



**Youth Detention Facility  
OPERATIONS ORDER  
SUICIDE PREVENTION PLAN - TITLE XV 1329**

**Purpose and Scope**

Staff shall consider the needs of each 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. Prior to assuming any responsibility for the supervision of youth in custody, all new employees will receive training in the use of Mental Health services, suicide prevention, response to suicide attempts, and crisis intervention. Continuing priority training include suicide prevention and trauma informed care.

**Affected Personnel**

Probation employees assigned to the Youth Detention Facility

**Authority**

Title 15 - 1329

**Effective Date**

August 01, 2011

**I. Guidelines**

**A. Health Screening, Identification, Assessment and Precautionary Protocols**

1. All youth supervision staff who perform intake processes shall be trained in screening youth for risk of suicide.
2. All youth shall be screened for risk of suicide at intake and as needed during detention.
3. During the intake process booking staff shall communicate with the arresting officer and family guardians regarding the youth's past or present suicidal ideations, behaviors or attempts.
4. 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. The duty supervisor shall then implement safety procedures to ensure the youth's safety pending an assessment by Mental Health Staff.

B. Referral process to behavior/mental health staff for assessment and/or services.

1. Any youth or new intake expressing suicidal ideation, experiencing past or current trauma shall be referred to the YDF mental health team for an evaluation and possible classification as S-3 (suicide risk).
2. **Urgent Referrals:** Any youth who is obviously distressed, tearful, withdrawn, or making verbal threats or overt gestures shall be classified as an Urgent Referral.
3. **Routine Referral:** Any youth with a prior history who appears in emotional/behavioral control shall be classified as a Routine Referral.

C. Suicidal Behavior

1. Any attempt by a youth to injure or harm themselves shall immediately be reported to the duty supervisor.
2. Mental Health shall be contacted and an urgent referral shall be forwarded immediately to the Mental Health staff.
3. An Incident Report shall be prepared and forwarded to the duty supervisor.
4. All youth who have been identified to be at risk of suicide shall be referred to behavioral/mental health staff for a suicide risk assessment. The duty supervisor shall then implement safety procedures to ensure the youth's safety pending an assessment by Mental Health Staff.

D. Use of the Suicide Prevention Gown

1. Per the YDF policy titled "Use of Force – Title XV Section 1357," reasonable force may be authorized to remove clothing from a youth who has actively demonstrated self-injurious behavior with their own clothing. Use of force in these situations shall only be authorized by the Supervisor overseeing the incident when it has been determined that removing the youth's clothing is the last viable option to stop self-injurious behavior and ensure the youth's safety.
2. If a youth's clothing is removed to stop self-injurious behavior, the youth shall be provided with a Suicide Prevention Gown (SPG). Force shall never be used to place a resident in an SPG.
3. Youth in an SPG should be housed in a single room, closest to the counselor's station, or may be temporarily removed from the housing unit and placed in a Safety Room at intake/booking. Staff shall maintain continuous, direct, one-on-one supervision of any youth placed in a SPG and shall document the youth's behavior and any staff interventions (including medical and mental

health) at least every 15 minutes with the actual time recorded on the "Safety Room/Precautionary Watch Log."

4. Youth refusing to wear a SPG may be temporarily placed in the Safety Room located at intake/booking. Staff shall maintain continuous, direct, one-on-one supervision of the youth and shall document the youth's behavior and any staff interventions (including medical and mental health) at least every 15 minutes, with the actual time recorded on the "Safety Room /Precautionary Watch Log."

## **II. Procedures for Monitoring of Youth Identified at Risk for Suicide**

### **A. Safety Interventions for Youth Classified as S-3 High**

1. Staff shall maintain continuous, direct one-on-one supervision of any youth who has been classified as S-3 High.
2. Staff shall document the youth's behavior and any staff (including medical and mental health) interventions at least every 15 minutes, with the actual time recorded on the "Safety Room/Precautionary Watch Log."
3. Information concerning a youth's S-3 classification shall be included in the youth's YDF file.

### **B. Mental Health Monitoring Protocol for Suicidal or Youth Experiencing Past or Current Trauma.**

- a. S-3 Highs are seen daily for any necessary intervention and seen at least every seventy-two (72) hours for re-evaluation.
- b. S-3 Moderates are seen once per week for re-evaluation and monitored daily for any necessary intervention.
- c. S-3 Lows are seen once per month for re-evaluation and any necessary intervention.

### **C. Youth identified at risk for suicide shall not be denied the opportunity to participate in the Youth Detention 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 Duty Supervisor through an incident report.**

### **D. Documentation of Critical Incidents Related to Suicides or Attempts**

1. All incidents must be documented in an Institutional Incident Report (IIR).
2. An Administrative Review of the circumstances and responses proceeding, during and after the critical incident will be completed.

3. A debrief of the event will take place with the affected staff, Duty Supervisors, Watch Commander and Administration and/or Management.
4. A debrief of the event will take place with affected youth.

**References**

Title 15 Section 1362, Reporting of Incidents

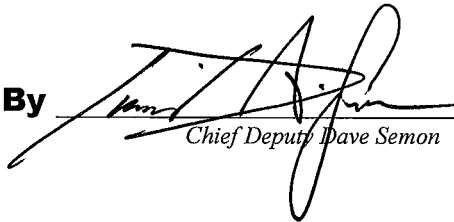
Title 15 Section 1341, Death and Serious Illness or Injury of a Youth While Detained

Title 15 Section 1352, Classification

**Attachment**

Suicidal Behavior – Identification & Risk Level

**Authorized By**

  
*Chief Deputy Dave Semon*

**Date**

*11/14/19*

# **SUICIDAL BEHAVIOR – IDENTIFICATION & RISK LEVEL**

## **I. High Risk S-3 Behavior:**

Individual may exhibit symptoms of depression or anxiety, crying rages, mood swings or panic attacks with active or overt suicidal behavior. Individual expresses suicidal thoughts with long and well developed suicidal plans which could be carried out while housed at the Youth Detention Facility.

### **Examples:**

- A. Pushing body weight forward while tying sheet around neck and bed frame in a hanging attempt, ingesting 60 Tylenol pills, deep cuts to wrists and veins, auditory hallucinations telling individual to kill themselves and then describing how to carry out the plan.
- B. Individual gives away possessions and expresses hopelessness about the future, e.g., "I don't want to do anything with my life."
- C. Individual wants to join dead family members or friends who have committed suicide, or who have been killed and is grieving their loss.
- D. There is a history of suicidal plans, suicide attempts and suicidal thoughts. A history of prior psychiatric hospitalizations and prior psychiatric treatment, including evaluation and monitoring on psychotropic medication(s) is present.
- E. Individual has been abandoned by parents and has no family visiting.

## **II. Low Risk S-3 Behavior:**

Individual expresses suicidal thoughts, e.g., "I feel like killing myself" without a well-thought out plan that could be carried out while housed at the Youth Detention Facility. There is an absence of depression, anxiety, crying rages, mood swings or panic attacks. Behavior and mood appear stable. Individual actively participates in a unit program and has future goals and plans. Family members visit weekly and individual functions appropriately while detained.

- A. Please keep in mind that individuals who are depressed are more apt to commit suicide when the depression lifts and there is more energy to carry out fatal plans.
- B. Individuals who are manipulative and exhibit suicidal behavior to meet their needs can and do have suicide attempts which are successful!