

UTAH DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY AND PROCEDURES		
Policy: 05-03	Page 1 of 11	
SUICIDE PREVENTION		
<p>RATIONALE: National studies have shown that minors involved in the juvenile justice system are at higher risk of suicide and it is a leading cause of death in minors age 10-17 and adults age 18-24 in the state of Utah. Accordingly, the Division will implement measures to decrease those risks and educate division employees on preventative measures.</p> <p><i>Related Policies, Applicable Standards, Statutes: JJYS policies 01-16 Employee Peer Support Program, 05-05 Use Of Seclusion, 05-06 Use of Restraint Devices, 05-08 Staff Supervision Monitoring, 05-12 Critical Incident Debriefing, 05-15 Incident Reporting, 05-17 Specialized Interventions</i></p>		
Original Effective: 12/05/2003	Revision: 06/01/2024	Next Review Due: 06/02/2027

I. DESCRIPTION

The purpose of this policy is to identify and establish precautionary measures to educate about, identify, and prevent risk of suicide by minors receiving services from Division of Juvenile Justice and Youth Services (JJYS).

II. DEFINITIONS

The following terms are defined for this policy as:

- A. **3 in1 safety bedding:** tear-resistant blanket, mattress, pillow all in one used to prevent self-directed violence.
- B. **Acutely Suicidal:** Engaging in self-injurious behavior or threatening suicide with a specific plan or express an immediate thought of completing suicide.
- C. **Columbia Suicide Severity Rating Scale (C-SSRS):** A standard tool to screen and assess minors who may be at risk for suicidal behavior.
- D. **Calming Room:** a room that provides a space that is unlocked with comfortable chairs, without items that could be used for harming self or others and allows the youth to safely de-escalate.
- E. **Critical Incident Debriefing:** The process of reviewing, responding,

and reporting information prescribed by policy 05-12 Critical Incident Debriefing for incidents that meet the predetermined criteria or is deemed appropriate by the Assistant Program Director.

- F. **Direct-Care Staff:** Staff, including intake and control, whose job responsibilities include working directly with minors.
- G. **Death by Suicide:** Death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- H. **Employee Assistance Program (EAP):** 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.
- I. **Employee Peer Support:** A voluntary employee support program that supplements resources already available (e.g., EAP, health insurance, and other available resources) and helps identify and resolve concerns for employees experiencing personal and professional problems that impact job performance (01-16 Employee Peer Support Program).
- J. **The Massachusetts Youth Screening Instrument - Version 2 (MAYSI-2):** A brief screening tool used to alert staff to a minor's potential mental/emotional distress and certain behavior problems that might require an immediate response.
- K. **Mechanical Restraint:** A device applied to a person's body or limb to restrict the person's movement. These devices may include handcuffs, leg restraints, and waist restraints, or plastic zip cuffs. Mechanical restraints may only be used during transport or when a minor presents a threat of physical injury to themselves or others.
- L. **Non-acutely Suicidal:** The expression of current suicidal ideation, (e.g., expressing a wish to die without a specific threat or plan) or an individual who has a prior history of suicidal self-directed violence.
- M. **Non-residential Community Program:** JJYS programs that serve minors who do not reside in JJYS facilities (e.g., DSI and Youth Services Family Plan).
- N. **Non-suicidal Self-directed Violence:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself with no evidence of suicidal intent.
- O. **Protective Headgear:** A type of safety device used to safeguard against head trauma when a minor is hitting their head against a wall or other dangerous objects.
- P. **Qualified Mental Health Professional (QMHP):** A licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.
- Q. **Residential Program:** Minors who reside in a JJYS facility; includes detention, youth services residential, secure care, Gemstone, and ALTA residential.
- R. **Safe Room:** A room that is locked and provides an area free of distractions where a youth can de-escalate safely.

- S. **Safety Garment:** A suicide-preventive garment used to help protect a minor from suicidal self-directed violence when typical clothing poses a safety risk.
- T. **Safety Precautions:** A set of precautions recommended by the QMHP, following a thorough assessment, that are less restrictive than suicide precautions.
- U. **Severe Suicide Attempt:** When an individual's attempted suicide requires medical care beyond basic first-aid or hospitalization.
- V. **Suicidal Ideation:** Thoughts about considering, wanting, or planning to die by suicide or self-directed violence.
- W. **Suicidal Self-directed Violence or Suicide Attempt:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself with evidence of suicidal intent. A suicide attempt may or may not result in injury.
- X. **Suicide Awareness:** The recognition by Division staff of verbal and behavioral cues that may indicate potential risks of suicide.
- Y. **Suicide Precautions:** A set of precautions implemented by staff when screening results indicate a suicide risk.
- Z. **XPO:** A CARE location assignment to indicate suicide precautions for minors in non-residential community programs.
- AA. **XPS:** A CARE location assignment to indicate suicide precautions for minors in residential programs.

III. POLICY

- A. Suicide Awareness and Prevention Training:
 - 1. All JJYS staff shall attend and complete the initial life-safety training course for suicide awareness and prevention, and annual awareness and prevention training thereafter.
 - 2. Annual training for direct-care staff shall include additional comprehensive curriculum devoted to the identification, support, and management of minors who are suicidal. Training shall include interventions, emergency response protocol, emergency response kits, reporting and notification expectations.
 - 3. Training shall be evidence-based and coordinated with the DHHS Office of Substance Use and Mental Health and the JJYS Office of Behavioral Health Services.
- B. Individuals who demonstrate suicidal self-directed violence, suicidal ideation or screened to be at risk of suicide shall be placed on suicide or safety precautions.
- C. Individuals who deny suicidal ideation or do not threaten suicide but demonstrate other concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-injury shall be placed on suicide or safety precautions.

IV. GENERAL PROCEDURE

- A. Minors shall be screened for suicide using the C-SSRS when a minor:
 - 1. appears emotionally dysregulated due to a stressful event; or
 - 2. makes any comments or shows behaviors that indicate a potential suicide risk.
- B. Follow-up for Attempted Suicide or Death by Suicide
 - 1. Follow-up by JJYS staff after a suicide attempt or death by suicide shall include:
 - a) Minors who have attempted suicide shall be provided resources and referrals to receive a clinical assessment and services by a QMHP.
 - b) Other minors involved in the program who may be impacted shall be provided with the resources and referrals to discuss the incident with a QMHP;
 - c) Referral(s) for family member(s) or other individuals involved to a QMHP or other crisis services;
 - d) Refer staff needing assistance to the EAP, Employee Peer Support, or other support resources;
 - e) 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.
- C. Notification, Reporting and Investigation of Suicide Attempt or Death by Suicide:
 - 1. When staff become aware of a suicide attempt of a minor receiving services from JJYS they shall notify their supervisor and complete an incident report as per policy 05-15 Incident Reporting.
 - 2. When staff become aware of a death by suicide of a minor receiving services or who have received services in the past year from JJYS, they shall notify the Division Director, PD, and APD. The supervisor shall be notified as soon as possible, and an incident report shall be completed as per policy 05-15 Incident Reporting.
 - 3. In the event of a death by suicide of a minor receiving services from JJYS, the Division Internal Review Bureau shall review the pertinent information and circumstances of individual cases and the effectiveness of staff interventions and responses.
 - 4. A death by suicide shall be examined by the Department of Health and Human Services (DHHS policy 05-02 Fatality Review).

V. RESIDENTIAL PROGRAMS PROCEDURE

- A. Intake Screening for Residential Programs (03-03 Intake Screening):
 - 1. Minors coming into the care, custody, or control of Division residential programs shall be screened for potential suicide risk using the MAYSI-2 and C-SSRS within the first hour of admission;
 - 2. The screening may be postponed if the minor refuses to comply, is severely intoxicated, otherwise incapacitated, violent, or out of control;
 - 3. Any minor admitted to a residential program without a completed suicide risk screening shall be placed on suicide precautions until a screening/assessment is completed or until the minor is released from the facility.
- B. An initial intake screening shall include:
 - 1. Completed Division MAYSI-2 and C-SSRS;
 - 2. Observations pertinent to the identification and documentation of the minor's potential suicide risk:
 - a) A minor's verbal responses are critically important to assessing the risk of suicide.
 - b) Staff shall not rely solely on a minor's denial when assessing the risk and shall document in CARE changes that could quickly increase their risk state (i.e. legal status, individual behaviors, fights, outbursts).
 - 3. Whenever possible, contact with parent(s)/guardian(s), previous placement(s) and other persons or organizations that may have information about the minor's current, potential, or past suicidal behavior should be sought;
 - 4. A review of available records and other information the facility may have regarding the minor's suicide risk;
 - 5. If this information indicates suicide precautions are necessary, it shall be recorded in the XPS CARE note.
- C. Placement on Suicide Precautions:
 - 1. A minor identified through screening as being at risk of suicide during the intake process or anytime thereafter shall be placed on suicide precautions as follows:
 - a) Screening results that identify risk include a score on the suicidal ideation section of the MAYSI-2 in the warning category or higher (three or higher) or a "yes" answer to any questions on the C-SSRS;
 - b) In addition, individuals who deny suicidal ideation or do not threaten suicide but demonstrate other concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-injury shall be placed on

suicide precautions.

2. Staff shall assign the minor to the XPS location in CARE.
3. When suicide precautions are indicated, they shall be documented in the XPS CARE note. The note shall include the reason for implementing suicide precautions, the precautions being taken, and other steps taken to provide safety for the minor.
4. An incident report shall be completed when a minor is placed on suicide precautions.
5. Staff shall discuss with the minor the reasons and conditions of being placed on suicide precautions.
6. A minor placed on suicide precautions shall be immediately referred to a QMHP for further assessment and intervention.
7. A note documenting that the youth has been placed on suicide precautions shall be entered in the shift log, communicated to staff on shift, and discussed during shift change.
8. Staff shall notify related parties (including, but not limited to, parent(s)/guardian(s), case managers, case workers, probation officers, unit supervisor, QMHP, medical staff, and Assistant Program Director) by telephone or email.

D. Staff Monitoring for Suicide Precautions:

Staff shall monitor a minor on suicide precautions with special attention to attitude, mood, life circumstances, current situational crisis, and other events that may contribute to non-suicidal or suicidal self-directed violence.

When a minor has been placed on suicide precautions, staff shall:

1. Continue to assess the attitudes, mood, and behavior;
2. When available, house the minor in a camera room, for the purpose of additional monitoring. Cameras shall not be a substitute for the physical checks required by policy 05-08 Staff Supervision Monitoring. 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 or with another minor designated by staff;
3. House the minor in the least restrictive environment required for their safety;
4. Complete the Division's current crisis intervention training before utilizing approved restraint/safety devices (e.g., handcuffs, leg restraints, suicide prevention safety garments, or protective headgear) and follow Policy 05-06 Use of Restraint Devices, and facility operations manual.
5. Consider the use of mechanical or other restraint and safety devices only as a last resort when the minor is actively engaging in self-directed violence or is acutely suicidal;
6. Encourage and allow a minor on suicide precautions to participate in regular program activities. A minor on suicide precautions shall

- not be confined to their room or be treated any differently than other minors solely because of being on suicide precautions. When there is no access to a calming room or safe 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 (policy 05-05 Use of Seclusion);
7. When a minor placed on suicide precautions is in their room, staff shall perform in-person visual checks of the minor at random intervals (for example: 3, 7, 5, minutes apart), but no more than ten minutes apart, watching for breathing or other movement (policy 05-08 Staff Supervision Monitoring);
 8. Staff shall limit the amount of time a minor on suicide precautions spends in their room due to the risk of non-suicidal or suicidal self-directed violence. When a minor on suicide precautions requests to go to their room and not engage in unit programming, staff shall verbally process with the minor to determine if the minor can remain safely in the common area;
 9. Shower/bathroom protocol for a minor on suicide precautions:
 - a) Staff shall perform a verbal check on a minor on suicide precautions shall be checked every 1-2 min;
 - b) Scanning device on shower doors shall be used to document shower checks;
 - c) If no verbal response is received after knocking, staff shall open the shower or bathroom door to ensure the safety of the minor. If a staff of the same sex is not immediately available an opposite sex staff may open the shower/bathroom door to ensure safety;
 - d) If a minor does not comply with shower/bathroom procedures, the consequence may be to lose points or incentives;
 - e) If a minor is complying with shower/bathroom procedures, they may be awarded points or incentives;
 - f) A minor on suicide precautions shall have shampoo and soap dispensed by staff into disposable paper cups;
 - g) Facilities shall detail V.D.9 in their operations manuals.
 - h) Youth placed on suicide precautions due to ingesting an item shall be staffed for a specialized intervention plan to determine if additional monitoring is needed to retrieve the item (05-17 Specialized Interventions).
 10. Document room checks, significant verbal communications, and behavioral changes with the scanning device, shift logs, control center logs (where applicable), and critical messages logs (policy 05-08 Staff Supervision Monitoring);
 11. Communicate clear and current information about the status of a

minor on suicide precautions to the control center and all staff on duty. Documentation shall be entered into the shift logs, control center logs (where applicable), and critical messages logs;

12. When it is determined by a QMHP and treatment team that a minor is acutely suicidal, staff shall observe in person, continuously, and uninterrupted, with a clear and unobstructed view of the minor at all times;
13. When the minor is actively engaged in suicidal self-directed violence staff shall:
 - a) Call for backup and then intervene with the least intensive intervention necessary to stop the behavior;
 - b) Remove items from the room that could be used for self-directed violence;
 - c) The decision to remove items (i.e., blanket, sheets, clothing) shall be made by the lead staff on shift and be staffed with the QMHP as soon as possible or within 24 hours if the QMHP is not immediately available.
 - d) If bedding items have been removed from a youth's room due to self-directed violence, 3 in 1 safety bedding shall be provided.
 - e) Never remove all items from a youth's room as punishment or retaliation. Removed items should be related to reducing risk.
 - f) Never use seclusion as punishment or retaliation (Policy 05-05 Use of Seclusion); and
 - g) Not remove clothing items being worn by the minor unless the clothing items are being actively used for self-directed violence.
 - h) If clothing is removed due to self-directed violence, safety garments or tear resistant clothing shall be provided to the youth.

E. Assessments During Suicide Precautions:

A minor on suicide precautions shall receive a daily Suicide Risk Assessment Check-in by the QMHP or a supervisor or designee. Information gathered from these visits shall be documented in the CARE Suicide Risk Assessment Check-in and shared with others responsible for the health and safety of the minor.

F. Removal from Suicide Precautions:

1. A minor shall remain on suicide precautions until they can be evaluated by a QMHP. Staff may not remove a minor from suicide precautions without the approval of a QMHP. If a minor was placed on precautions due to not completing the suicide risk screenings upon intake and later completes these screenings which indicate there is not a need for suicide precautions, the precautions may be

- removed;
2. When the QMHP determines that suicide precautions are no longer necessary they shall provide a detailed justification in a CARE XPS Removal note and shall close the XPS assignment in CARE;
 3. The facility Assistant Program Director (APD) shall be notified anytime a minor is removed from suicide precautions. Staff shall also notify related parties, including, but not limited to, parent(s)/guardian(s), case managers, probation officers, and unit supervisors by telephone or email. These notifications shall be completed as soon as practical.

VI. NON-RESIDENTIAL COMMUNITY PROGRAMS PROCEDURE

A. Intake Screening

1. Minors participating in community programs shall be screened for potential suicide risk using the MAYSI-2 and C-SSRS within the first seven days of admission. The screening may be postponed if the minor or parent(s)/guardian(s) refuses to participate, or is emotionally dysregulated;
2. An initial intake screening shall include observations and interviews pertinent to the identification and documentation of the minor's potential suicide risk. Although a minor's verbal responses 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 document in a CARE note changes that could quickly increase their risk state (i.e. legal status, individual behaviors, fights, outbursts).
3. Contact with parent(s)/guardian(s), previous placement(s), and other persons or organizations that may have information about the minor's current, potential, or past suicidal behavior should be sought.
4. If suicide precautions are necessary, it shall be recorded in the CARE XPO note that identifies suicide precautions.

B. Implementation of Suicide Precautions

1. A minor identified as being at risk of suicide shall have suicide precautions implemented.
 - a) Screening results that identify risk include a score on the suicidal ideation section of the MAYSI-2 in the warning category or higher (3 or higher) or a "yes" answer to questions 3 through 6 on the C-SSRS.
 - b) If a minor answers yes to questions 1 and 2 on the C-SSRS, staff shall refer parent(s)/guardian(s) to a community QMHP.
 - c) If a minor answers yes to questions 3 through 6 on the C-SSRS, staff shall encourage parent(s)/guardian(s) to contact

the Mobile Crisis Outreach Team (MCOT) or 988.

2. Staff shall share presenting risk factors and information about suicide prevention with the minor and parent(s)/guardian(s).
 3. When suicide precautions are indicated, they shall be documented in a CARE XPO note. The note shall include the reason for implementing suicide precautions, the precautions being taken, and other steps to provide safety for the minor.
- C. Non-residential Community Program Suicide Precautions
1. For minors who are seeing a QMHP in the community or with JJYS, staff shall notify the QMHP of the suicide risk or request that the parent(s)/guardian(s) do so. For minors not currently seeing a QMHP, staff shall encourage the minor and parent(s)/guardian(s) to start services and shall assist in making referrals as requested.
 2. Staff shall share resources such as, but not limited to, 988, Liveonutah.org/resources, SAFE-UT app, MCOT, and the TREVOR Project.
 3. Staff shall create a Crisis Response or Safety Plan with the minor and share it with the parent(s)/guardian(s).
 4. Additional precautions are identified in the respective operations manuals, including follow-up requirements and when precautions may be modified and ended.
- D. Response to Suicidal Ideation or Attempt:
1. Staff members who are made aware of a suicide attempt in the community shall:
 - a) Call 911 or instruct the party they are speaking with to call 911 if the attempt is life threatening or causes serious bodily injury;
 - b) Inform the community center or school personnel, if a minor is at school or other community center, of the risk so they may intervene and provide assistance; or
 - c) Notify parent(s)/guardian(s) of the attempt.
 2. Minors contemplating suicidal action:
 - a) Staff shall notify parent(s)/guardian(s) or other supportive adults who can provide support and resources on how to assist the youth (e.g., 988, Liveonutah.org/resources, SAFE-UT app, MCOT, or the TREVOR Project).
 3. Minors with reports of suicidal behavior within the past month:
 - a) For minors who are seeing a QMHP in the community, staff shall notify the QMHP of the suicide risk, or request that the parent(s)/guardian(s) do so.
 - b) For minors not currently seeing a QMHP, staff shall encourage the minor and parent(s)/guardian(s) to start services and shall assist in making referrals.

VII. Continuous Renewal

This policy shall be reviewed every three 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 and Youth Services Executive Management Team and is approved upon the signature of the director.



Brett Petersen, Director
Division of Juvenile Justice & Youth Services

06/01/2024

Signature Date