



**SAN MATEO COUNTY
PROBATION DEPARTMENT
INSTITUTIONS SERVICES MANUAL**

**ARTICLE 3
Training, Personnel, and Management
§1329**

Topic	Suicide Prevention Plan
Purpose	To prevent suicides through proper risk identification, monitoring, and treatment of potentially suicidal minors/nonminors and appropriate intervention.
Policy	The Department in collaboration with Behavioral Health and Recovery Services will develop a suicide prevention plan to identify and monitor potentially suicidal minors/nonminors and appropriately intervene and treat.

Any probation staff who identifies a minor/nonminor displaying suicidal signs shall immediately notify an on-duty lead staff and the appropriate medical/mental health staff. The minor/nonminor shall be closely monitored until a mental health staff arrives and completes a Suicide Risk Assessment. The Superintendent or the authorized designee shall determine the supervision level for identified at-risk suicidal minor/nonminor in consultation with the mental health professional (15 CCR 1329).

Group Supervisor will assist with contacting a mental health staff and implementing precautionary steps, as provided in this policy.

1. Identification of Minor/nonminor at Risk

- a. Upon admission, staff shall assess the risk level of each minor/nonminor by administering the Receiving Screening Form and Vulnerability Assessment Form G and by considering the key indicators of self-harm behavior. In addition, staff will communicate with the arresting officer and guardians regarding the minor/nonminor's past or present suicidal ideation, behavior, or attempts, and document such information in the Admissions packet.
- b. Staff shall assess the minor/nonminor's level of risk by considering the key indicators of self-harm. Staff shall implement the procedures appropriate to the minor/nonminor's risk level, as identified by a mental health professional.

A minor/nonminor identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services and activities which are available to other non-suicidal minors/nonminors, unless deemed necessary for the safety of the minor/nonminor or security of the facility. Any deprivation of programs, services or activities for the minor/nonminor at risk of suicide shall be documented and

approved by the facility Superintendent or the assigned designee.

- c. Any treatment interventions utilized will include trauma-informed approaches.
2. The Suicide Prevention Plan shall comply with the protocols and procedures set forth in 15 CCR 1329 (e.g., training for screening, housing, documentation, facility inspections, trauma-informed approaches for treatment strategies, and other precautionary practices).

The Suicide Prevention Plan should be developed with the Medical Director, the Institution Superintendent, department staff, treatment providers, and local public health agencies, as appropriate. See Procedures Manual on Suicide Prevention and Intervention for additional guidance.

1329.1 PRECAUTIONARY STEPS/SUICIDE WATCH

Minors/nonminors meeting the below-listed criteria should be placed on suicide watch:

- a. Any minor/nonminor who has expressed suicidal thoughts, verbally or by gesture.
- b. Any minor/nonminor who has attempted to commit suicide or committed an act in furtherance of suicide.

Minors/nonminors placed on suicide watch shall be housed in a room designed to be suicide resistant (15CCR 1329). Prior to placing a suicidal minor/nonminor in any room, staff should carefully inspect the area for objects that may pose a threat to the minor/nonminor's safety. Staff may remove the bedding of a minor/nonminor who presents a danger to themselves pending a mental health consultation. Staff shall follow the directives of mental health staff regarding the provision of bedding to minor/nonminor with suicide precautions.

Physical restraints should only be used as a last resort. The decision to use or discontinue use of restraints should be made in consultation with the On-Duty Officer of the Day and a qualified mental health staff.

If safety rooms or other temporary holding areas are not available, immediate arrangements should be made to transfer the minor/nonminor to a designated medical or mental health facility.

Until the minor/nonminor is evaluated by a mental health staff, the minor/nonminor shall be subject to continuous direct visual observation. The mental health staff will determine when the minor/nonminor no longer require continuous direct visual observation.

A minor/nonminor will be removed from suicide watch when the mental health staff determines the minor/nonminor no longer poses a threat of self-harm, with the approval of the Superintendent. The minor/nonminor shall be referred to classification for an appropriate housing assignment. The fact that the minor/nonminors was on suicide watch shall be communicated to housing staff whenever and wherever a minors/nonminor is assigned, throughout the minor/nonminor's detention (15 CCR 1329).

Written observation logs shall be maintained and documented in at least 10-minute intervals for all minors/nonminors on suicide watch. Medical staff, or their authorized designee, must observe the minor/nonminor at least once every five hours and make notations in the observation log. Each staff member who is required to observe the minor/nonminor shall make notations in

the observation log, including the time of observation and a brief description of the minor/nonminor's behavior.

Staff shall document in the minor/nonminor's log and when applicable, an Incident Report, any time a minor/nonminor's suicide watch status and housing assignment changes, and the reasons for not providing clothing, personal items or facility issued items.

Minors/nonminors identified as at risk for suicide should not be denied the opportunity to participate in facility programs, services, and activities available to other minors/nonminors, unless denial is deemed necessary for the safety of the minor/nonminor or the security of the facility. Any deprivation of programs, services, or activities for minor/nonminor at risk for suicide shall be documented and approved by the Superintendent.

1329.2 SUICIDE ATTEMPTS

Any suicide attempt is a medical emergency, and life-saving measures shall be initiated by a trained staff member until the staff member is relieved by a qualified health care professional, who shall initiate appropriate medical evaluation and intervention.

The Medical Director or the authorized designee should be notified when referral and transportation to an emergency room or local hospital are required.

Staff should preserve and collect evidence as necessary. The parent/guardian, court of jurisdiction, Chief Probation Officer, Superintendent, and involved probation officer shall be notified of the suicide attempt.

The minor/nonminor's health care record should be updated to reflect all contacts, treatment, and any other relevant information.

1329.3 DEBRIEFING

Any suicide or attempted suicide requires a staff debriefing. Probation management shall ensure that stress management debriefings are conducted for affected staff and minor/nonminor to discuss post-incident thoughts and reactions. (15 CCR 1329)

1329.4 TRAINING

All Group Supervisor shall receive eight (8) hours of initial training on suicide risk, assessment, prevention and intervention. Staff are required to complete training updates as necessary.

Training content shall include:

- a. Pre-disposing factors for suicide.
- b. High-risk suicide periods.
- c. Unique factors of detention and institutionalization that enhance suicidal behavior.
- d. Identification of minors at risk, warning signs and symptoms, and levels of risk.
- e. Appropriate monitoring of and response to minor/nonminor according to levels of risk and precaution; and
- f. Emergency response protocols.

See Procedures Manual on Suicide Prevention Plan for further information.