

Suicide Prevention Plan

932.1 PURPOSE AND SCOPE

The purpose is to establish and implement written policy and procedures for the Suicide Prevention Plan to identify, monitor, respond, and treat youth who are identified as being at risk of suicide while in the custody of Riverside County Probation Department juvenile facilities. This plan is intended to reduce the risk of self-inflicted injury or death by providing a timely and organized response to suicidal thoughts/behaviors, self-injurious behavior, and suicide attempts. This policy applies to all juvenile facility staff.

932.1.1 DEFINITIONS

Definitions related to this policy include:

Closed Circuit Television Security System (CCTSS) – A security camera system which continually maintains and records critical areas of juvenile detention or treatment facilities.

Code 100 A code used to signify a severe medical emergency requiring an immediate response from health care staff, the duty officer, all available back-up staff and emergency response personnel. Severe medical emergencies may include, but are not limited to the following: cardiac arrest, suicide attempt, or an unconscious person.

Massachusetts Youth Screening Instrument (MAYSI) – A screening instrument developed to identify youth with behavioral health needs.

Safety Check – A direct visual observation of youth at random and staggered intervals not to exceed every 15 minutes during hours when youth are asleep or when youth are in their rooms, confined in holding cells or confined to their beds in a dormitory.

Safety Watch – An increased level of monitoring for youth who are at risk of suicide and/or self-injury. The Riverside County Probation Department uses two levels of increased monitoring: Safety Watch Direct Visual Supervision (SW DVS) and Safety Watch 5 (SW5).

Safety Watch Direct Visual Supervision (SW DVS) – This level of monitoring is for youth who are at imminent risk for suicide and/or extremely dangerous self-injury. Staff shall constantly be in the presence of the youth(s).

Safety Watch 5 (SW5) – This level of monitoring is for youth who are at high risk for suicide and/or self-injury. Staff shall conduct safety checks every five minutes when youth are asleep, when youth are in their rooms, confined in holding cells, or confined to their beds in a dormitory.

Self-Injury – Self-injury, also referred to as Non-Suicidal Self-Injury (NSSI), is deliberate, self-inflicted harm to the body, without intent to die. Although not a suicidal behavior, self-injury is a significant risk factor for suicide.

Suicidal Ideations – Expressed behavior or thoughts related to suicide.

Suicidal Preparation – A youth considering suicide may begin to put his or her personal business in order. This may include saying "goodbye" to friends and family members, giving away personal

Suicide Prevention Plan

possessions, stockpiling medication, and cleaning up their room. Some youth will write a note before committing or attempting to commit suicide.

Suicide Attempt – Engaging in potentially self-injurious behavior in which there is at least some intent to die. A suicide attempt may or may not result in injury.

Suicide Risk Assessment – An evaluation conducted by behavioral health staff to identify a youth's risk of suicide and what actions should be taken to ensure his/her safety.

Suicide Risk Screening – An interview or questionnaire designed to identify whether a youth is at risk of suicide.

Trauma – An experience that causes intense physical and psychological stress and physiological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, cognitive, or spiritual well-being.

Trauma Informed Approaches – Policies, practices, and procedures that ensure that all parties involved recognize and respond appropriately to the impact of traumatic stress and ensure the physical and psychological safety of all youth, family members and staff.

932.2 AUTHORITY AND REFERENCES

- Board of State and Community Corrections Title 15 §§ 1322, 1329 and 1354;
- California Penal Code § 4011.6;
- Juvenile Facility Services Policies: Youth Supervision Staff Orientation and Training; HT Radio Communication and Emergency Codes; Safety Checks; Death and Serious Illness or Injury of a Youth While Detained; Admittance; and Prison Rape Elimination Act (PREA) of 2003;
- Welfare and Institutions Code §§ 209, 210 and 885.

932.3 POLICY

It is the policy of the Riverside County Probation Department to reduce the risk of self-inflicted injury or death by suicide when possible by establishing and maintaining a comprehensive Suicide Prevention Plan. The plan is designed to identify youth who are at risk of harming or killing themselves and provides appropriate strategies for intervention. This plan shall consider the needs of the youth experiencing past or current trauma. Suicide prevention responses shall be respectful and shall be enacted in the least invasive manner consistent with the level of suicide risk. Facility manager(s) shall conduct an annual review of Juvenile Facility Services Policy: Suicide Prevention Plan and associated attachments. All staff shall be trained on the Suicide Prevention Plan policy. This policy was developed in collaboration with Riverside University Health System - Behavioral Health (RUHS-BH) and Correctional Health Services (CHS) hereafter referred to as behavioral health staff and on-site health care staff respectively.

Suicide Prevention Plan

932.4 SIGNS OF POTENTIAL SUICIDE RISK

(a) Statements:

1. Talking about or making plans to kill oneself or to be dead;
2. Expressing having no reason or purpose to live;
3. Expressing hopelessness or apathy about life or the future;
4. Expressing severe/overwhelming emotional pain or distress;
5. Expressing remorse, guilt, hurt, rejection, or feelings of being trapped;
6. Expressing immediate or overwhelming family and/or relationship problems;
7. Reporting being harassed, bullied, teased or assaulted by others; and/or
8. Contemplation of the impact of one's death on others.

(b) Key emotions and behavior:

1. Recent or prior suicidal thoughts/behaviors or attempt;
2. Increased irritability, aggression, anger or hostility;
3. Depression/sadness;
4. Isolating themselves from others or withdrawn;
5. Lack of emotion;
6. Inappropriate responses or comments about dying or killing/hurting themselves;
7. Trouble sleeping, nightmares or sleeping too much;
8. Change in appetite or eating behavior;
9. Loss of interest in things they used to enjoy;
10. Increased worry, nervousness, or tension;
11. Dazed, confused, or disoriented;
12. Dangerous risk-taking behavior;
13. Discipline and/or separation status;
14. Impulsivity;
15. Non-Suicidal Self Injury (NSSI)(e.g., cutting, carving, head banging);
16. Unexplained sudden good mood after a period of depression;
17. Giving away or throwing away possessions;
18. Recent concerns with faith, divine judgment and morality of suicide;
19. Requests to be separated from the group or refusal of visits/telephone calls
20. Exhibiting significant difficulty adjusting to a detention/treatment environment;
21. Suicide or goodbye notes; and/or

Suicide Prevention Plan

22. Any behavior intended to make others believe a youth may hurt or kill themselves.
- (c) History and available information:
1. Prior identification as a suicide risk;
 2. Loss of a loved one or family member;
 3. Responsibility for someone's death;
 4. Responsibility or blame for family problems;
 5. Proneness for accidents or dangerous acts;
 6. History of NSSI;
 7. Information from others suggesting suicidal thoughts/behaviors or attempt;
 8. Bad news from court (e.g., not being released, new charges, no placement, transfer to the adult system);
 9. Bad news from family;
 10. Diagnosed behavioral health disorder and/or history of behavioral health symptoms;
 11. Family history of behavioral health illness;
 12. Family history of suicide attempts or death by suicide; and/or
 13. Prior abuse, trauma, neglect, or abandonment.

932.5 PREVENTION

The Riverside County Probation Department is committed to reducing the risk of self-inflicted injury or death by suicide when possible. In addition to the key components of the Suicide Prevention Plan noted below, other overarching strategies for juvenile facilities include:

- (a) Engaging youth in positive programming;
- (b) Fostering positive and appropriate relationships between youth and staff through the use of an incentive-based behavior system and effective communication techniques;
- (c) Promoting community connections through fostering relationships with community-based organizations; and,
- (d) Providing effective re-entry behavioral health services by ensuring youth and their families are referred to community resources.

932.6 STAFF TRAINING

Prior to assuming primary responsibility for supervision of youth, all juvenile facility staff and field deputies assigned to transport in-custody youth and assisting with the supervision of in-custody youth, who interact with or make key decisions about youth shall successfully complete suicide prevention training. Thereafter, all juvenile facility staff shall attend annual suicide prevention refresher training.

Suicide Prevention Plan

At minimum, the training shall include:

- (a) Review of policy and procedures;
- (b) Identification of the risk factors, warning signs and indicators of potential suicide and self-injury;
- (c) Key issues relating to suicide among justice-involved youth and common precipitating factors while in custody;
- (d) Differences between suicide and self-injury;
- (e) Responding to suicidal and depressed youth;
- (f) Responding to an active suicide attempt;
- (g) Cultural issues and youth suicide;
- (h) Trauma informed approaches;
- (i) Gender responsive approaches;
- (j) Efficient communication between probation, RUHS-BH, CHS, and Riverside County Office of Education (RCOE);
- (k) Using referral procedures to behavioral health;
- (l) Key issues related to safety watch procedures;
- (m) Treatment of youth who attempt suicide, including after the suicidal crisis;
- (n) Importance of debriefing and reviewing suicide and self-injury related incidents; and,
- (o) Realistic suicide intervention practice drill(s).

Additionally, all staff shall be trained in cardiopulmonary resuscitation (CPR), first aid and AED and maintain current certification.

932.7 SCREENING AND REFERRAL

Upon initial admittance, the detention control officer (DCO) shall communicate with the arresting officer and with the youth's parent(s)/legal guardian(s) regarding the youth's past or present suicidal ideations, behaviors or attempts. This information is entered on the Juvenile Petition and in the client management system (CMS). Refer to Juvenile Facility Services Policy: Admittance Procedures.

Additionally, near the end of the admissions process all youth shall complete the Massachusetts Youth Screening Instrument (MAYSI). The MAYSI screening shall be administered in a private setting, by appropriately trained staff, and the results will be documented and shared with behavioral health staff.

At-risk youth are identified and screened from one or more of the following sources:

- (a) Responses from the arresting officer and parent(s)/guardian(s) information at the time of admission;
- (b) Score/responses from the MAYSI assessing behavioral health needs, suicide or both;

Suicide Prevention Plan

- (c) DCO observation or knowledge of a youth's intent or plan to hurt themselves;
- (d) Information from family member(s), peers, or staff having knowledge of youth's intent, or plan to hurt themselves; and,
- (e) Information from behavioral health staff or on-site health care staff.

932.8 ASSESSMENT

Youth identified with a current risk for suicide at any point while in custody, including admittance, shall be immediately referred to behavioral health for an in-depth suicide risk assessment. If behavioral health staff is not available, juvenile facility staff shall place the youth on SW DVS while awaiting a behavioral health staff assessment. Behavioral health staff shall conduct a face-to-face suicide risk-assessment of youth as soon as possible, but no longer than 24 hours after a youth's placement on SW DVS.

Behavioral health staff shall be available to probation staff on-site or by telephone, 24 hours a day, 7 days a week. Suicide risk-assessments conducted by behavioral health staff shall determine a youth's degree of suicide risk, the level of monitoring needed (e.g., SW DVS, SW5, no extra monitoring needed), specific components for a safety plan, and if transfer to an inpatient psychiatric facility is necessary. If a potentially suicidal youth remains in the facility, behavioral health staff shall develop an individualized suicide-specific treatment plan.

Youth placed on safety watch will be re-assessed in person by behavioral health staff at least once per day to determine if their risk for suicide has changed.

On-site health care staff shall assess youth on safety watch every 8 hours to evaluate their level of responsiveness, vital signs, hydration status, and any signs of injury.

Youth may be reevaluated as indicated by behavioral health staff, a youth's statement(s), behavior, or information from other sources.

932.9 INCREASED MONITORING

All youth identified at risk of suicide and/or serious self-injury shall be monitored more closely to prevent youth from obtaining the means or opportunity to hurt or kill themselves.

The Riverside County Probation Department uses two levels of increased monitoring to help keep youth safe. These levels of monitoring are identified below:

- (a) Safety Watch Direct Visual Supervision (SW DVS) – This level of monitoring is for youth identified as at imminent risk for suicide and/or extremely dangerous self-injury when youth are in the dayroom, sleeping in their rooms, confined in holding cells, or confined in their beds in a dormitory. When juvenile facility staff or behavioral health staff place a youth(s) on SW DVS, juvenile facility staff must be constantly in the presence of the youth(s) on an uninterrupted basis. Staff shall document their continuous monitoring on a Safety Watch Daily Log (attachment). Youth placed on SW DVS shall remain on this status until a face-to-face assessment is completed by behavioral health staff.

Riverside County Probation Department

Policy Manual

Suicide Prevention Plan

1. SW DVS in a room, holding cell or confined to a bed in a dormitory - All staff responsible for supervising youth shall provide direct visual observation of youth on an uninterrupted basis documenting the observation on the Safety Watch Daily Shift Log and document safety checks at a minimum of every 15 minutes, at random or varied intervals (Refer to Juvenile Facility Policy Safety Checks).
- (b) Safety Watch 5 (SW5) – This level of monitoring is for youth identified as high risk for suicide and/or self-injury. When behavioral health staff places a youth on SW5, staff must conduct a direct visual observation every 5 minutes. When in the dayroom, staff shall conduct and document the observation on a Safety Watch Daily Shift Log. Youth placed on SW5 shall remain on this status until a face-to-face assessment is completed by behavioral health to determine if the youth is at risk.
1. SW 5 in room, holding cell or confined to a bed in a dormitory - Five-minute safety checks shall be conducted and documented whether the youth is residing/sleeping in an individual/group room, or in a dormitory setting. All staff responsible for supervising youth shall provide direct visual observation of youth at a minimum of every 15 minutes, at random or varied intervals. (Refer to Juvenile Facility Policy Safety Checks, If the safety check system malfunctions, staff are to use the Safety Watch 5 (SW5) Direct Visual Observation form (Attachment).

The Closed Circuit Television Security System (CCTSS) and other ways of monitoring suicidal and/or self-injurious youth can supplement, but never replace, in-person staff monitoring.

932.9.1 DOCUMENTATION

All instances of youth identified at risk of suicide and/or serious self-injury shall be documented in an incident report in CMS pursuant to department Policy 957: Reporting of Incidents and Other Information.

Documentation shall include an Incident Report (IR), Safety Watch Notification Form, behavioral health referral, Safety Watch 5 (SW5) Direct Visual Observation Sheet, if applicable (safety checks), and a Safety Watch Daily Shift Log. Additionally, at the conclusion of a safety watch, a Safety Watch Removal form shall be completed.

Safety checks shall be documented in real time using the facility's safety check system.

932.10 JUVENILE FACILITY STAFF RESPONSIBILITIES WHEN PLACING YOUTH ON SAFETY WATCH

Any time staff identifies a youth that presents with a current risk of suicide and/or serious self-injury; staff shall do the following:

- (a) Contact behavioral health staff for a suicide risk-assessment to identify the level of monitoring required;
- (b) Place the youth on the level of monitoring recommended;
- (c) If behavioral health is not on site and or available for a suicide risk-assessment, place the youth on SW DVS;

Riverside County Probation Department

Policy Manual

Suicide Prevention Plan

- (d) Notify the DO immediately for review and approval;
- (e) Verbally notify behavioral health (when they are on site and on-site health care staff immediately upon youth's placement on safety watch;
- (f) Submit a behavioral health referral for an in-depth suicide risk-assessment;
- (g) Complete the Safety Watch Notification form (attachment) and distribute it as follows:
 - 1. RUHS-BH;
 - 2. The youth's unit file;
 - 3. CHS;
 - 4. DO; and,
 - 5. Riverside County Office of Education (RCOE).
- (h) Complete an incident report in CMS;
- (i) Document the youth's name, date/time and level of monitoring the youth was placed on in the unit daily log and roster; and,
- (j) Shift 1 staff shall enter a summary of the Safety Watch Daily Shift Log (attachment) into the detention contacts in CMS.

On each shift, staff assigned to perform the increased monitoring shall complete the Safety Watch Daily Shift Log (attachment).

932.11 DUTY OFFICER (DO)/SUPERVISING PROBATION OFFICER (SPO) RESPONSIBILITIES WHEN PLACING YOUTH ON SAFETY WATCH

Following the placement of youth on safety watch, the DO/SPO shall do the following:

- (a) Ensure staff involved prepare an incident report in CMS regarding the placement of the youth on safety watch;
- (b) Document in the duty log the date, time, and name of youth placed on safety watch;
- (c) Ensure behavioral health staff, on-site health care staff, educational staff, all sites probation staff and youth's assigned deputy probation officer have been notified via an electronic copy of the Safety Watch Notification form (attachment). A hard copy of the behavioral health referral shall be submitted prior to the end of the shift. If behavioral health staff are not on site, the DO shall contact the on-call behavioral health staff;
- (d) Notify the youth's parent(s)/guardian, those standing in loco parentis or spouses by telephone;
 - 1. Youth 18 years of age or older have legal authority to decide if we contact those above. If they elect notification not be made, the DO shall document this in the incident report;
- (e) Ensure information regarding the youth's behavior, while on safety watch, is verbally reported to all staff assuming the shift; and
- (f) Upon assuming the shift, the DO shall review the Active Separation Log in CMS and note the name and location of each youth on safety watch.

Suicide Prevention Plan

932.12 DOWNGRADING OR REMOVING YOUTH FROM LEVELS OF MONITORING

Only behavioral health staff, in collaboration with the DO/SPO, is authorized to downgrade or remove a youth from safety watch. Behavioral health shall communicate to the youth the reasoning for, retaining them, downgrading them, or removing them from safety watch.

- (a) Upon removal from safety watch, the DO/SPO shall:
 - 1. Verbally notify the unit staff.
 - 2. Notify and document contacting parent(s)/guardian, those standing in loco parentis or spouses, if applicable.
 - 3. Send the electronic copy of the Safety Watch Removal form to RUHS-BH, CHS, RCOE, all sites probation staff, and the youth's probation officer.
- (b) Document the date, time, name of youth, and DO/SPO authorizing removal in the duty log and CMS.
- (c) Send the completed Safety Watch Removal form (attachment to the youth's site file).

Unit staff shall document the following:

- (a) Document the youth's name, status and date/time youth was removed from safety watch on the unit daily log.

932.13 SAFE HOUSING

At the beginning of the shift, the staff shall ensure their suicide cut down tool and CPR shield are in working order and verify the location and working order of emergency equipment on the unit. Staff unfamiliar with the unit shall confirm the location of the emergency equipment. Staff assigned to work in a living unit shall review the unit's daily log and roster to ensure they are aware of any youth who may be on a safety watch. If staff are unfamiliar with the youth, they will either contact the youth (during waking hours) or review the youth's image in CMS (during sleeping hours).

If youth on safety watch sleep in the dorm setting, they must be on a lower bunk, in close proximity to staff unless precluded by safety or security concerns. If the youth sleeps in a room, it is recommended the youth should sleep in a camera room.

Suicidal and/or serious self-injurious youth shall remain in regular clothing, unless they use their clothing to harm themselves or with a recommendation from behavioral health staff to limit access to specific clothing articles (socks, bra, etc.) At no time shall a youth's clothing be forcefully removed from their person except for life saving measures. In those instances, only that piece of clothing shall be removed in consultation with the DO.

Suicide prevention gowns shall not be used, except in circumstances where it is necessary for the youth's safety. In this case DO approval and behavioral health staff consultation is required. Such circumstances may include a youth using their issued clothing in attempt to asphyxiate or harm themselves.

Suicide Prevention Plan

Youth shall be provided one set of clothing at a time as appropriate for the activity. Youth shall never be forced to wear clothing that identifies their risk of suicide other than the suicide gown, when appropriate.

Youth on safety watch should not be isolated (i.e., separation). If this must be done for safety reasons, the decision shall be made by the DO/SPO.

Social interaction is essential to the prevention of suicide and/or self-injury. 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.

932.13.1 PLACEMENT OF YOUTH ON SUICIDE WATCH IN A ROOM

The following shall be completed before placing a youth on suicide watch in a room:

- (a) Staff shall search the youth and their room for any potential hazards and remove them before the youth is allowed in the room.
- (b) All excess clothing items shall be removed. Youth shall be allowed only one pair of pants or shorts, one shirt or sweatshirt, and gender-appropriate undergarments.

The youth may have a mattress, one or more safety blankets, and a safety pillow. All sheets, cotton/wool blankets, and standard pillows/pillowcases shall be removed from the room.

932.14 TRANSPORTATION OF A YOUTH ON SAFETY WATCH

When a youth is on safety watch and is transported:

1. The DCO of the sending facility will close out the Safety Watch Packet indicating the youth is being transferred to another housing facility and create a new Safety Watch Packet for the transportation staff and receiving facility.
2. The transporting staff delivering the youth, shall maintain the safety watch packet and document supervision until the youth is checked into another facility (detention, treatment, ETS, hospital, out of county, etc.) For the Riverside County juvenile facility receiving the youth, the duty officer or designee shall then create a new IR, and follow the steps in 932.11 Duty Officer/SPO Responsibilities when Placing Youth on Safety Watch to continuing the level of monitoring dictated by the prior site.
3. To medical, dental and any other off-site supervision, the transporting staff shall maintain the safety watch packet and document supervision until the youth is returned to the facility.

When placing a youth on safety watch into a vehicle for transportation, regardless of status, staff shall ensure they are in possession of their safety knife and CPR shield. When seating a youth in a vehicle, the youth shall be seated in the first row ensuring staff have a direct visual of the youth and their movement, documenting the time of observation on the Safety Watch Daily Shift Log form.

Suicide Prevention Plan

932.15 RESPONDING TO AN ACTIVE SUICIDE ATTEMPT

Juvenile facility staff and the DO who discover a youth attempting suicide shall:

- (a) Immediately respond, assess the severity of the emergency, announce [REDACTED] via the Handie-Talkie (HT) radio to summon assistance from on-site health care staff, the DO, all available back-up staff and emergency response personnel. Refer to Juvenile Facility Services Policy: HT Radio Communication and Emergency Codes;
- (b) Begin life-saving measures and never assume the youth is dead. Staff shall do all they can to keep the youth alive until emergency response personnel take over;
- (c) Call (9) 911 for assistance from emergency response personnel when needed; and,
- (d) Direct a staff to escort emergency response personnel into and out of the facility.

932.16 TREATMENT

Behavioral health staff shall develop a safety plan specifically targeting suicidal and/or self-injurious thoughts/behavior and include trauma informed approaches for all youth placed on safety watch. This plan shall be distributed to all partner agencies.

Behavioral health staff shall use evidence-based or best practice psychotherapy with youth on safety watch to reduce suicidal and/or self-injurious thoughts and behavior.

Psychotropic medication may be prescribed as determined by on-site health care staff or behavioral health staff.

Behavioral health staff shall provide treatment to suicidal and serious self-injurious youth during high-risk periods, as well as provide follow-up treatment after removal from safety watch to reduce the risk of relapse.

932.17 COMMUNICATION

It is critical that juvenile facility staff, behavioral health staff, health care staff and educational staff document and share key information with one another regarding suicidal and self-injurious youth.

The DO shall ensure that all juvenile facility staff and relevant departments (e.g., RUHS-BH, CHS, and RCOE) are informed when youth are placed on safety watch and relay any specific information needed to keep the youth safe. The DO shall be responsible for briefing the incoming shift DO regarding the status of youth on safety watch. Additionally, the DO shall consult with RUHS-BH regarding the type of incident for documentation and statistical purposes.

Probation shall communicate on a daily basis through the daily huddles with behavioral health staff, health care staff, and educational staff regarding youth on safety watch.

Juvenile facility staff shall utilize training and information from behavioral health to best communicate and interact with high-risk youth. Juvenile facility staff are encouraged to build and maintain relationships that foster trust with all youth, and especially those on safety watch.

Suicide Prevention Plan

Parent(s)/legal guardian(s) shall be notified by the DO or designee as soon as possible of a youth being placed on or removed from safety watch and asked about strategies that have previously decreased their child's distress.

In the event of a serious self-injury, a suicide attempt or death by suicide, the DO shall notify the facility manager(s) or chain of command as soon as possible as outlined in Juvenile Facility Service Policy: Death and Serious Illness or Injury of a Youth While Detained, shall be followed.

932.18 DEBRIEFING OF CRITICAL INCIDENTS RELATED TO SUICIDE OR SUICIDE ATTEMPTS

If a youth sustains injury or dies as a result of suicidal behavior, 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.

Debriefing for youth and juvenile facility staff after a suicide attempt or significant self-injury shall be coordinated by the facility manager or designee as soon as possible following the incident.

Debriefing shall occur each time a youth engages in significant self-injury or a suicide attempt, as well if a youth dies by suicide.

The process for debriefing an incident shall include, but not be limited to:

- (a) Review of the circumstances and responses preceding, during, and after the critical incident;
- (b) Review of incident reports;
- (c) Review of video (if available);
- (d) Review of relevant policies for revision, if necessary.
- (e) Shall include all staff and youth who may have been impacted by the incident;
- (f) Shall occur as soon as practical after the incident; and,
- (g) The debriefing shall be informal or formal depending on the severity of the incident.

The facility manager or designees shall document the information from the debriefing in the corresponding incident report.

In the event of a crisis, the Employee Assistance Services (EAS) Team is trained in Critical Incident Stress Debriefing (CISD). The DO or facility manager(s) shall contact EAS to coordinate the CISD at (888) 829-8999.

Additional outside assistance may be available through:

- (a) Trauma teams;
- (b) Private sources; and,
- (c) Chaplain (may be helpful in assisting with counseling youth and/or staff).

Suicide Prevention Plan

Youth shall be encouraged to talk to behavioral health staff about any thoughts and feelings related to a peer's suicidal or self-injurious behavior.

932.19 REVIEW OF SUICIDE AND SERIOUS SELF-INJURIOUS BEHAVIOR AND POLICY

All suicide or serious self-injury related incidents shall be reviewed by the Chief Deputy Probation Officer for Institutions to better understand the circumstances surrounding the incident and what necessary improvement measures are required, if any. The more serious the incident, the more extensive the review shall be.

There shall be a written annual review of the Suicide Prevention Plan by the facility manager(s) to ensure the plan is current and relevant to the facilities' population, documenting their review on the annual security review form attached to Juvenile Facility Service Policy: Security Review.

932.20 RELEASE FROM A JUVENILE FACILITY

When a youth on safety watch is being released, juvenile facility staff shall notify behavioral health staff to conduct a suicide risk assessment.

If a youth is no longer at risk, he/she shall be removed from safety watch and released to placement, another county, to parent(s)/ legal guardian(s) or released to self if youth has reached the age of majority.

When a youth is ordered released, yet behavioral health staff still considers the youth to be a threat to self, others, or gravely disabled, the DO will consult with behavioral health for further assessment. If after the assessment behavioral health continues to believe the youth is at risk, behavioral health will proceed with their 5150 protocol/procedure (see BHS for protocol).

At the time of release, the DO shall provide parent(s)/legal guardian(s) with the following information:

- (a) Behavioral Health Resource List.

Date last reviewed: 05/29/2024

Date(s) revised: 05/29/2024; 08/27/2020; 03/07/2019; 11/22/2016; 02/04/2016; 05/03/2011; and 12/23/2005.

Created: 03/01/2000

Attachments:

1. [All Facility Daily Huddle](#)
2. [Safety Watch 5 \(SW5\)](#)
3. [Safety Watch Notification](#)
4. [Safety Watch Daily Shift Log](#)
5. [Safety Watch Removal](#)