CHS Briefing on Suicide Watch and Suicide Prevention in City Jails

Joseph Otonichar, DO
Chief of Mental Health
Correctional Health Services

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Process and criteria to place individuals on suicide watch

- The early identification of individuals at risk for suicide and/or physical self-injury and the risk reduction of those behaviors are central components of CHS' suicide prevention efforts in the jails.
- CHS' Nursing and Medicine Services screen every patient admitted to the jails for risk of suicide and refers individuals with potential mental health needs to the CHS Mental Health Service for evaluation and treatment.
- Patients at risk of suicide or self-harm can be referred to the Mental Health Service at any point for immediate evaluation.
- Mental health staff complete regular suicide risk assessments and consider the risk of suicide and self-harm during all clinical mental health encounters.
- If, at any point, a DOC officer thinks a person in custody is at risk of suicide or self-injury, DOC should immediately initiate constant observation, notify CHS, and produce the individual to clinic for evaluation by CHS.

Process and criteria to place individuals on suicide watch

- ***Suicide watch*** is a term used to designate the **constant observation** of an individual by an **assigned DOC officer** and a minimum of **twice-daily visits by CHS Mental Health staff**.
- CHS makes the clinical determination that a patient requires suicide watch and immediately notifies DOC to initiate constant observation, if they have not done so already. CHS also determines when suicide watch should be discontinued.
- Criteria considered for starting suicide watch include:
  - Patients who endorse thoughts of suicide;
  - Patients who have caused physical self-injury and do not require hospital referral; and
  - Patients requiring observation to prevent suicide and/or serious physical self-injury.

Coordination with DOC regarding housing placements for individuals on suicide watch

- Once a CHS Mental Health practitioner determines that suicide watch is indicated, they will complete a DOC Transfer Notification Form (“TNF”) indicating the initiation of suicide watch.
- If the patient is housed in General Population when Suicide Watch is initiated, CHS staff will indicate on the TNF that a transfer is needed to a Mental Health Therapeutic Housing Unit (e.g., Mental Observation, PACE, or STEP unit).
- CHS also provides a copy of the TNF to the DOC clinic officer, the DOC housing area officer, and/or other relevant staff.

Coordination with DOC regarding housing placements for individuals on suicide watch

- To improve information sharing regarding people in custody who require Suicide Watch, CHS and DOC developed a standardized, automated Suicide Watch Report.
- CHS sends this report, which includes the names of all patients who require suicide watch, to DOC three times daily to inform their staffing plans and to ensure all patients requiring suicide watch have an assigned officer.