



# August 17, 2017 Report 2016-131 FACT SHEET

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## California Department of Corrections and Rehabilitation

*It Must Increase Its Efforts to Prevent and Respond to Inmate Suicides* 

## Background

The California Department of Corrections and Rehabilitation (Corrections) provides mental health care to roughly 123,000 male inmates and 5,800 female inmates incarcerated within its facilities. Although Corrections provides escalating levels of mental health care to inmates up to and including referrals to state hospital facilities, the average suicide rate in Corrections' facilities is significantly higher than the average rate in U.S. state prisons. Also, the suicide rate within its two women's prisons has increased over the last four years with almost all of the female suicides occurring at the California Institution for Women (CIW).

## Key Recommendations

- The Legislature should require Corrections to report annually on its progress in meeting goals related to properly and timely completing suicide risk evaluations and treatment plans, ensuring staff receive appropriate training, and implementing changes resulting from reviews or its internal audits.
- Corrections should do the following:
  - » Require mental health staff to score 100 percent on risk evaluation audits in order to pass.
  - » Implement its automated process to ensure that prison staff conduct checks of inmates on suicide precaution in a timely manner.
  - » Continue to explore programs that could address the suicide risk factors for female inmates.
  - » Ensure prison staff receive the required training related to suicide prevention and response.
  - » Continue to develop its monitoring process to include audits of prisons' risk evaluations and treatment plans.
  - » Implement reviews of suicide attempts with the same scrutiny it gives to suicides to prevent future attempts.

## Key Findings

- Although Corrections established policies for responding to inmates that have attempted or are at risk of attempting suicide, the four prisons we reviewed did not consistently follow the policies in responding to, planning treatment for, and observing such inmates.
  - » All four prisons either failed to complete or inadequately completed required risk evaluations for more than 70 percent of the 36 inmates we reviewed that required these evaluations.
  - » For half of the 36 inmates, mental health staff did not adequately justify the risk levels assigned.
  - » Out of 25 inmates requiring treatment plans, the four prisons did not develop adequate plans for 23 and did not develop plans for two.
  - » Prison staff from all four prisons insufficiently monitored at-risk inmates—they did not observe them at the required time intervals.
- Drug involvement, inmates transfer, and domestic violence may contribute to the higher rate of female inmate suicides and suicide attempts at CIW than at other prisons, yet it and other prisons have not ensured staff are trained on suicide prevention and response.
- Although Corrections has known for years that prisons inadequately complete risk evaluations and treatment plans, it has not ensured prisons comply with its policies and has not completed an audit process it began developing in 2013.

#### Levels of Care in Corrections' Mental Health System

#### Inpatient Care

For inmates whose conditions cannot be treated in the outpatient setting or in short-term mental health crisis-bed stays.

### Crisis Beds

For inmates who require 24-hour nursing care, are a danger to others, and are a danger to themselves.

#### Enhanced Outpatient Program

For inmates with mental disorders who would benefit from the structure of a therapeutic environment and who do not require continuous nursing care.

#### Correctional Clinical Case Management System

For inmates whose conditions are relatively stable and whose symptoms are controlled or are in partial remission as a result of treatment.