

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

Policy No.: 05-03	Effective Date: 12/05/03	Revision Date: 7/9/18
Subject: Suicide Prevention		

I. Policy Statement

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

II. Rationale

National studies have shown that juveniles who are under custody or supervision of programs, such as those of the Division, are at higher than normal risk of attempting suicide. Accordingly, the Division will implement measures to decrease those risks.

III. Definitions

“Suicide awareness” is the recognition by Division staff of verbal and behavioral cues from juveniles that may indicate potential suicide ideation or attempts.

“Direct-care staff” are staff, including intake and control staff, whose job responsibilities involve working directly with juveniles.

“Qualified Mental Health Professional” (QMHP) is a licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.

“Critical Incident - After Action Process (CIAAP)” is the Review, Response, and Reporting of information regarding all critical incidents (level 1 and level 2) in accordance with Division Policy 05-12.

“Mechanical Restraint,” is “a type of restraint device such as handcuffs, shackles, or plastic zip-ties used to secure a juvenile’s arms or legs either during transport or when they present a threat of physical injury to self or others.”

“Protective Headgear,” is “a type of protective device used to safeguard against head trauma when a juvenile is banging their head against a wall or other dangerous object.”

“Safety Garment,” is a suicide-prevention garment used to help protect a juvenile from self-harming behaviors.”

IV. Procedures

A. Suicide Awareness Training:

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All direct-care staff shall attend and complete the initial life-safety training course for suicide awareness and prevention, and awareness and prevention training annually thereafter. Training shall include a comprehensive curriculum devoted to the identification and management of juveniles who are suicidal, interventions, emergency response protocols, emergency response kits, and reporting and notification expectations.

B. Intake Screening:

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

C. Placement on Suicide Watch:

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1. A juvenile identified as a potential suicide risk during the intake process or anytime thereafter shall be placed on suicide watch.
2. Staff placing a juvenile on suicide watch shall communicate with the juvenile to help them understand presenting risk factors and the implications and conditions of suicide watch.
3. A juvenile placed on suicide watch shall be immediately referred to a QMHP by completing and submitting the Suicide Watch & Removal Form (05-03A, attached to this policy). The juvenile will be seen face to face or via telehealth platform by a QMHP.
4. Staff placing a juvenile on suicide watch shall notify related parties, e.g. parent(s), guardians, case managers, probation officers, unit supervisor, and Assistant Program Director (APD) by telephone or email.

D. Staff Monitoring During Suicide Watch:

Staff shall provide monitoring of a juvenile on suicide watch, with special attention to attitude, mood, life circumstances, current situational crisis, and other events that may contribute to suicidal ideation. When a juvenile has been identified as potentially suicidal, staff shall:

1. Verbally communicate with the at-risk juvenile to continue assessment of attitudes, mood and behavior.
2. When available, house the juvenile in a camera room for the purpose of added monitoring. Cameras shall not be a substitute for physical checks required by staff.
3. When a camera room is not available, house the juvenile in a room most visible to staff and/or with another juvenile (to be designated by the staff).
4. Housing arrangements shall be no more restrictive than required to protect the safety of the at-risk juvenile, staff and other juveniles.
5. Removal of a juvenile's clothing and/or the use of mechanical restraints or suicide prevention items shall only be used as a last resort when the juvenile is engaging in self-destructive behavior. Staff shall complete the Division's current crisis intervention training before utilizing approved devices (e.g. handcuffs, shackles, suicide prevention safety garments, and/or protective headgear) and shall follow Division policy 05-06.

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6. Staff shall encourage and allow an at-risk juvenile to participate in regular program activities consistent with the other juveniles. An at-risk juvenile shall not be confined to their room or be treated any differently than other juveniles solely because of being on suicide watch.
7. When the at-risk juvenile is in their room, visually check the juvenile at staggered intervals (e.g. 3, 5, 7 minutes apart), but no more than ten (10) minutes apart, watching for breathing and/or other movement.
8. Document room checks, significant verbal communications, and behavioral changes.
9. Communication of clear and current information about the status of a juvenile identified as a potential suicide risk shall be clearly documented in the Control Center and living area in the facility (while taking care to maintain the youth's privacy) and verbally communicated to all staff on duty. Documentation shall be entered into the shift logs and Control Center logs.
10. When the juvenile is actively suicidal, staff shall monitor continuously and uninterrupted, with a clear and unobstructed view of the juvenile at all times.

E. Assessments During Suicide Watch:

A juvenile on suicide watch shall receive regularly scheduled follow-up visits and assessment by staff, supervisor and, where possible, a QMHP. Information gathered from these visits must be documented and shared with others responsible for the health and safety of the juvenile. Prior to the end of each waking hours shift, the designated shift lead will verbally check in with each juvenile on suicide watch and document the interaction in the daily logs. The QMHP will check in as deemed appropriate, and each interaction will be documented in CARE CS notes.

F. Removal From Suicide Watch:

1. A juvenile identified to be at-risk shall be placed on, and remain on, suicide watch for the duration of their stay or until they can be evaluated in person or via telehealth by a QMHP.
2. A juvenile placed on suicide watch can only be removed after being seen by a QMHP via telehealth or face-to-face.
3. If the QMHP determines that the juvenile no longer presents a threat to themselves, the QMHP will complete the removal portion of form 05-03A

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and sign and place the form in the juvenile's file.

4. Anytime a juvenile is removed from suicide watch, the QMHP shall notify the facility APD and other related parties (e.g. parents(s), guardians, case managers, probation officers and unit supervisor) by telephone or email. The QMHP shall document this communication in CARE.

G. Suicide Attempts:

1. Staff members who discover a juvenile attempting suicide shall call for assistance and respond immediately. If the attempt is life threatening, control staff should be instructed to contact 911 or available staff should be sent to call 911. If the juvenile does not have a heartbeat or is not breathing, staff should follow current Division life safety training and continue until emergency personnel arrive.
2. Staff shall utilize the emergency response kit provided in the facility.
3. Follow-up after a serious attempt or death from suicide shall include:
 - a. providing the opportunity for other juveniles in the facility to process the incident.
 - b. referral of other juveniles to a QMHP when needed; and
 - c. referral of staff needing assistance to the Employee Assistance Program (EAP).

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

1. A facility that releases a juvenile to another facility or placement shall notify the receiving facility or placement of any suicidal or at-risk behaviors on the Transfer of Information Form (05-03C, attached to this policy).
2. The APD, parent(s)/guardian, case managers, probation officers, and unit supervisor shall be notified by the designated shift lead as soon as possible following an attempt or death from suicide. Notification of other outside authorities will be made in accordance with Division policy 05-15. Law enforcement must be notified in the case of a death from suicide.
3. There shall be detailed documentation and reporting of the identification, assessment, referral, monitoring, housing, communication, and notification measures taken for any potential, attempted or death from suicide. The supervisor shall ensure that all documentation is placed in the juvenile's file and available for referral, review, and future reference.

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4. In the event of a serious attempt or death from suicide, an incident report and Critical Incident - After Action Process (AAP) shall be implemented in accordance with Division policy 05-12.

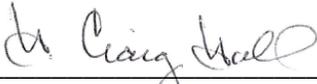
5. In the event of a serious suicide attempt or a death from suicide, the Division Investigations Bureau will review the pertinent information and circumstances of individual cases and the effectiveness of facility staff responses, upon the request of the Division Director

6. A death from 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.

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 Board of Juvenile Justice Services and is approved upon the signature of the Director.



H. Craig Hall, Chair
Board of Juvenile Justice Services

7/9/18

Signature Date



Susan V. Burke, Director
Division of Juvenile Justice Services

7/9/18

Signature Date