the confidentiality of pretrial reports. Existing court regulations are generally interpreted to prohibit sharing these materials with USMS personnel except in limited circumstances. See Guide to Judiciary Policy Vol. 8. Pt. A, § 240 Confidentiality, https://www.uscourts.gov/sites/default/files/guide-vol08a-ch02-sec240-confidentialityregs_0.pdf.

USMS typically does not—even where information relevant to an individual’s suicide risk has been collected and could assist USMS in safeguarding these individuals during their continued detention prior to designation and transport to FBOP facilities.⁵ These factors create significant challenges to identifying and monitoring critical mental health needs and potential safety threats, posing risks to detainees, corrections professionals at institutions, and USMS personnel. In FY24, 11 individuals died by suicide while in USMS custody. From FY19 to FY24, the USMS prisoner suicide mortality rate was 18.8 per 100,000 individuals, with higher numbers during the COVID-19 pandemic that have since declined. While this is lower than the rate among individuals housed in local jails and state prisons,⁶ it is higher than the suicide mortality rate in the overall population of the United States, which is approximately 14 per 100,000.⁷

FBOP is charged with ensuring that federal offenders serve their sentences of imprisonment in a humane and secure environment that advances public safety by preparing them for successful reentry into our communities. FBOP operates 121 institutions, 6 regional offices, a headquarters (Central Office), 2 staff training centers, and 23 residential reentry management offices—with an annual budget of approximately \$8.6 billion and over 35,000 employees across the country, many of whom are sworn law enforcement officers. In FY24, FBOP facilities housed an average daily population of 156,844 AICs. Like USMS, FBOP faces significant challenges addressing mental health and suicide risks once it takes custody of individuals convicted in federal court and sentenced to periods of incarceration. Most notably, chronic staffing shortages strain FBOP’s ability to address the growing need for mental health and substance use services and programs. Static and dynamic risk factors amplify the risk of suicide for many AICs, increasing the difficulty of accurately screening and continually assessing the risk of self-directed violence in a custodial setting. In FY24, 22 AICs died by suicide while in FBOP custody; and from FY19 to FY23, the average suicide mortality rate of prisoners in FBOP custody was 14.47 per 100,000 individuals—similar to the rate of the overall population of the United States and below that in local jails and state prisons.⁸ FBOP can reduce opportunity for—as well as the likely lethality of—suicide and other self-directed violence by decreasing single-cell assignments and limiting use of restrictive housing. Improvements to institutional culture related to wellness and to intervention protocols targeted at suicide prevention, combined with greater attention to employee training and mental health needs and increased compliance with relevant safety and reporting policies, are also likely to reduce the risk of suicide by AICs at FBOP facilities and after community reentry.

FINDINGS, OBJECTIVES, AND RECOMMENDED ACTIONS

⁵ USPPS provides the reports through a system used by both USMS and FBOP, but the AOUSC has generally determined that USMS is prohibited from accessing the reports except in limited circumstances, citing to the confidentiality and disclosure requirements described in Rule 32 of the Federal Rules of Criminal Procedure.

⁶ The suicide rate among local jail inmates in 2019 was 49 per 100,000. The suicide rate among state prison inmates in 2019 was 27 per 100,000. For additional information on suicide in custodial settings, *see*, Bureau of Justice Statistics, *Suicide in Local Jails and State and Federal Prisons, 2000–2019 – Statistical Tables*, <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/sljsfp0019st.pdf>.

⁷ The National Institute of Mental Health reports that suicide is major public health concern and is a leading cause of death in some age groups. [https://www.nimh.nih.gov/health/statistics/suicide#:~:text=100%2C000%20in%202020.-,The%20total%20age%2Dadjusted%20suicide%20rate%20in%20the%20United%20States,females%20\(5.7%20per%20100%2C000\)](https://www.nimh.nih.gov/health/statistics/suicide#:~:text=100%2C000%20in%202020.-,The%20total%20age%2Dadjusted%20suicide%20rate%20in%20the%20United%20States,females%20(5.7%20per%20100%2C000)).

⁸ *See supra* note 6.

The following findings, objectives, and recommended actions recognize that both institutional and individualized factors may heighten the risk for self-directed violence in correctional settings and present distinct opportunities for intervention. The recommended actions described below address institutional risk factors that can raise the risk of suicide, including the use of solitary confinement or single celling, patterns of sexual and violent victimization during incarceration, and limited access to social supports.⁹ Individual risk factors that can lead to greater rates of self-directed violence include depression and other mental health disorders, substance use disorder, and a history of suicidal ideation, self-directed violence, and suicide attempts, among others.¹⁰ The recommended actions rely on research that suggests that a multifaceted strategy to reduce the risk of suicide should include the use of screening and assessment tools at intake to identify underlying risk factors, training of employees to identify signs of suicidal ideation, consistent observation of high-risk individuals, continual monitoring and assessment, limiting the use of restrictive housing and single celling, sufficient social support and access to family contact, and elimination of access to non-medically indicated controlled substances. Notably, there is no scientifically validated suicide risk assessment tool tailored specifically to correctional settings, leaving correctional institutions with assessment tools designed for community settings.¹¹ As discussed in greater detail below in connection with Objective 5, the Department should lead the effort to validate a risk assessment tool that can be used by federal, state, and local correctional institutions. Finally, research suggests that effective suicide prevention requires culture change and organizational buy-in at all levels.

Objective 1 – Focusing prevention efforts through enhanced information sharing

Obtaining accurate medical and mental health history for AICs is critical to suicide prevention and risk monitoring—yet remains one of the biggest challenges for USMS and FBOP. This objective was developed through site visits to USMS and FBOP facilities and meetings with AOUSC, USPPS, Federal Defenders, the National Association of Criminal Defense Lawyers, and federal law enforcement entities, and identifies targeted actions to improve USMS and FBOP access to relevant information. Recommended actions to address this objective include establishing district-level Detention Management Committees led by the U.S. Marshal within each federal judicial district, with the Chief Judge of the district invited to co-chair (either personally or through a designee); the Committees would focus on the most significant issues associated with maintaining the safety, security, and wellness of the detained population in the district—including the importance of an individual’s physical and mental health to their meaningful participation in the criminal justice process. Each Committee would meet quarterly and include district-based agency leadership from law enforcement partners, as well as the warden of any FBOP and significant IGA facility in the district, as appropriate. Other recommended actions include steps to improve coordination and information sharing among USPPS, USMS, and FBOP. Coupled

⁹ See, e.g. Louis Favril et al., Risk Factors for Self-Harm in Prison: a Systematic Review and Meta-Analysis, 7 *Lancet Psychiatry* 682 (Aug. 2020).

¹⁰ *Id.*

¹¹ Suicide risk assessment tools validated for use in a general population may be used in a correctional setting, but without validation for a detention environment, it is not certain whether risk factors or results will vary in predictive accuracy.

with efforts to validate a risk assessment tool for use in correctional settings, this Objective will support the goal of ensuring that at every step in the process—from arrest through the pretrial and post-conviction detention process and all the way to release and reentry—criminal justice system actors have access to and receive the right information at the right time to support an individual’s safety and mental health.

- 1.1 USMS should create Detention Management Committees within each federal judicial district, co-chaired by the U.S. Marshal and the district’s Chief Judge (or designee). Membership would include district-based agency leadership from all court family members and federal law enforcement partners, including the warden of any district FBOP facility. USMS should invite wardens of significant IGA facilities in the district to attend meetings as appropriate when the committees address detention-related matters, including suicide prevention.
- 1.2 The Director of the USMS should instruct each U.S. Marshal to convene district-level meetings between USMS and arresting agency leadership to improve information sharing, including to broaden and strengthen channels for arresting agents to provide USMS with information related to suicide risk developed during an investigation or observed during arrest, such as the Arrest Sheets discussed in Recommendation 1.3.
- 1.3 The Director of the USMS should raise awareness at federal law enforcement agencies about the mandatory completion and submission of the USM 78 “Arrest Sheet” when individuals are transferred to USMS custody, highlighting the importance of including pertinent information regarding an individual’s physical and mental health and known risk factors for suicide.
- 1.4 The Federal Bureau of Investigation, Drug Enforcement Administration, and Bureau of Alcohol, Tobacco, Firearms and Explosives should implement procedures for arresting agents that require completion and submission of the USM 78 “Arrest Sheet” when individuals are transferred to USMS custody and instruct agents to provide, in writing to USMS, any and all information relevant to suicide risk collected during the investigation or arrest. USMS should implement procedures for requesting and receiving suicide risk information from non-law enforcement agency sources (e.g., AUSAs, USPPS personnel, defense counsel, etc.).
- 1.5 The National Institute of Corrections (NIC) should develop standard training programs for arresting agents on best practices for identifying and sharing information related to suicide risk and provide assistance to federal law enforcement agencies in implementing such best practices.
- 1.6 The Department should encourage AOUSC efforts to improve the distribution to USMS of information related to an individual’s risk for suicide collected by USPPS, especially information collected for consideration in any pretrial detention proceedings. The Department should work with AOUSC, federal defender organizations, and the private defense bar to identify the types of information that can be appropriately shared with USMS and build consensus to establish standard pathways for such information sharing.

- 1.7 Recognizing the important role of defense counsel and the possibility that an individual may share information suggesting increased suicide risk with counsel, USMS and FBOP should work with representatives from the Defender Services Office, Federal Defenders, national defense attorney organizations, and Department prosecuting components to identify and establish standard pathways to communicate information related to defendant mental health, suicide risk, substance use, medical concerns, and other relevant historical information or characteristics throughout the arrest, pretrial detention, and post-conviction incarceration lifecycle.
- 1.8 The Executive Office for U.S. Attorneys (EOUSA) should encourage U.S. Attorney Offices (USAOs) to support or (in appropriate cases) file motions to provide relevant portions or information from pretrial services reports to USMS and identify other opportunities to ensure that information relevant to suicide risk is shared with USMS and FBOP during detention, sentencing, and post-conviction court proceedings.
- 1.9 FBOP should request that USPPS refine the Offender Characteristics section of PSRs to expand discussion of mental health care needs and risks, including whether disclosed substance-use and mental-health histories and related needs have been identified by medical or mental-health professionals.
- 1.10 FBOP should review, and improve compliance with, policies and procedures for the release of FBOP medical and mental health records to ensure individuals on supervised release have the necessary documentation to continue treatment or services, including ensuring that USPPS has prompt access to such records and clear points of contact within FBOP.

Objective 2 – Improving access and delivery of suicide prevention-related care

Once an individual is in custody, it is critical that detention and correctional facilities promptly perform mental health assessments and provide appropriate mental health services in a timely manner. These recommended actions, developed through listening sessions with researchers to identify suicide-prevention best practices, as well as through site visits and conversations with advocates to understand conditions in facilities, will improve methods for providing and increasing access to care. For example, the recommended actions call for USMS to appoint Detention Management Investigators in district offices nationwide to institute regular reporting on detention operations. The investigators would focus on identifying, tracking, measuring, and reporting on the conditions of confinement at IGA facilities and the safety and health of individuals in USMS custody, not only to address suicide-related risk factors but to improve compliance with other federal requirements such as those included in the Prison Rape Elimination Act (PREA). In addition, FBOP should revise and update policy to better assess and evaluate the mental health needs of AICs. FBOP has recently taken significant steps to improve mental health care level guidance for clinicians, including requiring Psychology Services department personnel to increase services for AICs who have histories of mental illness or behaviors that increase suicide risk, among other reforms. The recommended actions below build on that important work.

- 2.1 USMS should appoint a Detention Management Investigator in each district nationwide. Detention Management Investigators would be tasked with instituting regular data-gathering and reporting to USMS leadership on detention facility operations, to include data on suicide attempts, suicides, other self-directed violence, contraband and illicit substance possession and use, and PREA assaults and investigations.
- 2.2 Based on an evaluation of data collected by USMS Detention Management Investigators (described in 2.1 above), including incident data such as attempted suicide, suicide, self-directed violence, and contraband and illicit substance use, USMS Prisoner Operations Division should identify facilities with heightened risk factors. In addition to regular compliance reviews, district Detention Management Investigators would be required to conduct at least one additional in-person review within a 12-month period for any facility identified with heightened risk factors, including at facilities that fail to report information to USMS.¹²
- 2.3 USMS, with assistance from FBOP, should work with the National Sheriffs Association (NSA), Major County Sheriffs of America (MCSA), and other state and local law enforcement organizations to support suicide safety planning at their member IGA facilities that house federal detainees. NIC should offer training and technical assistance to support suicide safety planning. If an IGA facility declines NIC's support to implement suicide safety planning, USMS should ask the facility to explain the basis for the decision.
- 2.4 The Department should promote consistency in prosecuting-component consideration of an individual's mental health and suicide risk in all detention and pretrial release recommendations. Consistent with Justice Manual 9-6.100, EOUSA and prosecuting component leadership should circulate existing guidance on pretrial detention and, consistent with the Principles of Federal Prosecution, emphasize the need to account for mental health and suicide risk where some form of pretrial release would mitigate significantly elevated suicide risk without jeopardizing public safety. NIC should develop resources and training for prosecutors on how to consider suicide risk in connection with pretrial detention.
- 2.5 FBOP should ensure that new policy on appropriate assignment of mental health care levels is effectively implemented across facilities. Not all individuals at risk for suicide or self-directed harm have a diagnosable mental health illness or disability, but FBOP can improve its responsiveness by improving its assessments and increasing focus on this population.
- 2.6 FBOP should develop a recommendation for expanding the use of telepsychiatry to reduce caseloads and wait times at facilities, subject to the availability of funding and without reducing the level and quality of in-person care. While prompt, high-quality, in-person care is always an FBOP goal, recruitment of mental health practitioners to work in institutions remains a major obstacle and those with mental health needs, including those at increased risk for suicide, may need more immediate treatment.

¹² Under current USMS policy, every IGA facility is reviewed in person by USMS personnel at least once per year to evaluate compliance with the USMS Federal Performance Based Detention Standards.

- 2.7 FBOP should improve collaboration between medical and psychological services, fostering a multidisciplinary approach to better support the utilization of psychologists, clinical social workers, and other independently licensed health professionals to provide comprehensive care to AICs.
- 2.8 FBOP should develop and provide training to Chief Psychologists on the use of safety planning for all AICs assessed to be moderate to high-risk for suicide.
- 2.9 FBOP should expand the use of peer-based mental health intervention programs where feasible, including by deploying a task force to explore additional training, certification, and supervision opportunities and requirements for peer supporters in custody.
- 2.10 FBOP should consider mental health history, including individual suicide risk factors, as a factor when making decisions related to compassionate release. This effort should leverage existing FBOP efforts to develop new guidance as to when compassionate release is appropriate that includes recommendations from the United States Sentencing Commission on medical circumstances and mental health.
- 2.11 USMS and FBOP should identify and recommend ways to improve continuity of medical care for AICs, including to provide mental health treatment and maintain medication during periods of transition between USMS and FBOP facilities.
- 2.12 NIC should offer training to USMS IGA facilities regarding suicide risk and prevention and develop resources that facilities can use to improve conditions and access to care.
- 2.13 FBOP should continue efforts to hire additional treatment specialists to support mental health services. In addition to using annual appropriations, FBOP should use FSA funding as appropriate to support this effort. Each year, FBOP should review FSA treatment specialist positions to verify whether the allocation levels reflect the need at each institution and can be filled.

Objective 3 – Promoting a healthy culture in facilities for employees and adults in custody

While ensuring the safety and security of institutions is key to USMS's and FBOP's mission, it is also important to focus on institutional culture and employee wellness to build community and enhance employee adherence to policy. Achieving a culture of wellness and safety requires leadership involvement and employee support. Correctional staffing shortages can affect all aspects of an institution from AIC health, safety, and reentry to employee wellness and job satisfaction. Based on the Civil Rights Division's work investigating state and local facilities, listening sessions with researchers and prison advocates, and consultation with FBOP's national union officials, this objective identifies recommendations for USMS and FBOP to promote a healthy culture that takes suicide prevention seriously and supports its personnel, including in advancing their own mental health and wellbeing. These recommended actions include requiring that USMS and FBOP incorporate metrics related to mental health and institutional culture into formal performance evaluations in relevant leadership roles and expanding FBOP's use of

Correctional Support Teams (CST), which are deployed after a significant event to engage employees in wellness and resilience activities and offer other supportive services. It also includes an expanded understanding of what services are appropriate in the immediate, short-term, and long-term aftermath of a death by suicide.

- 3.1 Recognizing that well-staffed institutions can improve adherence to policy and reduce institutional risk factors for suicide, FBOP should continue to prioritize efforts to increase hiring and assignment of employees to overcome staffing shortfalls, including by utilizing targeted recruitment strategies and continuing to refine and use its automated staffing tool.
- 3.2 FBOP's executive team should provide guidance to FBOP personnel on best practices for improving safety and wellness of employees and AICs, effective communication, and suicide prevention, and should instruct wardens to clearly display guidance on suicide prevention throughout their respective institutions.
- 3.3 FBOP should instruct wardens to activate the CST or a similar team of resources and personnel, whenever appropriate, to support employees and their families in an effort to mitigate traumatic stress and support resilience after an employee or AIC suicide occurs.
- 3.4 FBOP should update Performance Work Plans for wardens and regional directors to incorporate metrics that assess mental health, suicide prevention efforts, and institutional culture at facilities under their leadership and supervision.
- 3.5 USMS should develop or update Performance Work Plans for personnel (including Detention Management Investigators and supervisory management at the district and headquarters levels) to incorporate metrics that assess suicide prevention efforts and general detention management.
- 3.6 FBOP leadership should disseminate guidance and best practices for correctional employees to report suicide-related risks associated with AICs, including guidance and best practices for health and psychological services clinicians to improve responsiveness to those reports.
- 3.7 FBOP should disseminate wellness information among employees to ensure dedicated corrections professionals return home safely and support efforts to promote a healthy culture that takes suicide prevention seriously.
- 3.8 FBOP should finalize and deploy new policy to increase legal and social visitation opportunities while AICs are on suicide watch and psychological observation.
- 3.9 FBOP should expand wellness checks in response to a death by suicide or other event with a high risk of lethality such as serious self-directed violence or drug overdose (collectively, a "high-risk event"), to include additional access to psychology representatives to promote recovery and limit fallout following death by suicide or other high-risk event, such as open-house hours for processing reactions to a death, availability

for “walking and talking” with AICs, and lunch-and-learn sessions for employees to address wellness and reactions to death.

- 3.10 NIC, working with the National Institute of Justice (NIJ), should review, assess, and provide feedback to USMS and FBOP on employee training or materials related to promoting a culture of suicide prevention and ensuring that acts of self-directed violence are addressed expeditiously and thoroughly. USMS and FBOP should expand efforts to include leadership and correctional employees as co-presenters in trainings designed to reduce stigma around mental health.

Objective 4 – Reducing opportunity for and lethality of incidents of self-directed violence

USMS and FBOP generally have strong policies in place for suicide risk prevention that are grounded in research and best practices. For example, USMS recently developed and deployed Incident Response Teams (IRTs) that respond to critical incidents at facilities, including death by suicide, to review the circumstances and recommend reforms. FBOP has also recently reviewed and revised policies on the use of special housing units and employee wellness, as well as updates to its suicide prevention policies described in the Suicide Prevention Program Statement. Nevertheless, policy compliance remains a challenge, especially as recruitment and retention issues have placed additional demands on employees. This objective identifies opportunities to prioritize compliance and monitor efforts to reduce suicide risk. USMS should use Detention Management Investigators (discussed in Objective 2) to monitor IGA facility policy compliance and partner with the NSA, MCSA, and other state and local law enforcement organizations to build consensus to improve IGA policy related to restrictive housing, single-celling, and suicide prevention. Taking employee concerns and feedback into consideration, FBOP should also strengthen efforts to reduce the overuse of restrictive housing and single celling and to discourage institutions’ reliance on practices that can increase suicide risk. These efforts should be memorialized in new or updated policies that reflect lessons learned and stakeholder input. At the same time, while FBOP already tracks institutions’ use of restrictive housing, single celling in restrictive housing, and lockdowns, as well as the influx of contraband in institutions, FBOP leadership should enhance its oversight of these metrics to improve accountability and support efforts to reduce reliance on practices that can increase the risk for suicide. One area of expansion should include the tracking of single-celling practices outside of restrictive housing units.

- 4.1 FBOP should update its policies on suicide prevention consistent with the recommendations in this report, for future adoption as a revised Suicide Prevention Program Statement, to further reduce the risk of suicide and to improve compliance.
- 4.2 FBOP personnel should track and report to FBOP leadership on a weekly basis the number of AICs in restrictive housing at each FBOP institution, separately identifying the total number of AICs in restrictive housing at each institution with an active diagnosis of serious mental illness or substance use disorder. FBOP leadership will assess the data and follow up with regional offices where the data indicates increased levels of risk.
- 4.3 FBOP personnel should track and report to FBOP leadership on a weekly basis the average daily number of AICs held in single cells (in and outside of restrictive housing

units) at each FBOP institution. FBOP leadership will assess the data and follow up with regional offices where the data indicates increased levels of risk.

- 4.4 FBOP personnel should track and report to FBOP leadership on a weekly basis the amount of time each FBOP institution secured AICs in their units or cells either across the institution (lockdown) or where movement was restricted in one or more units (modified operations). FBOP leadership will assess the data and follow up with regional offices where the data indicates increased levels of risk.
- 4.5 FBOP personnel should track and report to FBOP leadership on a weekly basis the quantity of contraband, illicit substances, and drug paraphernalia confiscated at each FBOP institution. FBOP leadership will assess the data and follow up with regional offices where the data indicates increased levels of risk.
- 4.6 FBOP should include intervention protocols and requirements, including the wearing and use of FBOP-issued cut-down tools,¹³ in policy updates to the Suicide Prevention Program Statement. Additionally, FBOP should expand training on intervention protocols in the FBOP Annual Training materials for all primary law enforcement employees at FBOP institutions. Finally, FBOP should develop specific training on the use of the cut-down tool for all primary law enforcement officers working at FBOP institutions. FBOP should share intervention protocols, including the use of cut-down tools, with USMS and NIC for use in advising IGAs.
- 4.7 After a death by suicide, attempted suicide, or other high-risk event at a FBOP facility, the facility's warden should determine and report to the supervising regional director whether rounds, other intervention protocols, evidence recovery procedures, and recordkeeping requirements were completed according to policy during the lead-up, onset, and aftermath of the event. FBOP will ensure that regional directors are routinely evaluating compliance with FBOP policies related to suicide prevention.
- 4.8 Relying on the research-informed "risk-needs-responsivity" treatment model in use at institutions, FBOP should initiate a pilot program to identify and divert appropriate AICs from restrictive housing by offering treatment for substance use disorder, where substance use issues may have contributed to the restrictive housing designation.
- 4.9 USMS Detention Management Investigators should monitor IGA facility policy compliance in their districts. USMS should partner with the NSA, MCSA, and other state and local law enforcement organizations to build consensus and unify action around efforts to improve IGA policy related to restrictive housing, single-celling, and suicide prevention.
- 4.10 NIC should work with USMS and the Bureau of Justice Assistance to increase awareness of support available to sheriffs and counties for identifying federal funding opportunities

¹³ Cut-down tools are used by FBOP staff to quickly cut through ligatures used in an asphyxiation attempt and enable potentially lifesaving measures to be administered more promptly.

to support efforts to improve conditions of confinement, including those associated with institutional risk factors for suicide, at state and local detention facilities.

- 4.11 As part of an ongoing NIJ and FBOP study on the use and impact of restrictive housing in federal correctional facilities, the research team should analyze data to provide a detailed assessment of attempted and completed suicides during the study timeframe.

Objective 5 – Using data and research to refine suicide prevention policies

The Department should ensure that its policies are grounded in the best available evidence and that it uses current data to assess effectiveness. While the USMS's IRTs and the FBOP's Risk Reduction Review processes are used to evaluate the circumstances around an inmate's death or other significant incident in order to reduce future risk, greater use of data can help to identify gaps in policy or compliance. For example, FBOP deployed a Self-Directed Violence Incident Review tool to assist institutional employees to record pertinent data and identify systemic strengths and weaknesses in service of future suicide prevention efforts. FBOP will continue to refine the tool and provide training for employees. Nonetheless, there is more USMS and FBOP can do to strengthen the collection and use of data to refine policy. Expertise from NIJ and the Bureau of Justice Statistics (BJS), as well as correctional researchers, helped to identify gaps in information collected by USMS and FBOP related to suicide risk. This objective includes recommended actions designed to improve collection of data, better evaluate results, and inform future interventions that can reduce the risk of death by suicide at Department institutions, as well as state and local facilities across the country. In addition, while there are high-quality suicide risk assessment tools validated for use in the general population and in certain settings, there is no tool specifically validated for use in a custodial setting. Given that as many as 2.3 million Americans are incarcerated on any given day in federal, state, and local facilities, there is a critical need for a tool that accurately assesses risk of suicide in this population. NIJ should support research on the development and validation of a suicide-risk assessment tool specifically tailored for use in correctional settings, and USMS and FBOP should strengthen efforts to collect and review data to inform suicide prevention policies and practices.

- 5.1 NIJ should identify opportunities to request research proposals to develop and validate tools for assessing risk of suicide, self-directed violence, and other forms of self-injury, specifically for use in correctional settings. If additional funding is needed, NIJ will prioritize requesting necessary funding through the appropriations process.
- 5.2 USMS and FBOP should work with BJS to develop recommendations on ways to create or enhance systems for recording, tracking, and analyzing data related to suicide risk.
- 5.3 USMS should evaluate the effectiveness of the IRT review process, including identifying gaps in data available from IGAs and strategies to improve reporting, and should implement changes to advance and improve IRTs.
- 5.4 FBOP Psychology Services Branch should monitor deaths by suicide, attempted suicides, and other high-risk events and determine if patterns exist warranting site visits to high-risk facilities to address institutional culture and employee training needs as to suicide

prevention. FBOP should encourage the use of the Self-Directed Violence Incident Review tool across all institutions.

- 5.5 FBOP should evaluate and recommend whether the Risk Reduction Review process that institutions perform after an inmate death should be triggered by other significant health-related events, such as a suicide attempt or other high-risk event.
- 5.6 Recognizing the Department's unique trust responsibility to protect and support American Indian and Alaska Native communities and their citizens, and the statistical over-representation of American Indian and Alaskan Native individuals in federal custody combined with increased prevalence of suicide risk factors in this population, USMS and FBOP should consult with the Office of Tribal Justice to integrate culturally responsive assessment tools, treatment, and care at IGA or federal facilities and institutions with high numbers of American Indian and Alaskan Native populations. NIC should provide IGA partners with guidance on using culturally responsive assessment tools.
- 5.7 The Justice Management Division should work with USMS and FBOP to explore opportunities to improve health-related data sharing with state and federal healthcare systems to improve continuity of mental health care and better identify those with documented histories of individual suicide risk factors.

CONCLUSION

Through cross-component collaboration and partnership with federal, state, local, and nongovernmental entities, the Department can significantly advance the objectives identified in this report. Grounded in research and data, the recommended actions will strengthen the Department's capacity to reduce the risk of suicide by adults in federal custody and advance a culture of safety in its institutions. This work will further the Department's commitment to support the health and safety of individuals in its custody and its employees, consistent with the Department's mission to uphold the rule of law, keep our country safe, and protect civil rights.