

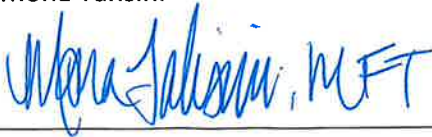




San Francisco Juvenile Probation Department

Juvenile Hall Policy and Procedures Manual

Chapter 3 - Admissions, Screening, Classification, and Release

Policy Number:	3.03
Policy Name:	Suicide Prevention Plan
Authority:	Title 15, 1329
Replaces:	Title 15, 1450
Effective Date:	January 1, 2019
Revision Date:	April 16, 2016
Related Policies and Procedures:	<p>2.03 - Youth Supervision Staff Orientation and Training</p> <p>3.01 - Admissions, Referral, Screening and Classification</p> <p>ch.4-1413 - Individualized Treatment Plans (SPY)</p> <p>ch.4-1430 - Medical Clearance /Intake Health Screening</p> <p>8.13 - Institutional Assessment and Plan</p> <p>10.03 - Safety Checks</p> <p>10.06 - Youth Counts</p>
Related Forms:	<p>Q-5 Minute Form</p> <p>15 Minute Safety Check Form</p>
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I. POLICY

The JPD 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:

- A. Suicide prevention training as required in Title 15 Section 1322, Youth Supervision Staff Orientation and Training and the Juvenile Corrections Officer Core Course.
- B. Screening, Identification Assessment and Precautionary Protocols.
 - i. All youth shall be screened for risk of suicide at intake and as needed during detention.
 - ii. All youth supervision staff who perform intake processes shall be trained in screening youth for risk of suicide.
 - iii. 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.
 - iv. Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral/mental health assessment.
- C. Referral process to behavioral/mental health staff for assessment and/or services.
- D. Procedures for monitoring of youth identified at risk for suicide.
- E. Safety Interventions

- i. Procedures 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.
- ii. Procedures to instruct youth supervision staff how to respond to youth who exhibit suicidal behaviors.

F. Communication

- i. 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.
- ii. Procedures for clear and current information sharing about youth at risk for suicide with youth supervision, healthcare, and behavioral/mental health staff.

G. Debriefing of Critical Incidents Related to Suicides or Attempts

- i. Process for administrative review of the circumstances and responses proceeding, during, and after the critical incident.
- ii. Process for a debriefing event with affected staff.
- iii. Process for a debriefing event with affected youth.

H. Documentation

- i. Documentation processes shall be developed to ensure compliance with Title 15 Section 1329.

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 Director of Juvenile Hall.

II. PROCEDURES

A. Training

A central component of the Suicide Prevention Plan is training of the Juvenile Hall staff, medical staff, and behavioral health staff who have contact with youth. Juvenile Hall staff are provided this training as part of their preservice orientation and trained annually thereafter. All youth supervision staff, who perform intake processes, shall also be trained in screening youth for risk of suicide. 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 the safety and support of these youth.

B. Facilities

The Juvenile Hall facility is designed to be as suicide 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 a first aid kit and a rescue knife. An Automated External Defibrillation (AED) device is located in the upper hallway across from Central Control.

C. Screening and Assessing to Identify High Risk Youth

Timely and proper identification of youth who are at high risk for suicide is the most important aspect of Suicide Prevention. A multi-disciplinary team approach implementing trauma informed care is used to identify high risk youth for suicide at intake and throughout the youth's stay at Juvenile Hall.

- i. At intake, all youth shall be screened for risk of suicide by Juvenile Hall staff. Staff shall observe each youth

and note any warning signs or symptoms indicating an increased risk for suicide including any acute stressors that are evident, concerns in a youth's presentation, and any concerns revealed by the youth.

- ii. Screening youth for risk of suicide by the Juvenile Hall intake staff shall include communication with the law enforcement agency, parents/legal guardians, and family members regarding the youth's past or present suicidal ideations, behaviors, or attempts. This process shall be documented and any relevant information shall be shared with the Juvenile Hall Officer of the Day, the On-Duty Probation Officer, the Juvenile Hall Living Unit staff, healthcare staff and behavioral/mental health staff.
- iii. Juvenile Hall intake staff shall immediately notify behavioral health staff regarding any concerns that may indicate a risk of suicide by paging the behavioral health OD at (415) 327- 6058.
- iv. The Juvenile Hall Officer of the Day shall direct and implement a 5-Minute Safety Check or a Constant Watch as a precautionary protocol to ensure the youth is safe and supported pending further assessment by behavioral/mental health staff.
- v. Juvenile Hall staff shall notify the Special Programs for Youth (SPY) nurse when the youth is deemed eligible for admission. Youth are then evaluated by the SPY medical nurse for clearance and triage assessments. Part of this initial screening assessment by the nurse is an evaluation of the youth's mental health concerns, symptoms, and signs that may indicate high risk for suicide.
- vi. Ongoing Assessment

Within the first 96 hours of an 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 any mental health concerns, symptoms, and signs that may indicate high risk for suicide. Within the first 96 hours of an admission, Special Programs for Youth Behavioral Health staff conduct a behavioral health screening for any mental disorders of youth and part of this assessment is a review of the 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.

D. Management of High Risk Youth

i. 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 shall conduct a face-to-face evaluation of the youth and, if appropriate, obtain collateral from the referring sources and others who are involved with the youth and determine the youth's suicide risk. Consultation with the Special Programs for Youth Suicide Prevention Coordinator (or on-call Psychiatrist) for evaluation and assessment of risk shall be available.

ii. Behavioral Health Treatment

Depending on the youth's presentation, a treatment plan is devised. If the 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 the Special Programs for Youth psychiatrist for

evaluation and treatment for mental health problems shall be available.

iii. **Suicide Safety Plan**

If it is determined that the youth's clinical presentation indicates a risk for suicide, then a suicide safety plan shall be initiated for the youth. This plan is a live document and shall be updated at a minimum of every 24 hours to reflect the safety needs of the youth. This plan shall be shared with the Juvenile Hall living unit staff and youth's Probation Officer and shall specify the following:

- a. **Level of observation required:** Typically, youth who are on suicide precautions are placed on five-minute safety checks. The purpose of five-minute safety checks is to assure safety of youth by providing high level of observation of youth by Juvenile Hall staff for youth whose safety cannot be maintained by five-minute safety checks and other interventions listed below. There is also an option of constant watch where a Juvenile Hall staff is observing the youth for suicide behaviors constantly.
- b. **Safety measures:** Youth who have an active suicide safety plan shall be placed on single room status (exceptions are allowed and shall be authorized by the Suicide Prevention Coordinator) and should be housed on the first tier of the living unit. The suicide safety plan shall specify if the youth may have access to sheets, towels, pillowcases, a mattress, a pillow, blankets, reading materials, and clothing. Realizing that removal of clothing and the provision of a suicide gown can be traumatic for most youth,

this shall be reserved for situations where the safety of the youth cannot be maintained without this intervention and as a last resort.

iv. **Psychiatric Hospitalization**

Psychiatric hospitalization shall be considered for youth who have a mental disorder and whose safety cannot be assured despite the implementation of a suicide safety plan and behavioral health interventions provided by Special Programs for Youth staff. The need for a youth to be transferred to a psychiatric hospital shall be determined by the Behavioral Health Medical Director in conjunction with the San Francisco Department of Public Health's Child Crisis Services.

v. **Medical Hospitalization**

If there is concern that the youth is physically injured, a medical emergency shall be announced by Juvenile Hall staff. Juvenile Hall staff are trained in CPR and First Aid, and CPR and/or First Aid shall be implemented if indicated. If the youth requires emergency medical treatment, transfer to a medical hospital shall be arranged by Special Programs for Youth medical staff and the Juvenile Hall Officer of the Day.

vi. **Follow-up / Review**

- a. **Notification of the youth's parent/legal guardian:** The On-Duty Probation Officer or the Juvenile Hall Officer of the Day shall notify the youth's parent/legal guardian of the youth's transfer to the hospital.
- b. **Incident report:** Staff who witness and/or possess information about the

circumstances surrounding the youth's suicide attempt or injury shall complete an incident report.

- c. **Support:** After a suicide attempt, procedures shall be initiated to provide access to a debriefing and support to family members of the youth involved in the suicide attempt, Juvenile Hall youth who witnessed the incident, Juvenile Hall staff, and SPY staff who were involved with the youth.

vii. **Suicide Review Conference**

The Suicide Prevention Team shall confer to review the suicide attempt incident preferably within two weeks following suicide attempt. This meeting shall include the Suicide Prevention Coordinator, the Director of Juvenile Hall, Juvenile Hall staff, medical and behavioral health clinicians who were involved with the youth prior and during the suicide 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 the youth and staff involved redacted) shall be distributed by the Suicide Prevention Coordinator to Special Programs for Youth management; Director of Juvenile Hall, Chief Probation Officer, and other parties as mandated.