

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 at risk of dying by 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.

██████████ – 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 designed to identify youth with behavioral health issues.

Safety check – A direct visual observation of youth. Staff conducts and documents safety checks at random and staggered intervals not to exceed every 5 minutes on the Safety Watch Documentation Sheet (attachment).

Safety watch – An increased level of monitoring for youth. The Riverside County Probation Department uses two levels of increased monitoring: Safety Watch 1:1 (SW1:1) and Safety Watch 5 (SW5).

Safety watch 1:1 (SW1:1) – This level of monitoring is for youth who are at imminent risk for suicide and/or extremely dangerous self-injury. Staff continuously monitor these youth and document their monitoring every 5 minutes.

Safety watch 5 (SW5) – This level of monitoring is for youth who are at high risk for suicide and/or self-injury. Staff conduct 5 minute safety checks for these youth.

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 – Thoughts related to wanting to die or kill oneself.

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

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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.

Tarasoff notice – A warning to a person who may become the victim of a violent act by a patient (youth) being treated/seen by behavior health. Reference *Tarasoff v. Regents of the University of California* (1976) 17 Cal.3d 425.

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 & 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 & 885.

932.3 POLICY

It is the policy of the Riverside County Probation Department to prevent suicide 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 provide appropriate strategies for intervention. 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.

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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

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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 preventing youth from becoming suicidal or self-injurious. 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 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.

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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) Efficient communication between probation, RUHS-BH, CHS, and Riverside County Office of Education (RCOE);
- (i) Using referral procedures to behavioral health;
- (j) Key issues related to safety watch procedures;
- (k) Treatment of youth who attempt suicide, including after the suicidal crisis; and
- (l) Importance of debriefing and reviewing suicide and self-injury related incidents.

All staff shall be trained in cardiopulmonary resuscitation (CPR), first aid and other life-saving measures upon hire, and maintain current certification.

Realistic suicide intervention practice drills shall be conducted randomly and regularly at least twice per year.

932.7 SCREENING AND REFERRAL

The detention control officer (DCO) shall request the law enforcement officer to complete an Arresting Officer Questionnaire (attachment) prior to accepting custody of the youth. The DCO shall conduct a telephone interview with the youth's parent(s)/legal guardian(s) and complete a parent/legal guardian telephone interview form. Refer to Juvenile Facility Services Policy: Admittance Procedures.

Upon initial admittance and prior to being placed on a unit, all youth shall be screened for risk of suicide and serious self-injury. The Massachusetts Youth Screening Instrument (MAYSI) shall be administered near the end of the admittance process to allow youth time to adjust to their current situation. The screening shall be conducted in a private setting, by appropriately trained staff using a standardized form with interview questions and behavioral observations.

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

- (a) Responses from the Arresting Officer Questionnaire (attachment);
- (b) Score/responses from the MAYSI assessing behavioral health, suicide or both;
- (c) DCO observation;

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- (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.

If youth are identified as "at-risk" for suicide or serious self-injury, the DCO shall place them on SW1:1 monitoring and immediately notify the DO.

Youth shall be reevaluated at important transition points (e.g., transfer, court hearing, etc.) and when indicated by a youth's statement(s), behavior, or information from other sources.

932.8 ASSESSMENT

Youth at 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. Youth deemed to be at risk for suicide and/or serious self-injury shall be placed on SW1:1 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 SW1:1.

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., SW5, SW1:1, no extra monitoring needed), specific components for a safety plan, and if transfer to inpatient psychiatric services 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.

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 1:1 (SW1:1)** – When a youth is placed on SW1:1, staff must continuously monitor the youth on an uninterrupted basis. Staff shall document their continuous monitoring of the youth every 5 minutes on a Safety Watch Documentation Sheet (attachment). This level of monitoring is for youth identified as at imminent risk for suicide and/or extremely dangerous self-injury. Youth on SW1:1 are continuously monitored and this monitoring is documented every 5 minutes, whether the youth is residing in an individual room, in a dormitory setting, while engaging in activities or sleeping. When juvenile facility staff determine that a youth is at risk for suicide and/or serious self-injury, staff must place the youth on SW1:1. Youth placed on SW1:1 shall remain on this status until a face-to-face assessment is completed by behavioral

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health staff. If a youth is placed on SW1:1 by behavioral health staff, the youth shall remain on this status for a minimum of 24 hours.

- (b) **Safety Watch 5 (SW5)** – When a youth is placed on SW5, staff must conduct safety checks every 5 minutes. Staff shall conduct and document safety checks at random and staggered intervals not to exceed every 5 minutes on a Safety Watch Documentation Sheet (attachment). This level of monitoring is for youth identified as high risk for suicide and/or self-injury. Only behavioral health staff can place a youth on SW5, and once placed on SW5 by behavioral health staff, the youth must remain on this status for a minimum of 24 hours. Five minute safety checks shall be conducted and documented whether the youth is residing in an individual room, in a dormitory setting, while engaging in activities or sleeping.

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

Safety checks shall be documented in real time on the Safety Watch Documentation Sheet (attachment). For SW5, the respective box shall be checked. For SW1:1, the respective box shall be checked.

932.10 JUVENILE FACILITY STAFF RESPONSIBILITIES WHEN PLACING YOUTH ON SAFETY WATCH

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

- (a) Place youth on SW1:1;
- (b) Notify the DO immediately for review and approval;
- (c) Verbally notify behavioral health (when they are on site) and on-site health care staff immediately upon youth's placement on safety watch;
- (d) Submit behavioral health referral for an in-depth suicide risk-assessment;
- (e) 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).
- (f) Complete an incident report in the Juvenile Adult Management System (JAMS);
- (g) Document the youth's name, status and date/time youth was placed on SW1:1 on the unit daily log and roster; and
- (h) Enter a summary of the Safety Watch Daily Shift Log (attachment) into the detention contacts in the JAMS by the end of their shift.

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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 the JAMS regarding the placement of the youth on safety watch;
- (b) Document in the duty log and the Separation/Safety Watch Daily Review Log (attachment) the date, time, and name of youth placed on safety watch;
- (c) Ensure behavioral health staff, on-site health care staff, and educational staff have been notified via the Safety Watch Notification form (attachment) and a behavioral health referral has been submitted. If behavioral health staff are not on site, the DO may contact the on-call behavioral health staff if deemed necessary;
- (d) Notify the youth's deputy probation officer (DPO) and supervisor via email;
- (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 the JAMS and note the name and location of each youth on safety watch.

932.12 DOWNGRADING OR REMOVING YOUTH FROM INTENSIVE 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 youth the reasoning for placing them, retaining them, downgrading them, or removing them from safety watch.

Upon removal from safety watch, the DO/SPO shall notify the unit staff and document the date, time, name of youth, and DO/SPO authorizing removal in the following:

- (a) Duty log;
- (b) Separation/Safety Watch Daily Review Log (attachment);
- (c) Safety Watch Removal form (attachment) and distribute it as follows:
 1. RUHS-BH;
 2. The youth's unit file;
 3. CHS;
 4. DO; and
 5. RCOE.

Unit staff shall document the following:

- (a) Update the youth's change of status on a Youth's Change of Classification/Status/Unit form (attachment) and submit it to the DO prior to the end of their shift; and

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

932.13 SAFE HOUSING

Youth on safety watch should sleep in the dorm setting, if available, unless precluded by safety or security concerns. Youth shall sleep on lower bunks in close proximity to staff for proper supervision.

Suicide cut down tools shall be assigned to all probation staff and inventoried on every shift.

Suicidal and/or serious self-injurious youth shall remain in regular clothing, unless they use their clothing to harm themselves. 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 and is done with approval from the DO. Such circumstances may include a youth using their issued clothing in attempt to asphyxiate or harm themselves.

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.

At no time shall a youth's clothing be forcefully removed from their person except for life saving measures.

Social interaction is essential to the prevention of suicide and/or self-injury. Therefore, suicidal and self-injurious youth shall have access to the same academic, recreation, and leisure opportunities as their peers, unless these are modified for safety purposes as approved by the DO.

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 and the youth must be elevated to SW1:1.

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 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 "██████████" 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

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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.

At the beginning of the shift, the staff shall verify the location and working order of emergency equipment on the unit, including the first aid kit, rescue tools, and CPR shield. Staff unfamiliar with the unit shall confirm the location of the emergency equipment.

932.15 TREATMENT

Behavioral health staff shall develop individualized treatment plans specifically targeting suicidal and/or self-injurious thoughts/behavior and include trauma informed approaches for all youth placed on safety watch.

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.

932.16 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.

Probation shall communicate on a daily basis 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.

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.

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The DPO/officer of the day and their SPO shall be notified of a youth being placed on or removed from safety watch by the DO via email.

In the event of a serious self-injury, a suicide attempt or a completed suicide, the DO shall notify the facility manager(s) or chain of command as soon as possible.

Notifications regarding death by suicide, as outlined in Juvenile Facility Services Policy: Death and Serious Illness or Injury of a Youth While Detained, shall be followed.

932.17 DEBRIEFING

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 after a suicide attempt or significant self-injury shall be coordinated by the facility manager(s) 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 and:

- (a) Shall include all staff and youth who may have been impacted by the incident;
- (b) Shall occur as soon as practical after the incident; and
- (c) 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 process.

In the event of a crisis, the Employee Assistance Services (EAS) Team is trained in Critical Incident Stress Debriefing (CISD) and can provide on-site interventions for staff who were both directly or indirectly involved in the incident. 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).

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.

932.18 REVIEW OF SUICIDE AND SERIOUS SELF-INJURIOUS BEHAVIOR

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

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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.

932.19 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 parent(s)/ legal guardian(s) or released to self if youth has reached the age of majority.

When a youth is releasable, yet is still considered a threat to self or others per California Penal Code Section 4011.6:

- (a) If the threats to others are credible, consult with law enforcement to determine if new charges can/shall be filed;
- (b) Determine who the youth shall be released to, notify them of the impending release and the youth's current status as a threat to self or others;
- (c) If there is an identifiable intended victim, make any appropriate Tarasoff notices;
- (d) Behavioral health staff shall call an ambulance to take the youth to Emergency Treatment Services (ETS) (or Telecare in the Desert) for evaluation;
- (e) Probation or behavioral health staff shall call the parent(s)/legal guardian(s) or social worker to discuss the plan to evaluate the youth at ETS prior to release to them;
- (f) Probation shall follow the ambulance to ETS and meet the parent(s)/legal guardian(s) or social worker to have them sign release paperwork;
- (g) Probation shall stay with the youth at ETS until the parent(s)/legal guardian(s) or social worker signs release form;

If a parent(s)/legal guardian(s) or social worker declines to sign the release paperwork or take custody of the youth:

- (a) Probation shall return youth to custodial setting after release from ETS; and
- (b) Return case to court to advise of the situation, and make appropriate recommendation for a court order depending on the situation.

The DO shall provide parent(s)/legal guardian(s) with the following information:

- (a) Parent Empowerment Packet (PEP); and
- (b) Behavioral Health Resource List.

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05/03/2011

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Attachments:

1. [Arresting Officer & Parent/Guardian Intake Questionnaire](#)
2. [Safety Watch Documentation Sheet](#)
3. [Safety Watch Notification](#)
4. [Safety Watch Daily Shift Log](#)
5. [Safety Watch Removal](#)

ARRESTING OFFICER & PARENT/GUARDIAN INTAKE QUESTIONNAIRE

Youth's Name: _____ Youth's DOB: _____ CID: _____

I. ARRESTING OFFICER

Arresting Officer's Name: _____ Arresting Officer's ID#: _____

Did youth report any illness/injury? Yes No

Did youth report drug/alcohol use? Yes No

Did youth report suicidal ideations/thoughts and/or history? Yes No

Describe youth's behavior while in custody: _____

Additional Comments: _____

Officer's Signature: _____ Date: _____ Time: _____

DCO's Signature: _____ Date: _____ Time: _____

Print Name: _____

II. PARENT/GUARDIAN

Parent/Guardian Contacted? Yes No Date: _____ Time: _____

Name: _____ Relationship: _____ Primary Language: _____

Is there any history of suicidal ideation, behavior, and/or attempts? Yes No

Is the youth receiving mental health services (counseling/therapy/medication)? Yes No

Does the youth have any special needs (physical/developmental/sensory/emotional)? Yes No

If yes, provide explanation: _____

Additional Comments: _____

Additional Telephone Calls Attempted? Yes No

Name: _____ Relationship: _____ Date: _____ Time: _____

Phone #: () _____ Call Completed? Yes No

If not, reason: No Phone Youth Declined No Answer Busy Responsible Party Not Home

Name: _____ Relationship: _____ Date: _____ Time: _____

Phone #: () _____ Call Completed? Yes No

If not, reason: No Phone Youth Declined No Answer Busy Responsible Party Not Home

Youth's Signature: _____ Date: _____ Time: _____

DCO's Signature: _____ Date: _____ Time: _____

Print Name: _____

SAFETY WATCH NOTIFICATION

To be completed by juvenile facility staff when placing a youth on safety watch. The completed form shall be turned in to the duty officer (DO) immediately. A copy of this form shall be distributed to RUHS-BH, the youth's unit file, CHS and RCOE. In the event the youth is being removed from a treatment facility as a result of the safety watch, this form shall accompany the youth to juvenile hall.

RJH IJH SJH AMC-YTEC

YOUTH'S NAME: _____ CID: _____ D.O.B.: _____ UNIT: _____

SAFETY WATCH BEGAN: DATE: _____ TIME (ON IR): _____ IR#: _____

COMPLETED BY: _____ DATE: _____ TIME: _____

Check All Applicable Factors:

1. Arresting officer observation and responses from the MAYSI.
2. Information from peers, family member(s) or staff having knowledge of a youth's intent, or plan to hurt themselves.
3. Information from the Riverside University Health System – Behavioral Health or Correctional Health Services.
4. Expressed desire to hurt themselves.
5. Past history of suicide attempts.
6. Family history of suicide.
7. Sudden change in behavior or hygiene.
8. Self-injurious behavior (head banging, punching walls, cutting/carving on self, etc.).
9. Suicide notes or goodbye notes (attach).
10. Isolation, requests for Self-Placement Separation (SPS) or refusal of visits.
11. Recent bad news (court outcome, family illness, death, etc.).
12. Recent concerns with faith, divine judgment, and morality of suicide.
13. Trauma.
14. Other: _____

Comments: _____

SPO/DO Approval:	(Print)	(Sign)
Date:		
Behavioral Health Recommendation:		
SW1:1 <input type="checkbox"/>	SW5 <input type="checkbox"/>	safety watch not required <input type="checkbox"/>
Behavioral Health Staff:	(Print)	(Sign)
Date:		

Behavioral health shall review the form and notify the DO/supervising probation officer (SPO) of the assessment outcome. The DO/SPO shall notify the unit staff of the action taken, document in the duty log, and on the Separation/Safety Watch Daily Review Log the date, time and name of youth placed on safety watch. The DO shall ensure that 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.

Only behavioral health staff, in collaboration with the DO/SPO are authorized to downgrade or remove a youth from safety watch. The DO/SPO shall complete a Safety Watch Removal form and distribute it to RUHS-BH, the youth's unit file, CHS and RCOE. The DO/SPO shall notify the unit staff of the action taken, document in the duty log, and on the Separation/Safety Watch Daily Review Log the date, time, name of youth, and DO/SPO authorizing removal.

SAFETY WATCH DAILY SHIFT LOG

To be completed daily by juvenile facility staff when a youth is on a safety watch. The completed form shall be placed with the related Safety Watch Notification form on the unit. In the event the youth is being removed from a treatment facility as a result of the safety watch, this form and all related forms shall accompany the youth to juvenile hall.

RJH **IJH** **SJH** **AMC-YTEC**

YOUTH'S NAME: _____ CID: _____ D.O.B.: _____ UNIT: _____

SAFETY WATCH BEGAN: DATE: _____ TIME (ON IR): _____ IR#: _____

SAFETY PLAN REVIEWED: _____ / _____ / _____
AM SHIFT PM SHIFT NT SHIFT

DATE COMPLETED:

	INITIALS:	REFUSED:	COMMENTS:
BREAKFAST			
AM SNACK			
LUNCH			
LARGE MUSCLE EXERCISE			
DINNER			
HYGIENE			
PM SNACK			
SCHOOL			
UNIT PROGRAMS			

EACH ENTRY BELOW REQUIRES DATE, TIME, STAFF'S PRINTED NAME & A BRIEF SYNOPSIS OF OBSERVED BEHAVIOR

BEHAVIOR/ COMMENTS:

DATE: _____	DO/SPO REVIEW: _____	TIME: _____	AM SHIFT
DATE: _____	DO/SPO REVIEW: _____	TIME: _____	PM SHIFT
DATE: _____	DO/SPO REVIEW: _____	TIME: _____	NT SHIFT

SAFETY WATCH REMOVAL

To be completed by the duty officer (DO)/supervising probation officer (SPO) and behavioral health staff when removing a youth from safety watch. A copy of this form shall be distributed to RUHS-BH, the youth's unit file, CHS and RCOE. In the event the youth is being removed from a treatment facility as a result of the safety watch, this form shall accompany the youth to juvenile hall.

RJH **IJH** **SJH** **AMC-YTEC**

YOUTH'S NAME: _____ CID: _____ D.O.B.: _____ UNIT: _____

SAFETY WATCH BEGAN: DATE: _____ TIME (ON IR): _____ IR#: _____

COMPLETED BY: _____ DATE: _____ TIME: _____

1. Youth committed to their safety.
2. Safety plan completed.
3. Youth agreed to cooperate with collaboratively developed safety plan.
- 4.. Other:

Behavioral Health Comments:

Recommend Removal from Safety Watch

Behavioral Health Staff:	(Print)	(Sign)
Date/Time		

Duty Officer Comments:

Approved Removal from Safety Watch

Duty Officer/Supervising Probation Officer:	(Print)	(Sign)
Date/Time		

SAFETY WATCH ENDED: **DATE:** _____ **TIME:** _____

Only behavioral health staff, in collaboration with the DO/SPO, are authorized to downgrade or remove a youth from safety watch. The DO/SPO shall notify the unit staff of the action taken, document in the duty log, and on the Separation/Safety Watch Daily Review Log the date, time, name of youth, and DO/SPO authorizing removal.