

SUICIDE PREVENTION PROGRAM

AUTHORITY: Administrative Directive California Code of Regulations, Title 15, Section 1329 Welfare and Institutions Code, Section 210.2 California Penal Code section 6030

RESCINDS: Procedure Manual Item 3-12-004 dated 08/20/23

FORMS: Unit Face Sheet (F057-6009)
Youth's Daily Welfare Log (F057-10092)
Release Letter (English and Spanish) (Attachment)

PURPOSE: To establish uniform guidelines for providing the appropriate level of supervision for youth who threaten their safety and to enhance suicide prevention measures in all juvenile facilities.

I. GENERAL INFORMATION

- A. The facility administrator, in collaboration with the healthcare and behavioral/mental health administrators, shall plan and implement written policies and procedures which delineate a Suicide Prevention Plan. The plan shall consider the needs of youth experiencing past or current trauma. Suicide prevention responses shall be respectful and in the least invasive manner consistent with the level of suicide risk. The plan shall include the following elements:
 1. **All youth supervision staff and supervisors must complete** Suicide prevention training as required in Section 1322, Youth Supervision Staff Orientation, and Training and the Juvenile Corrections Officer Core Course.
 2. Screening, Identification Assessment and Precautionary Protocols
 - a. All youth shall be screened for risk of suicide at intake and as needed during detention.
 - b. All youth supervision staff who perform intake processes shall be trained in screening youth for risk of suicide.
 - c. All youth who have been identified during the intake screening process to be at risk of suicide shall be referred to behavioral/mental health staff for a suicide risk assessment.
 - d. Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral/mental health assessment.
- B. Referral process to behavioral/mental health staff for assessment and/or services.
- C. Procedures for monitoring of youth identified at risk for suicide.
- D. Safety Interventions

1. Procedures **have been identified** to address intervention protocols for youth identified at risk for suicide which may include, but are not limited to:
 - a. Housing consideration.
 - b. Treatment strategies including trauma-informed approaches.
2. Procedures to instruct youth supervision staff how to respond to youth who exhibit suicidal behaviors.

E. Communication

1. The intake process shall include communication with the arresting officer and family guardians regarding the youth's past or present suicidal ideations, behaviors or attempts.
2. Procedures for clear and current information sharing about youth at risk for suicide with youth supervision, healthcare, and behavioral/mental health staff.

F. Debriefing of Critical Incidents Related to Suicides or Attempts

1. Process for administrative review of the circumstances and responses proceeding, during and after the critical incident.
2. Process for a debriefing event with affected staff.
3. Process for a debriefing event with affected youth.

G. Documentation

1. Documentation processes shall be developed to ensure compliance with this regulation

H. The purpose of a Suicide Prevention Plan is to identify youth who are determined to be at risk for self-harm, refer them to treatment, and ensure they are safe at **all** times while they are in our care. The needs of each youth who have experienced past or present trauma shall be considered. Suicide Prevention responses shall be respectful and in the least intrusive manner consistent with the level of suicide risk. Prior to assuming primary responsibility for the supervision of youth, all juvenile facility staff members are to complete Juvenile Correctional Officer Core Course.

I. **Any** youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services and activities which are available to other non-suicidal youth, unless deemed necessary for the safety of the youth or security of the facility. Any deprivation of programs, services or activities for youth at risk of suicide shall be documented and approved by the facility manager.

J. The preservation of human life shall supersede all other facility responsibilities.

II. STAFF TRAINING – CORE AND ANNUAL TRAINING

- A. All youth supervision staff are required to be trained in suicide prevention. All staff are trained in Juvenile Correctional Officer Core Course and in Annual training. Training consists of the following content areas.**
- B. Suicide prevention training and response to suicide attempts;
- C. Review of policies and procedures referencing trauma and trauma-informed approaches;
- D. Procedures to follow in the event of an emergency;
- E. Documentation of critical incidents;
- F. Identification of the risk factors, warning signs, and indicators of potential suicide and self-injury;
- G. Key issues relating to suicide among justice-involved youth and common precipitating factors while in custody;
- H. Differences between suicide and self-injury;
- I. Responding to suicidal and depressed youth;
- J. Responding to an active suicide attempt;
- K. Cultural issues and youth suicide;
- L. Using referral procedures to the Clinical Evaluation and Guidance Unit (CEGU);
- M. Key issues related to safety watch procedures;
- N. Treatment of youth who attempt suicide, including after the suicidal crisis;
- O. Importance of debriefing and reviewing suicide and self-injury-related incidents.
- P. Intake procedures and appropriate screenings.**

III. ADMISSION PROCEDURE

- A. Only those staff trained to conduct intake and screening process will complete youth admissions.**
- B. As part of the booking process, the IRC staff will talk to the arresting officer **along with the Custody Intake Deputy Probation Officer (DPO) who will communicate with the family** to ascertain any suicidal history or if the youth expressed suicidal ideations.
- C. The booking officer will document the information in the ICMS and will complete a referral to CEGU immediately.
- D. During the Intake process and **upon transferring to a camp setting**, these questions will be asked:

1. Have you wished you were dead in the past few weeks?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself? If yes, how and when?
5. Are you having thoughts of killing yourself right now?

Should the youth answer yes to any of these questions, staff shall make an immediate referral to CEGU **either by phone or a written referral and** the Duty Officer in the absence of CEGU to determine an appropriate suicide level for the youth.

E. Intake Officers **along with the Duty Officer/Supervising Probation Correctional Officer (SPCO)** will also evaluate the following factors **and place any youth deemed to be at risk on the appropriate supervision level, according to policy:**

1. Any youth who openly states they are considering suicide is to be considered a suicide risk.
2. Any youth stating that they thought of or attempted suicide within 60 days before detention is considered a suicide risk.
3. Any youth reporting previous suicide attempts will be considered a suicide risk.
4. Any youth classified as a suicide risk during a previous detention will be considered a suicide risk on a case by case basis.
5. Any youth admitted to the facility under the influence of alcohol or controlled substances will be considered a risk while under the influence or withdrawing from the effects of the intoxicating substance.

F. IRC, staff will administer the Adverse Childhood Experiences (ACEs) questionnaire to all new intakes during intake. This form will be scanned into the youth's document record in ICMS. All suicidal signs, threats, and attempts shall be regarded as real and dangerous, even if they appear to be manipulative, superficial, or lacking serious intent.

G. CEGU staff shall be apprised of all youth placed on suicide risk status immediately.

IV. SCREENING IDENTIFICATION ASSESSMENT

A. Youth will complete the Massachusetts Youth Screening Instrument (MAYSI-2), a self-report inventory of 52 questions that will take approximately 5 to 10 minutes to complete. The questions ask the youth to answer yes/no to having experienced various thoughts, feelings, or behaviors in the past few months. The answers provide scores on 7 scales: alcohol/drug use, angry- irritable, depressed-anxious,

somatic complaints, suicide ideation, thought disturbance, and traumatic experience. The cut-off scores on each scale will allow program staff to determine whether the youth may need immediate attention for suicide precaution or for the assistance of a mental health professional to further assess the youth's behavioral health needs (e.g., substance use, depression).

- B. Youth whom the MAYSI-2 has identified as possibly requiring attention for suicide prevention or present suicide risk factors will:
 - 1. Be placed on an Observation Status (OS), which will consist of 10-minute safety checks; if not already on OS status.
 - 2. Be referred to a CEGU Clinician immediately for evaluation;
 - 3. Be classified as a Suicide Observation Status until CEGU reduces them.
- C. **A** Supervising Probation Correctional Officer (SPCO) will be notified any time a youth is suspected of being a suicide risk.
- D. Unit Staff will contact CEGU.

V. UNIT SUPERVISION

- A. When supervising youth, facility staff are to observe youths' behaviors and actions and periodically discuss their adjustment to detention with them.
- B. Staff members will pay attention to the following indications of suicidal tendencies or mental health needs:
 - 1. Isolation from others or non-participation in regular programming;
 - 2. Loss of appetite;
 - 3. Frequent and noticeable mood changes;
 - 4. Reporting being harassed, bullied, teased, or assaulted by others;
 - 5. Trouble sleeping, nightmares, or sleeping too much;
 - 6. Change in status of pending Court case or receipt of bad news, such as death or serious illness in the family;
 - 7. Verbal statement of intent to inflict self-harms;
 - 8. Bizarre behavior;
 - 9. Self-mutilation, possession of items that could be harmful, making or drawing nooses, and similar behaviors;
 - 10. A youth's request to be referred to CEGU

VI. SUICIDE INTERVENTION PROCEDURES

A. Suicide Risk Status has two levels of observation and precautionary measures available.

1. Observation Status

- a. Observation Status is essentially an awareness assessment level that may be assigned for all intakes with history of suicide risk status or as a step down from SOS or as a precaution by CEGU.
- b. Employees shall regularly observe youth with no less than one visual observation not to exceed a 10-minute period, which is to be documented in the unit logbooks/Institutional Case Management System (ICMS).
- c. Youth shall receive a CEGU staff visit consultation at least once every five days or sooner by request of a facility or CEGU staff. This CEGU contact shall be documented in the unit logbook/ICMS.
- d. Youth may be housed in any unit/facility.
- e. Youth on Observation Status may or may not be informed of being on suicide risk status. A supervisor or administrator will review the rationale for not informing a youth of their status and approve the decision.
- f. Youth are encouraged to join all unit activities. If a youth declines any unit activity, document it in ICMS.
- g. Youth may have roommates.
- h. Youth may have their sheets or pillowcases removed from their sleeping rooms at a Supervising Probation Correctional Officer's (SPCO's)/Administrator's discretion, based on the youth's suicidal behavior history **or history of suicidal behavior. If a youth's sheets or pillowcases must be removed, a youth will receive a suicide blanket.**

2. Suicide Observation Status

- a. Suicide Observation Status is an immediate and critical level of suicide watch based upon:
 - (1) Threats of suicide.
 - (2) A suicide attempt is an intentional act that could lead to death or serious harm to oneself.
 - (3) Behavior demonstrating extreme mental instability indicative of self-harm.
- b. If staff see a youth who has attempted suicide, they will:
 - (1) Call for a medical emergency

- (2) Enter the room once assisting staff arrive
- (3) Administer first aid until medical arrives
- (4) All staff involved will write a Special Incident Report documenting the entire incident.

- B. Youth shall receive constant visual observation by Probation staff. CEGU staff will provide consultation. Staff must document the youth's behavior, statements in the unit logbook/ICMS, and observation notes.
- C. Suicide Observation Status is intended to provide maximum supervision and counseling for a brief period of time following a critical episode in which a youth has demonstrated intent to cause death or serious injury to themselves.
- D. Youth shall receive a CEGU staff visit and consultation once per day during CEGU working hours and more often as determined necessary by CEGU.
- E. All Suicide Observation Status youth shall be considered for housing in **the Special Supervision Unit** of Juvenile Hall, unless otherwise determined by a supervisor or Juvenile Hall administration.
- F. Youth are required to leave clothing, including socks, outside of rooms unless an SPCO/DO/Administrator determines to allow clothing based upon the youth's dynamics. Youth shall be given gym shorts to wear and may keep their T-shirts, sweatshirts, and undergarments if their behavior complies.
- G. No roommates will be allowed.
- H. Youth are to have no sheets or pillowcases in their rooms while on Suicide Observation Status. Youths are to be given extra blankets if requested.
- I. Staff should consider a search of a Suicide Observation Status youth and their room once each shift if deemed appropriate. A screening device Body scanner or wand, or pat down search should be routinely utilized. Staff requires a supervisor's approval and reasonable suspicion before conducting an unclothed or visual body cavity search. When considering reasonable suspicion, the youth's current behavior, mental state, and prior history of self-harm and possession of contraband should be strongly considered. Any search should be logged on the Suicide Observation Notes, and any unclothed body search or visual body cavity search should also be noted in the unit logbook/ICMS, giving the name of the youth, the staff who searched, the name of the approving supervisor, articulation for the more intrusive search and results of the search.
- J. Youth on Suicide Observation Status may remain in their sleeping rooms; however, they will be encouraged to participate in unit daily programming unless this jeopardizes the safety and security of the youth, staff, or facility. If a youth declines any unit activity, document it in ICMS and on the Suicide Observation Status notes.
- K. With supervisor or administrator approval, staff may open the youth's door during waking hours for direct supervision of the Suicide Observation Status youth,

ensuring the facility's safety and security are not jeopardized. While the door is open, staff should counsel the youth to stabilize the youth's behavior, if appropriate. The door should remain closed during sleeping hours unless otherwise directed by the DO, AIC, or Juvenile Hall administrator.

- L. Male and female youth **may** be allowed to shave while on Suicide Observation Status **depending on case dynamics**. Supervisor/Administrator approval **must be obtained, and youth must shave** under the observation of staff who are in direct proximity to the youth. **Justification for not allowing a youth to shave due to safety concerns must be documented in ICMS.**
- M. Youth on Suicide Observation Status may not transfer to any other juvenile facility and must be transferred back to Juvenile Hall from any other facility, except YLA. Suicide Observation Status youth at YLA may remain housed there on a case-by-case basis, depending on the youth's dynamics and as approved by **an** administrator.

VII. SUICIDE RISK REMOVAL

- A. Youth on SOS or OS may be downgraded or removed from suicide risk status via CEGU staff recommendation and unit supervisor/DO and/or if Facility Management (AIC) approves.
- B. Youth on SOS may be reduced to OS if recommended by CEGU and with unit supervisor/DO or Facility Management (AIC) approval.
- C. A youth may be removed or reduced from a suicide risk status without CEGU recommendation only by administrative approval.
- D. Youth removed from SOS shall be placed on OS for at least 24 hours for observational and safety reasons; exceptions must be endorsed by CEGU staff and approved by an administration.

VIII. CAMP RESPONSE TO YOUTH ON SOS OR OS

- A. **Youth on SOS status at YGC shall be transferred back to the JH for stabilization as appropriate and depending on the circumstances and on a case by case basis. If returned to the JH, once cleared, the youth will be immediately returned to the camp. Youth in YLA may remain at the camp on a case by case basis and as approved by facility administration due to the close proximity to the JH and 24-hour services.**

IX. COMMUNICATION

- A. It is critical that juvenile facility staff contact medical providers, CEGU staff, and educational staff document and share key information with one another regarding youth who pose a suicide risk.
- B. The SPCO, or designee, will ensure that all juvenile facility staff and relevant departments are informed when youth are placed on safety watch and relay any specific information needed to keep the youth safe. The SPCO, or designee, will be responsible for briefing the oncoming SPCO, or designee, regarding the status of the youth on safety watch.

- C. The SPCO, or designee, will communicate on a daily basis with the contract medical provider, CEGU staff, and educational staff regarding the youths on suicide watch.
- D. The Deputy Probation Correctional Officer will utilize training and information from behavioral health **to** best communicate and interact with the youth.
- E. Parent(s), legal guardian(s), or persons standing in loco parentis will be notified by the SPCO or designee as soon as possible of their child being placed or removed from suicide watch.
- F. In the event of a serious self-injury, a suicide attempt, or a completed suicide, the SPCO or designee will notify the Chief Probation Officer.

X. DEBRIEFING OF CRITICAL INCIDENTS RELATED TO SUICIDES OR ATTEMPTS.

If a youth sustains injury or dies as a result of suicidal behaviors, obvious feelings of frustration, anxiety, and sadness may result. This is an important time for staff and other youth to have counseling available so they can express their feelings and sentiments regarding the incident. It is suggested that staff closely involved in the incident be moved to another area of the facility when possible.

- A. Debriefing after a suicide attempt or significant self-injury shall be coordinated by the Facility Division Director or designee as soon as possible following the incident.
- B. Debriefing will occur each time a youth engages in significant self-injury or a suicide attempt, as well if a youth dies of suicide and:
- C. Shall include all staff and youth whom the incident may have impacted;
- D. Shall occur as soon as practical after the incident; and,
- E. The breadth and depth of debriefing shall be commensurate with the severity of the incident, ranging from an informal conversation to a formal and structured group progress.
- F. In the event of a crisis, the CEGU clinicians can provide on-site interventions for staff who were both directly and indirectly involved in the incident. Additional outside assistance may be available through:
 - 1. The Employee Assistance Program;
 - 2. Peer Support/TCTI
 - 3. Chaplain (may be helpful in assisting with counseling youth and/or staff).
- G. Youth will be encouraged to talk to behavioral health staff about any thoughts and feelings related to a peer's suicidal or self-injurious behavior.
- H. **An administrative review will be initiated and completed of the circumstances and responses proceeding, during and after the critical**

incident.

XI. DOCUMENTATION

A. All areas of the suicide prevention plan will be documented in ICMS and Special Incident Reports.

REFERENCES:

Procedures:	3-3-003	Death, and Other Serious Incidents Related to Youths in Custody
	3-5-004	Youth's Rights/Orientation
	3-10-003	Deterrence of Unacceptable Behavior
	3-12-003	Referral of Youth to Mental Health
	3-15-003	Observation Reports
Policy:	F-10	Medical Examination and Treatment for Juveniles

Attachment

R. Martinez

APPROVED BY:



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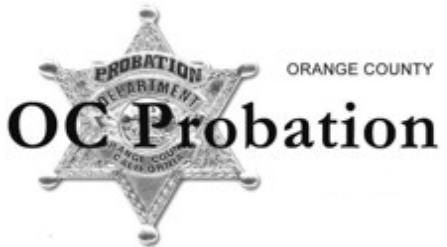
Dear parent/guardian/placement staff:

_____ (youth), _____ (DOB), who is being released from this Juvenile Hall or camp into your custody at _____ hours (time) on _____ (date), is felt to be a potentially suicidal person.

If _____, displays any suicidal behavior, the Orange County Probation Department suggests that you: (1) take him/her to a hospital emergency room for evaluation, (2) call the police/sheriff, (3) call the Clinical Assessment Team (CAT) at (714) 517-6353 or (4) assist him/her in arranging and keeping an appointment at one of the Behavioral Health contract agencies listed on the attached sheet, or at the office of a psychotherapist of your choice who deals with potentially suicidal adolescents.

I acknowledge receipt of this letter regarding _____ (youth) being potentially suicidal.

Signed: _____ Relationship _____



DANIEL HERNANDEZ
CHIEF PROBATION OFFICER

TELEPHONE: (714) 569-2000

1055 N. MAIN STREET, 5TH FLOOR
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Estimado padre/tutor/personal de colocación residencial:

████████ (menor), █████ (fecha de nacimiento), quien ha sido liberado de la Tutelar de Menores (Juvenile Hall) o campo para quedar bajo su custodia a partir de las █████ (hora) el día █████ (fecha), es considerado como una persona potencialmente suicida.

Si █████ (menor), muestra cualquier comportamiento suicida, el Departamento de Libertad Condicional (Probation Department) del Condado de Orange sugiere que usted haga lo siguiente: (1) llevarlo(a) a emergencias de un hospital para una evaluación, (2) llamar a la policía/sheriff, (3) llamar al Equipo de Evaluación Clínica (Clinical Assessment Team) (CAT) al (714) 517-6353 o (4) ayudarlo(a) para hacer y mantener una cita en una de las agencias de Salud Mental (Behavioral Health) que aparecen en la hoja adjunta, o en la oficina de un psicoterapeuta de su elección que se ocupa de adolescentes potencialmente suicidas.

Yo acuso recibo de esta carta relacionada con █████ (menor) siendo potencialmente suicida.

Firma: _____ Parentesco: _____