



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

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

**Procedure
Suicide Prevention Plan**

1329 PURPOSE AND SCOPE

This policy provides general guidance regarding the Suicide Prevention Plan.

1.1 NOTIFICATION, MONITORING AND TREATMENT OF YOUTH AT RISK

1. Low Risk

- a.** Correctional Health (CH) staff who identify a youth at low risk shall:
 - Notify the housing unit staff;
 - Fax a forensic mental health memo to BHRS at ext. 5305.
 - BHRS will fax a response with a recommendation back to CH;
 - Notify the On-Duty Officer of the Day (OD).
- b.** Institution staff who identify a youth at low risk shall:
 - Notify the unit housing staff;
 - Notify the MH-OD that the youth is low risk;
 - Notify the OD;
 - Note the referral to MH in the unit log book;
 - Note the youth's behavior in the youth log; and
 - Post a Mental Health Memorandum at the unit workstation.
- c.** Other staff of the facility who identify a youth at low level risk shall notify housing staff, who will then follow the steps above.
- d.** Pending assessment by a MH Clinician, the youth shall participate in all daily activities of the facility at the discretion of housing unit staff.
- e.** The MH Clinician shall:
 - Assess the youth and determine the appropriate level of risk and precaution;
 - Inform the housing unit staff and the OD of the assessment findings; and
 - Update or remove the Mental Health Memorandum at the unit workstation.
- f.** Housing staff shall note the assessment findings in the unit log book and youth log.
- g.** Should the MH Clinician assess the youth to be low risk, he or she shall fill out a Mental Health Observation Form.
- h.** The youth shall participate in all daily activities of the facility at the discretion of supervision staff and informed by the OD, Correctional Health and MH.
- i.** Release from low-risk status once MH Clinician has cleared the youth.

2. Moderate Risk

- a. CH staff who identify a youth at moderate risk shall:
 - Notify the housing unit staff and ensure implementation of mental health observation;
 - Fax a Forensic Mental Health Memo to BHRS at ext. 5305. BHRS will fax a response with a recommendation back to Correctional Health;
 - Call BHRS on the OD line to let them know the youth has been placed on mental health observation, and
 - Notify the OD.
- b. Institution staff who identify a youth at moderate risk shall:
 - Notify the housing unit lead staff, implement mental health observation, and remove potentially harmful items from the youth's room;
 - Notify the BHRS On-Duty Clinician that the youth has been placed on mental health observation;
 - Notify the OD;
 - Post a Mental Health Memorandum at the unit workstation;
 - Note the referral to MH in the unit log book; and
 - Note the youth's behavior in the youth log.

Other staff of the facility who identify a youth at moderate risk shall notify housing staff.

- c. Pending assessment by a MH Clinician, housing staff shall conduct and document 15-minute safety checks on the youth. Housing unit staff may monitor the youth more frequently, up to and including maintaining direct visual supervision.
- d. Pending assessment by a MH Clinician, the youth shall remain on the unit.
- e. The MH Clinician shall assess the youth and determine the appropriate level of risk and precaution. If the MH Clinician finds the youth to be moderate risk he or she shall:
 - Inform the housing unit staff and the OD of the assessment findings and the conditions of mental health observation; and
 - Update the Mental Health Memorandum with the conditions of mental health observation and post a Self-Harm Precaution Checklist at the unit workstation.
- f. The MH Clinician shall contact the youth's guardian as soon as reasonably possible of the youth's level of risk and the conditions of mental health observation.
- g. The youth shall participate in daily activities as outlined in the conditions of the mental health observation and at the discretion of housing unit staff.
- h. A MH Clinician shall assess the youth a minimum of one (1) time per full MH business day and shall:
 - Update the Mental Health Memorandum and Self-Harm Precaution Checklist with documentation of the assessment and any changes to the conditions of mental health observation; and
 - Notify the housing unit staff and the OD of changes in or continuance of the conditions of mental health observation.
- i. The MH Clinician or designee shall determine appropriate follow-up with the youth while the youth is detained.
- j. The MH Clinician, upon determining that the youth's level of risk has decreased from moderate to low, shall:

- Notify the housing unit staff and OD that mental health observation shall be discontinued; and
 - Update the Mental Health Memorandum and remove the Self-Harm Precaution Checklist.
- k. Housing unit staff, upon discontinuation of mental health observation, shall note the discontinuation in the unit log book and the youth log.
- l. The MH Clinician or designee shall refer the youth to appropriate community services as needed in preparation for the youth's release.
3. High Risk
- a. Correctional Health staff who identify a youth as high risk shall:
- Notify the unit supervision staff and ensure implementation of suicide watch;
 - Fax a Forensic Mental Health Memo to BHRS at ext. 5305. BHRS will fax a response with a recommendation back to Correctional Health.
 - Notify the MH OD that the youth has been placed on suicide watch – do not just leave a voicemail; and
 - Notify the OD.
- b. Institution staff who identify a youth at high risk or in immediate danger shall:
- Notify the housing unit lead staff;
 - Move youth to an individual room or move roommate to another room when there is one;
 - Remove all items and clothing from the youth's room;
 - Supply the youth with a suicide prevention gown and suicide prevention blanket, which can be found on the unit, in Admissions or in Housekeeping;
 - Allow the youth one item of reading material with no staples if desired;
 - Implement suicide watch
 - Notify the MH OD or MH OC that the youth has been placed on suicide watch;
 - Notify a MH Supervising Clinician if the MH OD or MH OC is not immediately available;
 - Notify the OD, who will immediately assign a staff for suicide watch;
 - Post a Mental Health Memorandum at the unit workstation;
 - Note the referral to MH in the unit log book;
 - Note the youth's behavior in the youth log;
 - Obtain intervention instructions from the Correctional Health, including dietary restrictions;
 - Complete an Incident Report;
 - Complete individual Safety Check Log for staff maintaining continuous direct visual supervision.
- c. Pending assessment by a MH Clinician, unit supervision staff shall maintain continuous direct visual observation of the youth and document the supervision and the youth's status at least every 15 minutes on the Safety Check Log;
- d. Pending assessment by a MH Clinician, Dietary will be notified that youth will not be provided with any items other than finger foods and liquids using the Dietary- provided rubber trays and utensils.

- e. The OD, in consultation with MH or CH staff, shall determine an appropriate room for housing the youth. The youth may be placed in a Safety Room only with the approval of the Juvenile Hall Superintendent or assigned designee in consultation with MH or CH staff.
- f. The MH Clinician shall assess the youth and determine the appropriate level of risk and precaution. If the MH Clinician finds the youth to be high risk he or she shall:
 - Inform the unit supervision staff and the OD of the assessment findings and the conditions of suicide watch; and
 - Update the Mental Health Memorandum with the conditions of suicide watch and post a Self-Harm Precaution Checklist at the unit workstation during suicide watch.
- g. Housing staff shall note the assessment findings in the unit log book and youth log.
- h. The housing lead shall initial the Checklist once per shift.
- i. The OD shall make a note on the OD report at least once per shift;
- j. The MH Clinician shall make a note on the OD report at least once per shift.
- k. Instructions will be written on the Self-Harm Precaution Checklist or a Mental Health Memorandum.
- l. A MH Clinician shall assess the youth a minimum of two (2) times per full BHRS business day and shall:
 - Update the Mental Health Memorandum and Self-Harm Precaution Checklist with documentation of the assessment and any changes to the conditions of suicide watch;
 - Notify the housing unit staff and the OD of changes in or continuance of the conditions of suicide watch.
- m. The Supervising MH Clinician or designee shall determine appropriate follow-up with the youth while the youth is detained.
- n. Upon determination by a MH Clinician that the youth's level of risk has decreased from high to moderate:
 - The MH Clinician shall:
 - Notify the housing unit staff and OD that suicide watch shall be discontinued, that mental health observation shall be initiated, and of the conditions of mental health observation;
 - Update the Mental Health Memorandum and Self-Harm Precaution Checklist with the conditions of mental health observation.
 - Housing Unit staff shall:
 - Note the change and new conditions in the unit log book and youth log; and
 - Return all, but potentially harmful items to the youth's room.
- o. Upon determination by a MH Clinician that the youth's level of risk has decreased from high to low:
 - The MH Clinician shall:
 - Notify the housing unit staff and the OD that suicide watch shall be discontinued and of the conditions of the youth's new status; and
 - Update the Mental Health Memorandum and Self-Harm Precaution Checklist with the conditions of the youth's new status and maintain file on the unit.
 - Housing Unit Staff shall:
 - Note the change and new conditions in the unit log book and youth log; and
 - Return all items to the youth's room.

- p. The Supervising MH Clinician or designee shall refer the youth to appropriate community services as needed in preparation of the youth's release.
4. Severe Risk
- a. A CH staff member who identifies a youth at severe risk shall:
- Intervene immediately to protect the health and safety of the youth;
 - Notify a MH Clinician by phone or in person (do not just leave a voicemail);
 - Fax a Forensic Mental Health Memo to BHRS at ext. 5305. BHRS will fax a response with a recommendation back to Correctional Health. Notify unit supervision staff and the ISM-OD, and;
 - Ensure implementation of suicide watch.
- b. Institutions staff member who identifies a youth at severe risk shall:
- Intervene immediately to protect the health and safety of the youth;
 - Implement suicide watch
 - Notify Correctional Health staff for necessary medical treatment;
 - Notify a MH staff person by phone or in person (do not just leave a voicemail);
 - Notify the MH OD that the youth is at severe risk;
 - Post a Mental Health Memorandum at the workstation of the youth's unit;
 - Note the referral in the unit's log book;
 - Note the youth's behavior in the youth log;
 - Notify CH to obtain appropriate instructions for intervention, including dietary restrictions, and;
 - Complete an Incident Report;
 - Complete individual Safety Check Log for staff maintaining continuous direct visual supervision.
- c. Housing Unit staff shall remove all items and clothing from the youth's room, supplying the youth with only a suicide prevention gown and a suicide prevention blanket, which can be found on the Unit, in Admissions, and in Housekeeping.
- d. Pending assessment by a MH Clinician, unit supervision staff shall notify Dietary that the youth can only have finger food with rubber trays and utensils.
- e. The ISM, in consultation with MH or CH staff, shall determine an appropriate room for housing the youth with no roommate. The youth may be placed in a Safety Room only with the approval of the Juvenile Hall Superintendent or the assigned designee in consultation with BHRS or Correctional Health staff.
- f. The youth may be placed in soft restraints, a helmet, a spit hood, and/or restraint device only with the approval of the Juvenile Hall Superintendent or the assigned designee in consultation with BHRS staff or CH staff.
- g. Pending assessment by a MH clinician, a institution staff shall maintain direct visual supervision of the youth at all times and document the supervision and the youth's status at least every 15 minutes on the Safety Check Log.
- h. The MH Clinician shall assess the youth and determine the appropriate level of precaution and appropriateness of requesting a 5150 hold.
- i. If a 5150 hold is requested MH staff will call San Mateo County General Psychiatric Emergency Services (PES) by phone, ensuring that PES arranges an ambulance to pick up youth from the YSC. (Reference to BHRS Policy Number YSCMH 15-05 in the 2017 BHRS Policy and Procedures Manual.

- j. The MH Clinician shall update or remove the Mental Health Memorandum at the unit's workstation, inform the housing unit staff and the OD of the appropriate level of precaution, and note the findings of the assessment in the unit log book and the youth log.
- k. Should the MH Clinician assess the youth risk to have decreased from severe to high risk, he or she shall:
 - Inform the housing unit staff and the OD in person of the conditions of mental health observation and
 - Shall post a Self-Harm Precaution Checklist and a Mental Health Memorandum with the conditions of suicide watch at the unit workstation.
- l. Instructions will be written on the Self-Harm Precaution Checklist or a Mental Health Memorandum
- m. The housing lead shall initial the Checklist once per shift
- n. The OD shall make a note on the OD report at least once per shift
- o. A MH clinician shall assess the youth a minimum of two (2) times per full BHRS business day and shall:
 - Update the Mental Health Memorandum and Self-Harm Precaution Checklist with documentation of the assessment and any changes to the conditions of suicide watch;
 - Notify the housing unit staff and OD of changes to the conditions of suicide watch or confirm the existing conditions.
- p. A MH clinician shall contact the youth's guardian as soon as reasonably possible of the youth's level or risk and the conditions of suicide watch and restraint, when applicable.
- q. Should the MH Clinician assess the youth risk to have decreased from severe to moderate or low risk, follow the protocol above.
- r. The Supervising MH Clinician or designee shall determine appropriate follow-up with the youth while the youth is detained and shall refer the youth to appropriate community services as needed in preparation for the youth's release.

1329.2 SUICIDE PREVENTION PLAN

The Medical Director and the Institutions Superintendent will develop a suicide prevention plan. The plan shall address 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, staff, treatment providers, and local public health agencies, as appropriate. See Procedures Manual on Suicide Prevention and Intervention for additional guidance.

1329.3 PRECAUTIONARY STEPS

The following youth should be placed on suicide watch:

- a. Any youth who has expressed suicidal thoughts
- b. Any youth who has a recent history of self-injurious behavior
- c. Any youth who has attempted to commit suicide or committed an act in furtherance of suicide

Youth placed on suicide watch shall be housed in a room designed to be suicide resistant (15CCR 1329). Prior to placing a suicidal youth in any room, staff should carefully inspect the area for objects that may pose a threat to the youth's safety. Staff may remove the bedding of a youth 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 youth 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 OD and a qualified health care professional.

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

Until the youth is evaluated by a mental health professional, the youth shall be subject to continuous direct visual observation. The Medical Director or the authorized designee will determine when the youth no longer requires continuous direct visual observation.

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

1329.4 OBSERVATION LOGS

Observation logs shall be maintained and documented in at least 5-minute intervals for all youth on suicide watch, direct supervision. The OD and the Medical Director, or their authorized designees, must observe the youth at least once every five hours and make notations in the observation log. Each staff member who is required to observe the youth shall make notations in the observation log, including the time of observation and a brief description of the youth's behavior.

1329.5 DOCUMENTATION

Staff shall document, in accordance with the Safety Rooms and Camera Rooms and Daily Activity Logs and Shift Reports policies, any time a youth's suicide watch status and housing assignment changes, and the reasons for not providing clothing, personal items, and issued items as applicable.

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

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

1329.6 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, and involved probation officer shall be notified of the suicide attempt.

1329.7 SUICIDES

All deaths resulting from suicide should be investigated and documented in accordance with the Reporting In-Custody Deaths and In-Custody Death Reviews policies (15 CCR 1329). When there is a death, the On-Duty nurse will document the events surrounding the death per San Mateo County Correctional Health Services Youth Services Policies and Procedures Section J0114.00 and Policy 523 Reporting In-Custody Deaths.

1329.8 DEBRIEFING

Any suicide or attempted suicide requires a staff debriefing. Information will be communicated to the oncoming OD and staff to apprise them of the incident and actions taken. Such debriefing will be appropriately documented and the circumstances and responses proceeding, during and after the critical incident shall be reviewed by administration, security, and the Medical Director.

BHRS in conjunction with Probation will conduct stress management debriefings for affected staff and youth to discuss post-incident thoughts and reactions should be provided (15 CCR 1329).

1329.9 TRANSFER AND RELEASE

Ongoing care of suicidal youth during transfers and after release should be considered. When a youth is being transferred for observation or treatment, a staff member should complete the necessary forms, documenting the reasons why the youth is believed to be suicidal. The completed forms should accompany the released youth to the designated facility.

When a youth with a history or risk of suicide is transferred, the transporting group supervisor should ensure that the suicide threat or other danger is clearly communicated to personnel at the receiving facility (15 CCR 1329).

Youth who are at risk for suicide and are being released should be encouraged to work with local or area mental health resources and shall be provided with the appropriate contact information.

1329.10 AFTER HOURS MENTAL HEALTH SERVICES

In the event that a youth requests a Mental Health clinician, staff will report to the On-Call Clinician:

- a. The name and date of birth of the youth
- b. What happened (reason for the call)
- c. Steps taken so far to resolve the situation
- d. Clinician will then speak to the youth over the phone to assure the assessment and the degree of likelihood that a youth will act on a self-harm plan, as assessed by the key indicators of self-harm behavior.

1329.11 TRAINING

1. BHRS, in partnership with the Institutions Division, shall provide eight (8) hours of training on suicide risk assessment, prevention, and intervention for all supervision staff.
2. BHRS, in partnership with the Institutions Division, shall provide four (4) hours of review training for all supervision staff and CH staff on suicide risk assessment, prevention, and intervention as part of the standard training curriculum.
3. 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 youth according to levels of risk and precaution; and
 - f. Emergency response protocols.

1329.12 CAMP KEMP AND JUVENILE HALL AVAILABILITY

At Camp Kemp, a youth's Rape Trauma Services (RTS) or Star Vista therapist will be contacted first. If there is no therapist present on-site or they are not available by telephone, staff shall follow-up with BHRS according to the BHRS schedule.

BHRS staff are available according to the following schedule:

- a. On-duty: Monday-Friday, 8 a.m.-5 p.m.
- b. Full MH business day: Monday-Friday 8 a.m.-5 p.m.
- c. After-hours on-call:
- d. Weekdays 5 p.m.- 8 a.m.
- e. Weekends Friday 5 p.m.-Monday 8 a.m.

See Policy Manual on Suicide Prevention Plan for further information.