

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	BHS-CMH-YDF
	Policy Number	06-02
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Title: Suicide Prevention Program		Functional Area: Clinical Care
Approved By:		
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**Background/Context:**

Title 15, Section 1329 requires the Sacramento County Youth Detention Facility (YDF) administrator, in collaboration with the healthcare and behavioral/mental health administrators to plan and implement written policies which delineate a Suicide Prevention Plan. The Juvenile Justice Institutions Mental Health Team (JJIMHT) provides suicide prevention services to the youth detained in the YDF. Title 15, Section 1322 requires that prior to assuming responsibility for the supervision of youth, each youth supervision staff member shall receive training on suicide prevention, response to suicide attempts, crisis intervention and referrals to mental health services. The JJIMHT, upon request from Probation, provides training for youth supervision staff in the areas required.

**Definitions:**

**Youth Supervision Staff:** a juvenile facility employee whose duty is primarily the supervision of youth. Administrative, supervisory, food services, janitorial or other auxiliary staff is not considered youth supervision staff.

**Classification/Status:** Probation maintains a classification system within the facility. Classification is a process by which each youth detained in the YDF is assigned a specific security and risk assessment based on objective criteria.

**MAYSI-2:** The Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) is a brief mental health screening tool for routine administration at entry to any juvenile justice facility or service.

**S-3 Classification/Status:** The S-3 classification/status identifies those youth who have an identified history of suicidal ideation, gestures or attempts.

**S-5 Classification/Status:** The S-5 classification/status identifies those youth with significant mental health or intellectual disabilities that may interfere with his/her ability to function within the institution and respond to the demands of incarceration.

**Current S-3 List:** JJIMHT maintains a list of youth classified S-3 and/or S-5 for the purpose of ensuring the identified youth are monitored within program policy guidelines.

**Purpose:**

The objective of this policy and procedure is to delineate the protocol JJIMHT members will utilize to provide suicide prevention programming within the facility and training to youth supervision staff.

**Details:**

1. Suicide Prevention Training for Youth Supervision Staff
  - A. The JJIMHT Program Coordinator or his/her designee provides all Probation staff with training in the following areas prior to Probation staff assuming responsibility for the supervision of youth:
    - I. Use of mental health referral form and method(s) for routing the completed referral form to the JJIMHT.
    - II. The importance of completing a mental health referral accurately and in a timely manner so JJIMHT may appropriately prioritize response to the referral.
    - III. Identification of urgent and routine concerns, response to suicide attempts and suicide prevention.
    - IV. Mental health issues prevalent within the juvenile justice system population.
  - B. The JJIMHT Program Coordinator or his/her designee shall conduct scheduled suicide prevention trainings to youth supervision staff, as well as, other trainings requested by Probation.
  - C. The JJIMHT Program Coordinator or his/her designee conducts suicide prevention trainings for other disciplines (i.e. Juvenile Correctional Health) within the YDF upon request.
  - D. All JJIMHT clinical members provide informal trainings to youth supervision staff as requested or needed.
2. Intake Screening for Suicide Risk
  - A. Prior to acceptance to custody, all youth are screened by Juvenile Correctional Health nursing staff for medical and mental health related concerns.
    - I. Youth reporting recent and/or current suicidal thoughts are immediately brought to the attention of the Supervising Probation Officer (SPO) and, if present, the JJIMHT.
    - II. The SPO may request that the JJIMHT assess the youth for suicide risk prior to the youth being classified and sent to a living unit. In the absence of JJIMHT, the SPO will assign a level of risk; provide appropriate supervision and precautions until the youth is seen by the JJIMHT.
    - III. If released from custody prior to being assigned to a living unit, the legally responsible person accepting custody of the youth shall be informed the youth reported recent and/or current suicidal thoughts and will be afforded information on community resources available to address mental health crises and/or concerns.

- In the event, JJIMHT staff are not available or notified, the SPO or his/her designee shall provide the legally authorized person accepting custody with the Mental Health Discharge Instruction Form.
  - B. Youth being detained are interviewed by an officer for the purpose of identifying relevant classification(s) prior to assigning and sending youth to a living unit. The Classification Officer requests youth not having been previously detained in the facility or not being detained for a period of time complete the MAYSI-2.
    - I. The Classification Officer may assign an S-3 status to youth scoring within the “Caution” or “Warning” range for suicide ideation.
    - II. JJIMHT clinical staff may request the S-3 status be removed or continued with the latitude to determine level of severity based on further clinical assessment.
  - C. All youth detained are assessed for suicide risk and mental health concerns by JJIMHT clinical staff within 24 hours of confinement.
3. Communication Related to Suicide Risk
- A. Nursing staff and/or Probation Intake/Booking staff request information from the arresting entity related to suicide risk, medical and/or mental health concerns reported to the arresting officer by the youth, family members or others who have provided relevant information for distribution to the various disciplines.
  - B. Youth with a reported history of recent and/or current suicidal thoughts may be assigned S-3 classification as a means of identifying such risk to facility staff.
    - I. JJIMHT clinicians are responsible for informing the SPO of a youth’s recommended S-3 status based on clinical assessment. The SPO has the authority and responsibility to place or remove a youth from S-3 status; JJIMHT clinicians function solely in a professional advisory capacity.
  - C. Youth receive a medical screening within 24 hours of confinement and follow-up medical examination within 72 hours of confinement. Juvenile Correctional Health staff refers youth to the JJIMHT when youth report history of and/or current suicidal thoughts or other mental health concerns are present upon screening or exam.
  - D. Family members, legal representatives, facility staff and community members with concern(s) regarding youth in custody may contact the JJIMHT.
    - I. The JJIMHT will comply with laws and regulations regarding confidentiality in response to inquiries concerning youth detained in the YDF.
    - II. The JJIMHT Program Coordinator or his/her designee contacts contracted providers from whom youth are currently receiving services in an effort to coordinate care and provide continuity of care while the youth is detained.
  - E. JJIMHT clinicians provide consultation and responses which briefly describe the youth’s condition and make recommendations to the SPO to offer input and assist in problem solving with youth at risk of suicide.
    - I. Recommendations made by the JJIMHT may include guidance on housing of youth at risk of suicide and level of supervision dependent upon current level of risk.

- F. If released from the YDF while on an elevated suicide risk status, the legally authorized person accepting custody of the youth shall be informed the youth was on an elevated suicide risk status and shall be afforded information on community resources available to address mental health crisis and/or concerns.
- In the event, JJIMHT staff are not available or notified, the SPO or his/her designee shall provide the legally authorized person accepting custody with the Mental Health Discharge Instruction Form.
4. Suicide and Suicide Attempt Intervention
- A. Probation staff who observe and/or become aware of any attempt of a youth to injure or harm him/herself report the information to the SPO.
- B. The JJIMHT is immediately contacted and an urgent mental health referral is completed. The next available JJIMHT clinician will respond to the referral, the youth will be assessed within 24 hours.
- I. In the absence of the JJIMHT, the SPO will implement a plan of action to control and/or prevent further self-injurious behavior until such a time the youth can be assessed by the JJIMHT.
- C. Facility staff who observes a youth engaged in a suicide or suicide attempt will immediately obtain medical assistance and inform the SPO/Central Control of the nature of the emergency.
- I. Medical staff determines the appropriate level of medical intervention.
- II. The SPO or his /her designee notifies the JJIMHT of the suicide, suicide attempt as soon as possible and an urgent mental health referral is completed. The next available JJIMHT clinician will respond to assess the youth; the youth will be assessed within 24 hours.
- III. In the absence of the JJIMHT, the SPO will implement a plan of action to control and/or prevent further self-injurious behavior until such a time the youth can be assessed by the JJIMHT.
- IV. Interventions shall consider the needs of youth experiencing past or current trauma, shall be respectful and in the least invasive manner consistent with the level of suicide risk.
- V. The SPO and/or JJIMHT clinician shall consider placing the youth on an application for involuntary psychiatric admission based on W&I 5150.
- VI. In any serious and/or life-threatening circumstance, the SPO will notify the Chief Deputy and ensure staff notifies the youth's parent or guardian.
- VII. The SPO will conduct an immediate investigation and prepare a written report to YDF Administration.
5. Reporting Suicides and Suicide Attempts
- A. Reporting of death/suicide within the YDF is the responsibility of Probation Administration.
- B. Suicide attempts are documented in an Institutional Incident Report (IIR) and classified as a suicide attempt within the Probation system.
- I. IIRs related to suicide attempts are forwarded to the JJIMHT Program Coordinator for review and follow-up if indicated.

- II. The JJIMHT Program Coordinator or designee will complete a redacted written response to the suicide attempt for review by YDF Administration and other appropriate entities, such as the Juvenile Justice Commission.
  - C. Suicide attempts requiring medical treatment outside of the YDF will result in generation of an Adverse Incident Report completed by the JJIMHT Program Coordinator or his/her designee.
6. Critical Incident Debriefing
- A. There will be a medical and operational review of any in-custody death. The review team shall include the Chief Deputy and/or Assistant Chief Deputy of YDF, YDF Supervisors, County Medical Director, YDF Physician, and other health care and Probation staff relevant to the incident.
  - B. Counseling and other resources will be made available to other youth and staff as soon as possible.

**Reference(s)/Attachment(s):**

Sacramento County Probation Department Policy and Procedure-Suicide Prevention-Title XV 1329

Sacramento County Probation Department Policy and Procedure-Suicide Attempt

Sacramento County Probation Department Policy and Procedure-Counseling Services-Mental Health Referrals

Sacramento County Probation Department Policy and Procedure-Death and Serious Illness or Injury of a Youth While Detained-Title XV 1341

Mental Health Release Instruction Form

**Related Policies:**

BHS-CMH-YDF-02-03-Confidentiality

BHS-CMH-YDF-03-06-Adverse Incident Reports

BHS-CMH-YDF-04-05-5150 Application

BHS-CMH-YDF-06-03-Suicide Risk Classification

BHS-CMH-YDF-06-06-Psychiatric Hospitalization

BHS-CMH-YDF-06-09-Recommendations to Probation

BHS-CMH-YDF-07-02-Emergency Administration of Psychotropic Medication

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