

DEPARTMENT OF HUMAN SERVICES
DIVISION OF JUVENILE JUSTICE SERVICES
POLICY AND PROCEDURE

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| Policy No.: 05-03 | Effective Date: 12-05-03 | Revision Date: 02-19-2021 |
| Subject: Suicide Prevention | | |

I. Policy Statement

The Division shall identify and establish precautionary measures to identify and prevent risk of suicide by minors under Division care, custody, or control.

II. Rationale

National studies have shown that minors involved in the juvenile justice system are at higher risk of suicide. Accordingly, the Division will implement measures to decrease those risks.

III. Definitions

- A. "Suicide awareness" is the recognition by Division staff of verbal and behavioral cues from minors that may indicate potential risks of suicide.
- B. "Direct-care staff" are staff, including intake and control staff, whose job responsibilities involve working directly with minors.
- C. "Qualified Mental Health Professional" (QMHP) is a licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.
- D. "Critical Incident Debriefing" is the response, reporting and review, of information regarding all critical incidents in accordance with Division Policy 05-12.
- E. "Mechanical Restraint," as defined in Policy 05-06, is "a type of restraint device such as handcuffs, leg restraints, or plastic zip-ties used to secure a minor's arms or legs either during transport or when they present a threat of physical injury to self or others."
- F. "Protective Headgear," as defined in Policy 05-06, is used to safeguard against head trauma when a minor is banging their head against a wall or other dangerous object.
- G. "Safety Garment," as defined in Policy 05-06, is a suicide-preventive garment used to help protect a minor from self-harming behaviors.
- H. "Self-directed Violence" is behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.

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- I. "Non-suicidal Self-directed Violence" is behavior that is self-directed and deliberately results in injury or the potential for injury to oneself with no evidence of suicidal intent as outlined in training.
- J. "Suicidal Self-directed Violence" is behavior that is self-directed and deliberately results in injury or the potential for injury to oneself with evidence of suicidal intent as outlined in training.
- K. "Suicide Attempt," is a non-fatal self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
- L. "Severe Suicide Attempt," is when an individual's attempted suicide requires medical clearance or hospitalization.
- M. "Death by Suicide," is death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
- N. "Employee Assistance Program (EAP)" is short term mental health/counseling services provided by the Department of Human Resource Management to aid employees who may experience trauma or any other mental health needs.
- O. "Emotional Self-regulation or Emotion Regulation" is the ability to respond to the ongoing demands of experience with the range of emotions in a manner that is socially tolerable and sufficiently flexible to permit spontaneous reactions as well as the ability to delay spontaneous reactions as needed.

IV. Procedures

A. Suicide Awareness Training:

All direct-care staff shall attend and complete the initial life-safety training course for suicide awareness and prevention, and annual awareness and prevention training thereafter. Training shall include a comprehensive curriculum devoted to the identification, support, and management of minors who are suicidal. Training will include, interventions, emergency response protocol, emergency response kits, and reporting and notification expectations. Ongoing annual training beyond the initial training is necessary. Training will be evidence based and coordinated with the Division of Substance Abuse and Mental Health.

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B. Intake Screening:

1. All minors coming into the care, custody, or control of any Division residential facility shall be screened for potential suicide risk using an evidence-based screening tool within the first hour of admission.
2. The screening may be postponed in the event that the minor refuses to comply, is severely intoxicated or otherwise incapacitated, or is violent or out of control.
3. Any minor placed in housing without a completed suicide risk screening shall be placed on suicide watch until a screen/assessment is completed or until the minor is released from the facility.
4. An initial intake screen shall include:
 - a. A completed "Arresting/Transporting Officer Questionnaire" from the officer who brought the minor to the facility (Form 05-03B);
 - b. A completed Initial Health Screen (Form 03-03B);
 - c. Complete Division-approved suicide screening instruments;
 - d. Observation and interview pertinent to the identification and documentation of the minor's potential suicide risk (although a minor's verbal responses during the intake screening process are critically important to assessing the risk of suicide, staff shall not rely solely on a minor's denial when assessing the risk and shall note changes that could quickly increase risk state i.e. legal status, individual behaviors, fights, outbursts);
 - e. Whenever possible, contact with parents, previous placement(s) and other persons or organizations that may have information about the minor's current, potential, or past suicidal behavior to obtain relevant information about the minor, and;
 - f. A review of available files and other information the facility may have regarding the minor related to potential suicide risk.

C. Placement on Suicide Watch:

1. A minor identified through screening as a suicide risk during the intake process or anytime thereafter shall be placed on suicide watch.
2. An incident report shall be completed when a youth is placed on suicide watch.
3. Staff shall communicate with the minor to help them understand presenting risk factors and the implications and conditions of suicide watch.
4. A minor placed on suicide watch shall be immediately referred to a QMHP for further assessment and intervention.
5. A note documenting that the youth has been placed on suicide watch shall be entered in both the shift log, youth's file and noted in CARE.
 - a. This information shall be communicated with staff on shift and staff coming on at shift change.

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6. Staff shall notify related parties (including, but not limited to, parent(s), case managers, probation officers, unit supervisor, clinician and Assistant Program Director) by telephone or email.
 - a. Notification shall be documented in the daily log; clinical services note and incident report.

D. Staff Monitoring During Suicide Watch:

Staff shall monitor a minor on suicide watch, with special attention to attitude, mood, life circumstances, current situational crisis, and other events that may contribute to non-suicidal self-directed violence. When a minor has been placed on suicide watch, staff shall:

1. Verbally communicate with the at-risk minor to continue assessment of attitudes, mood and behavior.
2. House the minor in a camera room, when available, for the purpose of added monitoring. Cameras shall not be a substitute for the physical checks required by staff. Such rooms should contain anti-ligature fixtures.
 - a. When a camera room is not available, house the minor in a room most visible to staff and/or with another minor (to be designated by the staff).
3. House the minor in the least restrictive environment required to protect the safety of the at-risk minor, staff and other minors.
4. Consider removal of a minor's access to clothing or the use of mechanical or other restraint/safety devices only as a last resort when the minor is actively engaging in self-harming behavior. Staff shall complete the Division's current crisis intervention training before utilizing approved restraint/safety devices (handcuffs, leg restraints, suicide prevention safety garments or protective headgear) and follow the JJS Policy 05-06, Use of Restraints, and facility operations manual.
5. Encourage and allow an at-risk minor to participate in regular program activities with the other minors. An at-risk minor shall not be confined to their room or be treated any differently than other minors solely because of being on suicide watch. When there is an at-risk-minor and there is not access to a calming room, staff shall provide a safe space within line of sight supervision (not including cameras) for the minor to regulate their emotions until they are able to rejoin the group
6. When a youth placed on suicide watch is in their room, in-person visually check the minor at random intervals (for example 3, 7, 5 minutes apart), but no more than ten (10) minutes apart, watching for breathing or other movement.
7. Staff shall limit the amount of time an at-risk minor spends in their room due to the risk of self-harm. When an at-risk minor requests to go to their room, staff shall

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verbally process with the youth to determine if the youth can remain safely in the common area.

8. Shower protocol for minor on suicide watch:
 - a. a minor on suicide watch will be checked on every 1-2 min;
 - b. if no verbal response is received after knocking, staff will enter the shower to ensure the safety of the minor;
 - c. if a minor does not comply with shower procedures, the consequence will be to lose points/incentives;
 - d. if a minor is complying, they will be awarded points/incentives;
 - e. a minor on suicide watch shall use clear plastic bottles to dispense shampoo;
 - f. Guard Tour button on shower doors will be used to document shower checks;
 - g. shower door locks will be disengaged during shower time;
 - h. shower time - morning or night or both depending on schedule, and;
 - i. every facility shall add this to their operations manual.
9. Document room checks, significant verbal communications, and behavioral changes in Guard Tour, shift logs and Control Center logs.
10. Communicate clear and current information about the status of a minor identified as a potential suicide risk to the Control Center and all staff on duty. Documentation shall be entered into the shift logs and Control Center logs.
11. When the minor is actively engaged in self-directed violence, staff shall observe in-person, continuously and uninterrupted, with a clear and unobstructed view of the minor at all times.
12. Never use isolation or room confinement as punishment or retaliation (JJS Policy 05-05 Use of Confinement), nor include unnecessary isolation or removal of comfort measures unless determined necessary for safety reasons by clinical staff

E. Assessments During Suicide Watch:

1. A minor on suicide watch shall receive daily follow-up visits and assessments by the QMHP, supervisor or designated staff. Information gathered from these visits must be documented and shared with others responsible for the health and safety of the minor. In addition, the designated staff will verbally check in with each minor on suicide watch and document the interaction in CARE notes and the daily logs.

F. Removal From Suicide Watch:

1. A minor identified to be at-risk shall be placed on, and remain on, suicide watch until they can be evaluated by a QMHP. Staff may not remove a minor from suicide watch without approval of a QMHP.

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2. A minor previously determined to be at-risk of suicide and placed on suicide watch may be reassessed and removed from suicide watch only by a QMHP after completing comprehensive suicide risk assessments.
3. If it is determined that the minor meets the criteria listed on the JJS Suicide Watch/Removal Form (05-03A) and the QMHP is satisfied that the minor no longer represents a threat to themselves, the removal form shall be completed with detailed justification and then signed and entered in both the shift log, youth's file and noted in CARE.
4. The facility Assistant Program Director (APD) shall be notified anytime a minor is removed from suicide watch. Staff shall also notify related parties (including, but are not limited to, parent(s), case managers, probation officers, and unit supervisors) by telephone or email. These notifications shall be completed as soon as practicable.

G. Suicide Attempts:

1. Staff members who discover a minor attempting suicide shall immediately call for assistance and intervene. If the attempt is life threatening or causes serious bodily injury, staff shall call 911. Staff shall follow current Division CPR/AED/First Aid/Bloodborne training and continue to render aid until emergency personnel arrive.
2. Staff shall utilize the emergency response kit provided in the facility.
3. Follow-up, not otherwise addressed in this policy, after a suicide attempt or death by suicide shall include:
 - a. providing the opportunity for other minors in the facility to process the incident;
 - b. referral of other minors to a QMHP when needed;
 - c. referral of staff needing assistance to the EAP, Peer Support or other support resources; and
 - d. staff who respond directly to a severe suicide attempt or death by suicide shall meet with their supervisor to determine a self-care plan which may include administrative leave, referral to EAP, Employee Peer Support or other resources as needed.
 - e. Youth who have attempted suicide will receive a clinical assessment by a QMHP to determine a care plan which will be entered into CARE notes.

H. Notification, Reporting and Investigation of Suicide Risks and Suicide Attempts:

1. The supervisor has responsibility for notifying facility administrators, outside authorities, and parent(s) or guardian of self-directed violence, attempted or death by suicide. The lead counselor shall make notifications when a supervisor is not on the shift.

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2. The APD, parent(s)/guardian, or next of kin shall be notified as soon as possible following placement on suicide watch, attempt, or death by suicide. Notification of other outside authorities shall be made in accordance with the JJS Incident Reporting policy 05-15. Law enforcement must be notified in the case of a death by suicide.
3. There shall be detailed documentation and reporting of the identification, assessment, referral, monitoring, housing, communication, and notification measures taken for any self-directed violence, attempted or death by suicide. The supervisor shall ensure that all documentation is placed in the minor's CARE file and available for referral, review and future reference.
 - a. A supervisor and QMHP from a transferring facility or program will contact the receiving program to share information about the youth's status and history.
4. In the event of a severe suicide attempt or death by suicide, an incident report and Critical Incident Debriefing shall be implemented in accordance with JJS Policy 05-12.
5. In the event of a severe suicide attempt or a death by suicide, the Division Internal Review Bureau will review the pertinent information and circumstances of individual cases and the effectiveness of facility staff responses.
6. A death by suicide shall be examined by the Department of Human Services (DHS) Fatality Review Committee, per DHS Policy 05-02, to evaluate the system response, make recommendations and improve services.

I. Reassessment for Suicide Risk:

1. Youth shall be reassessed for suicide:
 - a. when there is a stressful event, or
 - b. when moved to a new facility or program, and
 - c. when clinically indicated.

V. Continuous Renewal

This policy shall be reviewed every three (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time, to reflect substantive change.

This policy has been reviewed by the Division of Juvenile Justice Services Executive Management Team, and is approved upon the signature of the Director.

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Date