
Suicide Prevention and Intervention

707.1 PURPOSE AND SCOPE

This policy is intended to reduce the risk of youth suicide through risk identification and appropriate intervention (15 CCR 1329).

707.2 POLICY

The Department will develop a suicide prevention plan to identify and monitor potentially suicidal youths and appropriately intervene.

707.3 MEMBER RESPONSIBILITIES

Any member who identifies a youth who displays suicidal signs shall immediately notify a supervisor and the appropriate medical/mental health staff as described in the Health Authorities Policy. The youth shall be monitored via direct visual supervision by an officer until the Watch Commander or their designee can consult with a mental health professional regarding level of supervision and approves another form of monitoring. The Watch Commander or the authorized designee shall determine the supervision level of all suicidal youths in consultation with the mental health professional (15 CCR 1329).

An officer will assist with contacting a mental health professional and implementing precautionary steps, as provided in this policy.

707.4 SUICIDE PREVENTION PLAN

The Department will develop and implement a suicide prevention plan in consultation with the contracted medical provider and the mental health provider. The plan shall address the protocols and procedures set forth in 15 CCR 1329 (e.g., training for screening, housing, documentation, facility inspections, trauma-informed approaches for treatment strategies, and other precautionary practices).

Youths identified as at risk for suicide shall not be denied the opportunity to participate in facility programs, services, and activities available to other youths, unless denial is deemed necessary for the safety of the youth or the security of the facility. Any deprivation of programs, services, or activities for youths at risk for suicide shall be documented and approved by the Division Chief.

The suicide prevention plan should be developed with the Deputy Chief of Institutional Services, staff, treatment providers, and local public health agencies, as appropriate.

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707.5 PRECAUTIONARY STEPS

The following youths should be placed on protective protocols referred to herein as Suicide Prevention Protocol:

- Any youth who has expressed suicidal thoughts
- Any youth who has a recent history of deliberate self-injurious behavior
- Any youth who has recently attempted to commit suicide or committed an act in furtherance of suicide

Suicide prevention responses shall be respectful and in the least invasive manner consistent with the level of suicide risk. (15 CCR 1329)

Youths placed on suicide prevention protocol shall be housed in a room designed to be suicide resistant (15 CCR 1329). Prior to placing a suicidal youth in any room, officers should carefully inspect the area for objects that may pose a threat to the youth's safety.

Physical restraints should only be used as a last resort when youth are an imminent danger to themselves or others. The decision to use or discontinue use of restraints should be made by the Watch Commander in consultation with a qualified health care professional. (See also the section on Mechanical Restraints)

Arrangements should be made to transfer the youth to a designated medical or mental health facility if the Watch Commander, in consultation with a mental health professional, determines that appropriate level of intervention is not available in the facility.

Until the youth is evaluated by a mental health professional, the youth shall remain on suicide prevention protocol. The mental health provider or the authorized designee will determine when the youth no longer requires suicide prevention protocol.

A youth will be removed from suicide prevention protocol when a mental health professional determines the youth no longer poses a threat of self-harm, in consultation with the Watch Commander. The youth shall be referred to classification for an appropriate housing assignment. The fact that the youth was on suicide prevention protocol shall be communicated to housing staff whenever and wherever a youth is assigned, throughout the youth's detention (15 CCR 1329).

707.6 OBSERVATION LOGS

Observation logs shall be maintained and documented in at least 5-minute intervals for all youths on suicide prevention protocol. The Watch Commander and the Provider, or their authorized designees, must observe the youth at least once daily and make notations in the observation log. Each staff member who is required to observe the youth shall make notations in the observation log, including the time of observation and a brief description of the youth's behavior. (See also the Communication section of the Suicide Prevention and Intervention procedure.)

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707.7 DOCUMENTATION

In accordance with the Safety Rooms and Camera Rooms policy, and Daily Activity Logs and Shift Reports policy, officers shall document any time a youth's suicide prevention status and housing assignment changes, and the reasons for not providing clothing, personal items, and issued items as applicable.

The youth's health care record should be updated to reflect all contacts, treatment, and any other relevant information.

707.8 SUICIDE ATTEMPTS

Any suicide attempt is a medical emergency, and life-saving measures shall immediately be initiated by a trained staff member until the staff member is relieved by a qualified health care professional, who shall initiate appropriate medical evaluation and intervention.

The medical provider and mental health provider or the authorized designee should be notified when referral and transportation to an emergency room or local hospital are required.

Staff should preserve and collect evidence as necessary. The Watch Commander shall make required notifications. (See Reporting Section of Suicide Prevention and Intervention procedure.)

[New section 707.8.1 w/ agency content] HOSPITAL DISCHARGE

When hospital staff inform the facility a youth is ready for discharge, the Watch Commander will contact the Department's mental health provider regarding the likely discharge. A qualified representative of the mental health provider will consult with the hospital's discharging physician prior to the Watch Commander determining whether a youth may be accepted back into the facility.

707.8.1 SUICIDES

All deaths resulting from suicide should be investigated and documented in accordance with the Reporting In-Custody Deaths and In-Custody Death Reviews policies (15 CCR 1329).

707.9 DEBRIEFING

Any suicide or attempted suicide requires a staff debriefing. Information will be communicated to the oncoming Watch Commander and staff to apprise them of the incident and actions taken. Such debriefing will be appropriately documented and shall be reviewed by the Quality Assurance Specialist, the chain of command up to the Chief Probation Officer, the mental health provider, and the medical provider or their designee.

Stress management debriefings for involved members and youths to discuss post-incident thoughts and reactions should be provided (15 CCR 1329). Peer support resources will be made available as necessary.

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707.10 TRANSFER AND RELEASE

Ongoing care of suicidal youths during transfers and after release should be considered. When a youth is being transferred for observation or treatment, a staff member should complete the necessary forms, documenting the reasons why the youth is believed to be suicidal. The completed forms should accompany the released youth to the designated facility.

When a youth with a history or risk of suicide is transferred, the transporting officer should ensure that the suicide threat or other danger is clearly communicated to personnel at the receiving facility (15 CCR 1329).

Youths who have a history of suicidal ideation and are being released should be referred to local or area mental health resources and shall be provided with the appropriate contact information.

For more information, see Release, Transfers and Continued Care policy and procedure.