

SPECIAL PROGRAMS FOR YOUTH	Policy Number: 1.1450
Policy Title: Suicide Prevention Program Corresponds to: Title 15, Article 8, Section 1450	Written: 3/7/2013

I. POLICY

SPY will assist the Juvenile Justice Center in implementing Title 15 Article 8 Section 1329 of the Minimum Standards for Juvenile Facilities revision issues 4/1/14 by providing the following services:

- a. Annual suicide prevention training to counselors.
- b. Intake screening for suicide risk immediately upon confinement and prior to housing assignment.
- c. Recommendations and procedures for facilitating communication among arresting officers, facility staff, family members, medical and mental health personnel in relation to suicide risk.
- d. Recommendations on housing of youth at risk of suicide.
- e. Recommendations on adequate supervision depending on level of suicide risk.
- f. Suicide and suicide attempt intervention policies and procedures.
- g. Provisions for reporting suicides and suicide attempts.
- h. Critical incident debriefing.

II. DEFINITIONS

- A. **Suicide Prevention Coordinator:** The Chief Probation Officer of San Francisco Juvenile Justice Center in conjunction with the Special Programs for Youth Management Team shall designate, in writing, a clinical staff member to serve as Suicide Prevention Coordinator. The Suicide Prevention Coordinator shall be responsible for the implementation of the Suicide Prevention Program and shall provide leadership to the Suicide Prevention Team.
- B. **Suicide Prevention Team:** The Suicide Prevention Team is a multi-disciplinary group, with representatives from the juvenile hall, probation, and Special Programs for Youth medical and behavioral health staff. The Suicide Prevention Coordinator provides leadership to this team whose goal is to review the suicide prevention plan policy on annual basis, amend prevention-related procedures, create opportunities for communication with the juvenile hall and medical staff regarding suicide prevention needs, and provide annual staff trainings. This team shall also conduct an annual inspection of the juvenile hall facility to assure that the physical space where youth are housed is suicide-resistant and assure safe housing for all youth.

II. PROCEDURES

- A. **Training:** A central component of the Suicide Prevention Program is training of the juvenile hall staff, medical staff, and behavioral health staff who have contact with the youth. This training is provided as part of orientation training of the juvenile hall staff, and thereafter annually. In addition to reviewing Suicide Prevention Plan policies and procedures, the training shall include warning signs and symptoms of youth who have high suicide risk, procedures to identify and communicate with behavioral team members about high-risk youth, and ways to intervene to assure safety of these youth.
- B. **Facilities:** The juvenile hall facilities where youth are housed are designed to be as suicide-

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- resistant as possible. An annual inspection shall be performed to assure that the rooms where youth are housed are protrusion-free. In addition, each unit where youth are housed shall include emergency equipment, including first aid kit and rescue scissors.
- C. Identifying high-risk youth: Timely and proper identification of youth who are at high-risk for suicide is the most important aspect of Suicide Prevention Program. A multi-disciplinary approach is used to identify high-risk youth for suicide, throughout youth's stay at juvenile hall.
- a. Intake screening: Upon admission to juvenile hall, youth are evaluated by the Special Programs for Youth nursing for clearance and triage assessments. Part of this initial screening assessment is an evaluation of youth's mental health concerns and symptoms and signs that may indicate high risk for suicide. See Policy 1.1430 - Intake Health Screenings.
 - b. Ongoing assessment: Within the first 96 hours of admission, Special Programs for Youth medical providers perform a comprehensive health assessment for youth. As part of this assessment, the medical provider reviews with the youth mental health concerns and symptoms and signs that may indicate high risk for suicide. Within first 96 hours of admission, Special Programs for Youth Behavioral Health staff conduct a behavioral health screening for mental disorders of youth, and part of this assessment is a review of youth's suicidal thinking and past suicidal and self-harm behaviors. Youth are provided with education and information about behavioral health services and advised that they should notify staff immediately if they have suicidal thoughts or plans. See Policy 1.1437 - Mental Health Services
 - c. Communication: Juvenile hall staff and juvenile probation staff shall notify behavioral health staff immediately by paging the behavioral health OD at (415) 327-5068 regarding any changes in behavior in youth, acute stressors that youth has experienced, or other concerns in youth's presentation that may indicate an increase in risk of suicide.
- D. Management of high-risk youth:
- a. Behavioral health evaluation: After receiving notification that a youth has verbalized suicidal thinking or has displayed any warning signs or symptoms of potential self-harm, the behavioral health OD or behavioral health clinician or covering RN shall conduct face-to-face evaluation of youth, and as appropriate obtain collateral from referring sources and others who are involved with youth, and make a determination of youth's suicide risk. Consultation with Special Programs for Youth Suicide Prevention Coordinator (or on-call psychiatrist) for evaluation and assessment of risk shall be available. Youth who are at the Log Cabin Ranch facility who have suicidal ideations or concerning behaviors are transferred to the juvenile hall for continued evaluation and treatment of suicide risk.
 - b. Behavioral health treatment: Depending on youth's presentation, a treatment plan is devised. If youth is presenting with acute stressors that are contributing to suicide risk, appropriate psychotherapeutic interventions (focusing on problem-solving, crisis resolution, support, and others as indicated) shall be utilized. Consultation with Special Programs for Youth psychiatrist for evaluation and treatment for mental health problems shall be available.

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- c. Suicide / safety plan: If it is determined that the youth's clinical presentation indicates risk for suicide, then a suicide / safety plan is initiated for this youth. This plan is a live document and shall be updated at a minimum every 24 hours to reflect the safety needs of the youth. This plan shall be shared with the unit juvenile hall staff and youth's probation officer, and shall specify the following:
 - i. Level of observation required: Typically, youth who are on suicide precautions are placed on every five minute checks; the purpose of every five-minute watch is to assure safety of youth by providing high level of observation of youth by juvenile hall staff. For youth whose safety can not be maintained by every five minute checks and other interventions listed below, there is also option of constant watch where a juvenile hall staff is observing youth for suicide behaviors constantly.
 - ii. Safety measures: Youth who have active suicide / safety plan shall be placed in single room status (exceptions are allowed and shall be authorized by Suicide Prevention Coordinator) and should be housed on first-tier. The suicide / safety plan shall specify if youth may have access to sheets; towels; pillow cases; mattress / pillow; blanket; reading materials; and clothing. Realizing that removal of clothing and provision of suicide gown can be traumatic for most youth, this shall be reserved for situations where the safety of youth cannot be maintained without this intervention, as a last resort.
 - iii. Communication re: suicide risk: Unit staff will promptly communicate suicide risk and need for monitoring or other precautions to transportation/court officers or receiving Unit staff taking custody of youth. If youth on suicide precautions is released, the SPY RN conducting the release shall ensure parents/guardians/custodians or Child Crisis for youth 18 or older are advised of risks per the Q5 Release Checklist.
- d. Psychiatric hospitalization: Psychiatric hospitalization shall be considered for youth who have a mental disorder and whose safety can't be assured despite implementation of suicide/safety plan and behavioral health interventions by Special Programs for Youth staff. The need for youth to be transferred to psychiatric hospitalization shall be determined by the Behavioral Health Medical Director in conjunction with San Francisco Department of Public Health Child Crisis Services.
- e. Medical hospitalization: If there is concern that the youth is physically injured, a medical emergency shall be announced by juvenile hall staff. The juvenile hall staff is trained in CPR and this shall be implemented if indicated. If youth requires emergency medical treatment, transfer to medical hospital shall be arranged by Special Programs for Youth medical staff and juvenile hall staff.

E. Follow-up / review:

- a. Notification of youth's parent / legal guardian: Member of juvenile probation department shall notify youth's parent / legal guardian of youth's transfer to hospital.
- b. Incident reports: Staff who witnessed and / or possess information about circumstances surrounding the juvenile's attempt and injury shall complete an

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appropriate incident report.

- c. Support: After a serious suicide attempt, procedures shall be initiated to provide access to de-briefing and support to family members of youth involved in attempt, juvenile hall youth who witnessed incident, and juvenile hall and clinical staff who were involved with youth.
- d. Suicide Review conference: The Suicide Prevention Team shall confer to review suicide attempt incident, preferably within two weeks following attempt. This meeting shall include the Suicide Prevention Coordinator, the Operations Director, and the staff from juvenile hall, medical and behavioral health clinicians who were involved with the youth prior and during the attempt. The purpose of the Suicide Review conference is to review the suicide attempt, behaviors associated with it, and response after. It is to serve as a forum for instituting, reinforcing and / or clarifying procedures to minimize the possibility of future self-harm by youth. The minutes of this conference (with identifying information of youth and staff involved redacted) shall be distributed by the Suicide Prevention Coordinator to Special Programs for Youth management, juvenile hall director, chief probation officer, and other parties as mandated.



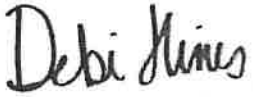


Supporting Documents:

How to Place Youth on Q5

SPY BH Q5 Internal Protocol

Q5 Release Checklist

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Policy# 1450	Approved by:
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