

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

Policy No.: 05-03

Effective Date: 12-05-03

Revision Date: 09-15-20

Subject: Suicide Prevention

I. Policy Statement

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

II. Rationale

National studies have shown that juveniles 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 juveniles 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 juveniles.
- C. "Qualified Mental Health Professional" (QMHP) is a licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.
- D. "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.
- E. "Mechanical Restraint," as defined in Policy 05-06, is "a type of restraint device such as handcuffs, leg restrains, 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."
- F. "Protective Headgear," as defined in Policy 05-06, is used to safeguard against head trauma when a juvenile 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 juvenile 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.
- 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.
- 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. "Serious 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.

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 juveniles 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.

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.
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.

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4. An initial intake screen shall include:
 - a. a completed "Arresting/Transporting Officer Questionnaire" from the person who brought the juvenile to the facility (Form 05-03-C);
 - b. a completed Initial Health Screen (Form 05-03-B);
 - c. complete Division-approved suicide screening instruments.
 - 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. whenever 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, and;
 - 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:

1. A juvenile identified through screening as a suicide risk during the intake process or anytime thereafter shall be placed on suicide watch.
2. Staff 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 when and where possible for further assessment and intervention.
4. A note documenting that the youth has been placed on suicide watch will be entered in both the shift log, youth's file and noted in CARE.
 - a. This information shall be communicated with staff on shift.
5. Staff shall notify related parties (e.g. parent(s), case managers, probation officers, unit supervisor, clinician and Assistant Program Director) by telephone or email.
 - b. Notification shall be documented in the daily log, clinical services note and incident report.

D. Staff Monitoring During Suicide Watch:

Staff shall monitor a juvenile 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 juvenile has been placed on suicide watch, staff shall:

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1. Verbally communicate with the at-risk juvenile to continue assessment of attitudes, mood and behavior.
2. House the juvenile 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.
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 access to clothing or the use of mechanical or other restraint/safety devices shall be used only as a last resort when the juvenile 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.
6. As much as possible, encourage and allow an at-risk juvenile to participate in regular program activities 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 a youth placed on suicide watch is in their room, visually check the juvenile at random intervals (for example 3, 7, 5 minutes apart), but no more than ten (10) minutes apart, watching for breathing and/or other movement.
8. Shower protocol for juvenile on suicide watch:
 - a. a juvenile 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 juvenile;
 - c. if a juvenile does not comply with shower procedures, the consequence will be to lose points/incentives;
 - d. if a juvenile is complying, they will be awarded points/incentives;
 - e. a juvenile 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.
10. Communicate clear and current information about the status of a juvenile identified as a potential suicide risk in the Control Center and living area in the facility and

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verbally communicated to all staff on duty. Documentation shall be entered into the shift logs and Control Center logs.

11. When the juvenile is actively engaged in self-directed violence, staff shall monitor continuously and uninterrupted, with a clear and unobstructed view of the juvenile at all times.

E. Assessments During Suicide Watch:

1. A juvenile on suicide watch shall receive regularly scheduled, daily follow-up visits and assessments by the staff, supervisor and QMHP. Information gathered from these visits must be documented and shared with others responsible for the health and safety of the juvenile. The designated shift lead will verbally check in with each juvenile on suicide watch during waking hours and document the interaction in the daily logs. The QMHP will check in as deemed appropriate and each interaction shall 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 until they can be evaluated by a QMHP. Staff may not remove a juvenile from suicide watch without approval of a QMHP.
2. A juvenile 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 juvenile meets the criteria listed on the JJS Suicide Watch/Removal form (Form 05-03-A) and the QMHP is satisfied that the juvenile 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 juvenile is removed from suicide watch. Staff shall also notify related parties by telephone or email, (e.g. parent(s), case managers, probation officers, and unit supervisor). These notifications shall be completed as soon as practicable.

G. Suicide Attempts:

1. Staff members who discover a juvenile attempting suicide shall immediately call for assistance and intervene. If the attempt is life threatening or causes serious bodily injury, staff will call 911. If the juvenile does not have a heartbeat, staff shall follow

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current Division CPR/AED/First Aid/Bloodborne training and continue until emergency personnel arrive.

2. Staff shall utilize the emergency response kit provided in the facility.
3. Follow-up after a suicide attempt or death by 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;
 - c. referral of staff needing assistance to the Employee Assistance Program (EAP), Peer Support or other support resources; and
 - d. staff who respond directly to a serious 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.

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.
2. A facility that releases a juvenile to another facility or placement shall notify the receiving facility or placement of any suicide attempts or self-directed violence on the Transfer of Information (Form 05-03C).
3. 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 will 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.
4. 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 juvenile's file and available for referral, review and future reference.
5. In the event of a serious attempt or death by suicide, an incident report and Critical Incident - After Action Process (AAP) shall be implemented in accordance with JJS Policy 05-12.
6. In the event of a serious 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.

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7. 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 will be reassessed:

- a. if their stay in a facility is (3) months or longer and shall be reassessed every (3) months thereafter, or
- b. when there is a stressful event, or
- c. when moved to a new facility.

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.



9-15-20

Brett M. Peterson, Director
Division of Juvenile Justice Services

Date