

**SAN JOAQUIN COUNTY PROBATION DEPARTMENT
JUVENILE DETENTION PROCEDURE MANUAL**

TO: ALL STAFF BULLETIN #: D-802

APPROVED BY: STEVE JACKSON
CHIEF PROBATION OFFICER

REPLACES: 12/3/2018

REVISED: 3/30/2020

SUBJECT: SUICIDE PREVENTION PLAN

POLICY

Juvenile Detention Services, in collaboration with Correctional Health Services and Behavioral Health Services shall plan and implement written policies and procedures which delineate a Suicide Prevention Plan. Juvenile Detention Services shall ensure the provision of appropriate responses and services to any youth housed in the facility, who has been identified as exhibiting suicidal ideations or behavior. These services shall consider the needs of youth experiencing past or current trauma. All Juvenile Detention staff shall be trained annually on identification of youth who present a suicide risk, appropriate monitoring of their conditions, necessary treatment and follow-up and emergency response protocols for self-injurious behaviors.

PROCEDURE

A. Critical Indicators of Youth at Risk

Suicide prevention begins with recognizing the critical indicators and symptoms associated with suicidal behavior. Suicide prevention responses shall be respectful and in the least invasive manner consistent with the level of suicide risk. How a youth acts (especially at the time of arrest and while being booked) is vital in detecting suicidal behaviors. Critical indicators of suicidal behavior often foretell of a possible suicide, and when detected and acted upon immediately, could prevent the tragedy of a successful suicide and its devastating effect on all involved.

The following are some of the critical indicators of suicidal behavior that staff may ascertain by engaging the youth in conversation:

1. Depression is the single best indicator of potential suicide. Youth may report feelings of inability to go on, hopelessness, helplessness and worthlessness.
2. Threatening to hurt or kill him/herself.
3. Looking for ways to kill him/herself.
4. Agitation which displays a high level of anxiety, tension, restlessness.

5. Talking or writing about death, dying, or suicide if this is unusual for the person.
6. Suicidal gestures and behaviors such as self-inflicted injuries, tying an article around his/her neck, or other attempts at self-harm.
7. Emotionally or mentally disturbed youth, mood swings(roller coaster moodiness, sudden change in weight(either gains or loss) severe sleep disturbance, overwhelming guilt and shame, loss of interest in previously enjoyed activities, neglected personal hygiene and appearance, pervasive feelings of sadness, sudden improvement in mood after being withdrawn, loss of religious and spiritual beliefs.
8. Acting recklessly and aggressively.
9. Withdrawing. Suicidal youth prefers to be alone, isolating from family and friends.
10. Rage, anger, or seeking revenge, impulsive behaviors, picking fights and refusing help.
11. Dramatic changes in mood and behavior expressing no reason for living, and no purpose in life.

B. Suicide Identification and Assessment

All youth shall be identified and assessed for suicide risk at intake and at various stages of his/her stay in Juvenile Hall. All youth supervision staff shall be trained in screening youth for risk of suicide. When information is received from arresting officers, facility staff, family members, medical and mental health personnel in relation to suicide risk, the Duty Officer should be immediately notified. All behaviors that indicate potential suicide risk, suicide gestures or attempts, and interventions provided shall be referred to Behavioral Health Services staff and documented in JJIS.

1. Critical Risk Time Periods

Youth may become self-destructive at any time; however, the following are critical risk time periods:

- a. At time of initial admission within 72 hours of detention.
- b. After court hearings, when the youth is returned to custody after adjudication.
- c. Following receipt of bad news regarding a youth's family (i.e., serious illness or loss of a loved one).

- d. After suffering some type of humiliation, rejection, placed in room confinement or segregated.
- e. After a long stay in the facility.


2. Pre-Booking

- a. The Intake JDO shall ask the arresting officer if he/she is aware of the youth having any past or present suicidal ideations, behaviors, or attempts.
- b. Any youth who appears to be suicidal by juvenile detention staff, must be cleared [REDACTED] prior to being accepted for booking into Juvenile Hall.
- c. In the event that the youth is actively threatening suicide or has appeared to or caused self-harm the youth should be transported [REDACTED] by law enforcement or booking officer for medical clearance. It is the responsibility of the Hospital staff to [REDACTED] have the youth evaluated and cleared for booking into Juvenile Hall.

3. Admission Screening

Upon admission to Juvenile Hall, all youth shall be pre-screened and assessed for crisis and suicide risk by Juvenile Detention staff as well as Behavioral Health staff.

- a. Upon admission to Juvenile Hall, each youth will be screened by the Intake Juvenile Detention Officer for mental, health, and physical needs by using the Booking Officer Observation questionnaire in JJIS (Attachment A).
- b. The Duty Officer shall contact the youth's parent and/or guardian and ask if he/she is aware of the youth having any past or present suicidal ideations, behaviors, or attempts.
- c. If a youth has been determined to be at risk of suicide, the youth should be referred to Behavioral Health Services (BHS) for a suicide risk assessment. Pending the assessment by BHS, the youth will be placed in the Safety Room to ensure the youth's safety.
- d. Each youth shall be administered the Massachusetts Youth Screening Instrument (MAYSI-2), a mental health screening tool to assist in identifying youths 12-17 years old who may have special mental health needs requiring immediate attention. (Attachment B).

- e. The MAYSI-2 alerts Behavioral Health Services staff to potential mental/emotional distress and certain behavior problems that might require an immediate response (Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences).
- f. All MAYSI-II assessments are provided to BHS staff for review and appropriate follow-up action.
- g. Juvenile Detention Intake staff shall have all youth booked into Juvenile Hall complete the MAYSI-2 screening tool within the first four hours after admission and before the youth is assigned to a housing unit.
- h. The MAYSI-2 shall be administered to all youth at every intake/admission regardless of the frequency or the number of times the youth has been in detention. This does not apply to re-entry from Court or return after a temporary release.
- i. Juvenile Detention Officers and Behavioral Health Services staff shall use the information obtained from the Booking Officer's Observation Form, the MAYSI-2, and any other collateral information to determine behaviors or mental health issues that may need an immediate response.
- j. Possible responses may include a secondary screening, referral to the Clinic and/or Behavioral Health Services, increased supervision, placement in the Safety Room, 

- k. In the event a youth is a safety risk but does not warrant placement in the Safety Room, the youth may be placed in an observation room on the housing unit for increased supervision.
 - i. The juvenile detention staff assigned to the housing unit shall be notified of the concerns regarding the youth so they can monitor the youth more closely.
 - ii. If necessary, additional staff may be assigned for one-on-one observation of the youth.

4. Living Unit Observation

- a. When a unit staff observes behaviors by a youth which may lead him/her to believe that a youth is at risk for suicide, he/she shall immediately notify Behavioral Health Services staff for a further follow-up and assessment.

b. The Juvenile Detention Unit Supervisor will then contact the Duty Officer and document the information in JJIS.

c. If Behavioral Health Services staff is not available [REDACTED]

D. Staff Training

Suicide prevention training is critical, and best practice requires ongoing training, along with increased vigilance, to identify youth at risk for suicide.

1. All Juvenile Detention Officers will participate in mandatory annual Suicide Prevention training provided by Behavioral Health staff.
2. Training will encompass methods of recognizing and responding to mental health signs, symptoms, and behaviors regarding suicidal ideations, appropriate monitoring of conditions, necessary treatment and follow-up and emergency response protocols for self-injurious behavior. Training shall also cover predisposing factors for suicide, high-risk suicide periods, and the unique characteristics of the detention environment that enhance suicidal behavior.

E. Critical Incident Related to a Suicide or an Attempt Debriefing

1. Anytime there is a critical incident related to a suicide or an attempt in Juvenile Hall or Camp Peterson, the Deputy Chief Probation Officer will convene, as soon as practical, a critical incident debriefing.
2. In addition to the DCPO, attendees should include a Correctional Health Administrator, a Behavioral Health Administrator, the Duty Officer at the time of the incident, the Training Officer, the Youth Advocate, and the involved staff.
3. The purpose of the debriefing is to review the circumstances and responses proceeding, during, and after the critical incident. The debriefing will also discuss any additional steps that could have been taken to prevent the incident and to allow staff to express their thoughts and feelings.
4. The event will be debriefed with the youth through the Behavior Management Committee.
5. The debriefing session shall be separate from any departmental investigation and documented on the Critical Incident Debriefing Related to Suicides and Attempts Form (Attachment C).

F. Participation in Facility Programs, Services, and Activities

1. Youth 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 youth, unless deemed necessary for the safety of the youth or the security of the facility.
2. Any deprivation of programs, services, or activities for youth at risk of suicide shall be documented and approved by the facility manager.

D-802 Attachment A- Booking Officer's Observation Form (in JJIS)

Update the record as necessary and click on the Save button.

Booking Officer's Observations

The minor appears to be

Agitated	<input type="text" value="No"/>	Avoiding Eye Contact	<input type="text" value="No"/>	Rapid Mood Swings	<input type="text" value="No"/>
Tearful	<input type="text" value="No"/>	Withdrawn	<input type="text" value="No"/>	Slow in Speech	<input type="text" value="No"/>
Confused	<input type="text" value="No"/>	Sick	<input type="text" value="No"/>	Depressed	<input type="text" value="No"/>

Signs of Drug Use

Needle Marks	<input type="text" value="No"/>	Tremors	<input type="text" value="No"/>
--------------	---------------------------------	---------	---------------------------------

Disorientation

Time	<input type="text" value="No"/>	Places	<input type="text" value="No"/>	Persons	<input type="text" value="No"/>
------	---------------------------------	--------	---------------------------------	---------	---------------------------------

Skin Conditions

Bruises	<input type="text" value="No"/>	Rashes	<input type="text" value="No"/>	Trauma Markings	<input type="text" value="No"/>
Sweating	<input type="text" value="No"/>	Jaundice	<input type="text" value="No"/>		
Lesions	<input type="text" value="No"/>	Infestations	<input type="text" value="No"/>		

Describe Selections

Does the minor's behavior suggest risk of assault to staff or inmates?

Does the minor's behavior suggest risk of suicide?

Medical Assessment Questions

Do you claim any physical injury?

Describe

Do you, or have you ever, had

Allergies
Diabetes
High Blood Pressure
Prosthesis
Ulcers

Asthma
Heart Disease
Seizures
Blindness
Dental Problems

Hepatitis
Tuberculosis
Deafness
VD or STD

Explain

Are you under a Doctor's care for any medical or dental reason?

Are you now or have you in the past seen a Psychiatrist or Psychologist?

Are you taking medication? Explain

Females: Are you pregnant or have you delivered in the last 6 months?

Have you experienced physical abuse? Age

Have you experienced sexual abuse? Age

Are you allergic to any food or medication? Explain

Do you have any drug/alcohol use (past or present) that could cause withdrawal problems?

Are you under the influence right now? of what?

Have you ever thought of suicide?

Have you ever talked to someone about killing yourself?

Do you feel like killing yourself now?

Have you ever tried to injure yourself? Age

Are you having a hard time dealing with a death or illness? Explain

In the past 6 months have you

Had trouble concentrating?

Been troubled by nightmares?

Had trouble sleeping or waking up?

Been more depressed than usual?

0115

MAYSI-2 Questionnaire

Name _____ Male Female

Date of Birth _____ Today's Date _____

These are some questions about things that sometime happen to people. For each question, please circle YES or NO to answer whether that question has been true for you IN THE PAST FEW MONTHS. Please answer these questions as well as you can.



Circle Y (yes) or N (no)

1. Have you had a lot of trouble falling asleep or staying asleep?	Y	N	1
2. Have you lost your temper easily, or had a "short fuse"?	Y	N	2
3. Have nervous or worried feelings kept you from doing things you want to do?	Y	N	3
4. Have you had a lot of problems concentrating or paying attention?	Y	N	4
5. Have you enjoyed fighting, or been "turned on" by fighting?	Y	N	5
6. Have you been easily upset?	Y	N	6
7. Have you thought a lot about getting back at someone you have been angry at?	Y	N	7
8. Have you been really jumpy or hyper?	Y	N	8
9. Have you seen things other people say are not really there?	Y	N	9
10. Have you done anything you wish you hadn't, when you were drunk or high?	Y	N	10
11. Have you wished you were dead?	Y	N	11
12. Have you been daydreaming too much in school?	Y	N	12
13. Have you had too many bad moods?	Y	N	13
14. Have you had nightmares that are bad enough to make you afraid to go to sleep?	Y	N	14
15. Have you felt too tired to have a good time?	Y	N	15
16. Have you felt like life was not worth living?	Y	N	16
17. Have you felt lonely too much of the time?	Y	N	17
18. Have you felt like hurting yourself?	Y	N	18
19. Have your parents or friends thought you drink too much?	Y	N	19
20. Have you heard voices other people can't hear?	Y	N	20
21. Has it seemed like some part of your body always hurts you?	Y	N	21
22. Have you felt like killing yourself?	Y	N	22
23. Have you gotten in trouble when you've been high or have been drinking?	Y	N	23
24. If yes, is this fighting?	Y	N	24



Circle Y (yes) or N (no)

25.	Have other people been able to control your brain or your thoughts?	Y	N	25
26.	Have you had a bad feeling that things don't seem real, like you're in a dream?	Y	N	26
When you have felt nervous or anxious:				
27.	have you felt shaky?	Y	N	27
28.	has your heart beat very fast?	Y	N	28
29.	have you felt short of breath?	Y	N	29
30.	have your hands felt clammy?	Y	N	30
31.	has your stomach been upset?	Y	N	31
32.	Have you been able to make other people do things just by thinking about it?	Y	N	32
33.	Have you used alcohol or drugs to help you feel better?	Y	N	33
34.	Have you felt that you don't have fun with your friends anymore?	Y	N	34
35.	Have you felt angry a lot?	Y	N	35
36.	Have you felt like you don't want to go to school anymore?	Y	N	36
37.	Have you been drunk or high at school?	Y	N	37
38.	Have you felt that you can't do anything right?	Y	N	38
39.	Have you gotten frustrated a lot?	Y	N	39
40.	Have you used alcohol and drugs at the same time?	Y	N	40
41.	Has it been hard for you to feel close to people outside your family?	Y	N	41
42.	When you have been mad, have you stayed mad for a long time?	Y	N	42
43.	Have you had bad headaches?	Y	N	43
44.	Have you hurt or broken something on purpose, just because you were mad?	Y	N	44
45.	Have you been so drunk or high that you couldn't remember what happened?	Y	N	45
46.	Have people talked about you a lot when you're not there?	Y	N	46
47.	Have you given up hope for your life?	Y	N	47
48.	Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?	Y	N	48
49.	Have you ever been badly hurt, or been in danger of getting badly hurt or killed?	Y	N	49
50.	Have you ever been raped, or been in danger of getting raped?	Y	N	50
51.	Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?	Y	N	51
52.	Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?	Y	N	52

MAYSI-2 Scoring Summary

1. Using the Scoring Key: Align left side of Scoring Key to right side of Page 1 of the MAYSI-2 Questionnaire. On the Scoring Key, circle all numbers of the items that the youth answered "Y." Place an X through all numbers of items for which youth did not provide an answer. Repeat for Page 2, aligning the right side of the Scoring Key just to the left of the Y/N columns on Page 2. Circle and make X's as described above.

2. For each scale, count the number of X's on both scoring columns. On the Scoring Profile below, put an X in the INVALID (INV) BOX to the right of that scale on the Profile if the number of X's:

Exceeds 2 for scales with 8 to 9 items (AD, AI, DA)	Exceeds 1 for scales with 5 to 6 items (SC, SI, TD, TE)
--	--

3. For each valid scale, count the number of items you have circled on both of the scale's scoring columns. Then circle that number for that scale on the Scoring Profile below.

4. If the circled number is in the CAUTION ZONE, the youth has scored higher on that scale than about two-thirds of youths in probation intake or secure pretrial detention or reception centers. If the circled number is in the WARNING ZONE, the youth has scored in the top 5% to 15% of justice system youths on that scale. Only about 1 in 10 youths score this high.

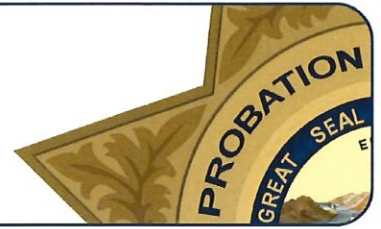
SCORING PROFILE

Name _____ Date _____

					CAUTION		WARNING			INV	
AD Alcohol/Drug Use	0	1	2	3	4	5	6	7	8		
AI Angry-Irritable	0	1	2	3	4	5	6	7	8	9	
DA Depressed-Anxious	0	1	2	3	4	5	6	7	8	9	
SC Somatic Complaints	0	1	2	3	4	5	6				
SI Suicide Ideation	0	1	2	3	4	5					
TD Thought Disturbance (Boys)	0	1	2	3	4	5					
TE Traumatic Experiences	0	1	2	3	4	5					



SAN JOAQUIN COUNTY
PROBATION DEPARTMENT
 Supporting a Safer, Stronger Community



Steve Jackson CHIEF PROBATION OFFICER

CRITICAL INCIDENT DEBRIEFING RELATED TO SUICIDES AND ATTEMPTS

People Involved:

Date of Incident: _____ Youth Involved: _____
 Name J#

Date of Debriefing: _____

Involved Staff:

Duty Officer at time of incident: _____
 Name

 Name/Title

 Name/Title

 Name/Title

 Name/Title

 Name/Title

 Name/Title

People Attending:

 Correctional Health
 Administrator

 Deputy Chief Probation Officer

 Youth Advocate

 Behavioral Health
 Administrator

 Field Training Officer

 Youth

 Name/Title

 Name/Title

 Name/Title

 Name/Title

 Name/Title

 Name/Title

CC:
 DCPO – Detention Services
 Correctional Health Administrator – Detention Services
 Behavioral Health Administrator – Detention Services
 OAS – Detention Administration Services

Review of Responses prior to incident:

Review of Responses during incident:

Review of Responses after incident:

Youth Comments:

Recommendations/Follow up:

CC:
DCPO – Detention Services
Correctional Health Administrator – Detention Services
Behavioral Health Administrator – Detention Services
OAS – Detention Administration Services