Suicide Prevention and Intervention

707.1 OVERVIEW

This procedure lays out operational steps related to suicide prevention and response. These procedures will direct members in their responsibilities before, during and after suicide-related incidents.

707.2 INTAKE SCREENING AND ONGOING ASSESSMENT

Primary screening for suicide risk will take place immediately upon arrival at each facility. The officer responsible for processing new intakes will administer the Columbia-Suicide Severity Rating Scale (C-SSRS) on all youths entering any facility. The intake officer will ask transporting or arresting officers if the youth's words or behavior indicated depression or suicidality. The officer's answer is to be recorded at the top of the C-SSRS form. If the arresting officers report any concerns about the youth's mental or emotional state, the Intake, Booking, and Release (IBR) officer is to call the clinic immediately to request an up-front evaluation and submit a referral to the mental health provider. The youth is to remain under constant visual observation until they are evaluated and cleared by the medical clinic or the mental health provider.

The C-SSRS tool dictates a course of action based on responses to the questionnaire. If the C-SSRS indicates notification of the Watch Commander, that notification should occur without delay and the youth is to remain under constant visual observation until the Watch Commander has determined next steps. The Watch Commander will consult with the mental health provider (when indicated) and make decisions about appropriate next steps.

In addition to the C-SSRS, youths entering a detention facility on new charges will undergo a secondary screening. Within 48 hours of youths receiving a housing assignment on a new booking, the electronic self-report version of the Massachusetts Assessment of Youth Symptom Inventory-2 (MAYSI-2) will be administered. Youths who score in the "Warning" range of the Suicide Scale will be considered positive and an immediate referral will be made to the mental health provider for more extensive evaluation. In addition to the MAYSI-2, all youths will receive an intake evaluation conducted by contract medical provider which will include screening of risk factors for suicidality.

Exceptions to any of these steps can be made at the direction of the Watch Commander for uncooperative youths or those under the influence. Such youths must remain under constant visual observation until they are evaluated and cleared by the medical clinic or the mental health provider.

Youths will be screened for suicidal and self-harm thoughts by officers at the beginning of behavioral interventions on youths that restrict their movement such as room confinement or administrative separation. If the youth indicates that they are not safe or makes any statement indicating suicidality, thoughts or intent of self-harm, officers are to provide the appropriate level of supervision and notify the Watch Commander without delay. The youths' responses will be documented in the appropriate report.

707.3 COMMUNICATION

Strong communication regarding youth suicidality is critical to maintaining prevention efforts. Officers shall routinely inquire about potential concerns that transporting or arresting officers may have regarding a youth's mood and suicidality. Maintaining open lines of communication to family members and other significant people in the youth's life provides crucial information throughout the stay in detention regarding the potential risk of suicide. When contacting the youth's family guardians as part of the intake process officers shall inquire regarding the youth's past or present suicidal ideations, behaviors, or attempts.

Officers will receive training on suicide warning signs and must communicate with all members of the multidisciplinary team (Probation, school, the contracted medical provider, STAT), and actively make appropriate referrals to the mental health and medical staff using the Suicide Prevention Referral Form developed by the mental health provider. Officers will note changes in suicide prevention status and any pertinent information observations regarding youths on suicide prevention protocol in the unit logbook.

Watch Commanders are responsible for informing institutional staff when a youth is placed on suicide prevention protocol and when suicide prevention status changes. Watch Commanders are also responsible for informing the incoming Watch Commander regarding suicide prevention status of youths. Importantly, authorization for suicide prevention, changes in suicide prevention status, and the observation of youths placed on suicide prevention shall be documented in writing on designated forms, and communicated to sworn institutional staff, the mental health provider and medical provider.

Multidisciplinary team (MDT) meetings will take place at least twice a month at each facility and will be attended by an officer, medical staff, and mental health staff as well as education staff and casework officers when possible. These meetings will serve as one forum for sharing and discussing behavioral observations of youths by all disciplines to provide more comprehensive and up-to-date information regarding a youth's behavioral and mental health. See the Case Management policy and procedures for further guidance.

Members are expected to use all communication skills and trauma informed approaches to engage suicidal youths, including active listening and staying present with the youth if they believe that there is imminent risk of harm. Members should trust their own judgement and observation of concerning behavior regardless of contrary information they may receive from other team members.

707.4 SAFE HOUSING

Housing decisions regarding suicidal youths should take into account that separation may increase trauma and a sense of alienation in a youth and also removes the youth from proper staff supervision. In general, a suicidal youth shall be housed in the general population, located close to officers in order to promote not only increased observation of the youth, but also to promote increased and routine engagement with the youth by officers. (See Classification procedure)

707.4.1 CLOTHING

When a decision is made to place a youth on Suicide Prevention Protocol and at a point when it is necessary for the youth to return to their room, the Watch Commander shall, in consultation with mental health staff (when indicated), assess the need to have the youth change into a suicide prevention garment. The suicide garment that are issued to the youth is tightly woven, quilted, single piece garment that cannot be torn, twisted, or otherwise used for self-harm. Prior to the youth receiving the garment, the officer should inspect the garment for damage. Factors to be considered in the assessment may include the youth's immediate behavior, the youth's emotional state and the youth's responsiveness to counseling. The decision will be documented in the unit log, the Watch Commander's pass down log and in the incident report addendum.

If it is determined that it is necessary to have the youth change into a suicide prevention gown, and the youth refuses, the youth will be placed under constant observation by officers until such time as the youth cooperates with the clothing change, or the Watch Commander in consultation with mental health staff (when indicated) determines that the suicide prevention gown is not necessary. While a youth is under constant observation, officers will offer ongoing counseling in an effort to mitigate trauma and ensure the youth's safety and support emotional stability.

Suicide prevention responses shall be respectful and in the least invasive manner consistent with the level of suicide risk (15 CCR 1329).

If the youth has Court or a professional or family visit, the watch commander must be notified for permission to receive regular clothing. However, the youth must be closely monitored by an officer and escorted to the visiting area. Under no circumstances should the youth wear the suicide prevention gown to Court or any visit.

707.4.2 BEDDING AND PERSONAL ITEMS

The Watch Commander, in consultation with unit staff and mental health staff (when indicated) will assess the need to remove sheets and blankets from the youth's room. When youths are placed on Suicide Prevention Protocol, officers will remove any bedding items or any item that youths could use to harm themselves or cover their window (mattress, sheet, blanket, towel, pencil, eyeglasses, hair ties, eating utensils, toilet paper, etc.). Once the room is made safe, the Watch Commander, in consultation with unit staff and mental health staff (when indicated) will determine whether to replace the youth's bedding with harm reduction (HR) blankets as a precautionary step, or safety protocol (SP) blankets for youth who are identified as high risk of suicide.

If a youth makes a serious suicide attempt (overt action to complete suicide such as tying a sheet around their neck, etc.) or the mental health provider designates the youth as having a high potential for serious suicide attempt, an alert saying "HR blanket required" will be placed on the youth's face sheet and in the Probation Case Management System (PCMS) safety note. Youth with that safety alert should be issued an HR blanket each time they are booked into a department facility and the HR blanket is to remain with them throughout their stay, regardless of institution.

While the youth is on Suicide Prevention Protocol, the youth should not have any hygiene products (i.e., comb, toothbrush, spray deodorant, etc.) or any other chemicals inside their room. Youths

on Suicide Prevention Protocol will be issued the appropriate and available suicide prevention bedding. The Watch Commander, in consultation with unit staff and mental health staff (when indicated) will assess whether some of the personal items that were previously removed due to Suicide Prevention Protocol may be returned to the youth.

Decisions regarding bedding and personal items will be documented in the unit log, the watch commander's pass down log and in the incident report addendum.

707.4.3 UTENSILS

When a youth on Suicide Prevention Protocol is eating, they will receive a special soft spoon designed to prevent youth self-harm.

707.4.4 EMERGENCY EQUIPMENT

Housing units will contain emergency equipment including a first aid kit, CPR mask or CPR shield, and rescue tools (e.g., safety scissors to quickly cut through fibrous material). Emergency equipment shall be checked at the beginning of each shift by officers to ensure that it is in working order and kept in the same location in each unit so staff can quickly locate it, even if they are not familiar with the unit. The Division Chief will ensure that each emergency equipment storage location is accessible to every officer in the facility so that officers are able to assist throughout the facility in the event of a suicide attempt.

707.5 LEVELS OF SUPERVISION

Two levels of supervision for Suicide Prevention Protocol are to be used when supervising at- risk youths, close observation, and constant observation.

707.5.1 CLOSE OBSERVATION

Close observation is used primarily with youths who are not actively suicidal, but express suicidal thoughts without specific intent or plan and/or who have a recent prior history of self- destructive behavior. Youths who deny suicidal thoughts or do not threaten suicide but demonstrate behavior that indicates potential for self-harm shall also be placed on close observation. Any staff member may place a youth on close observation.

When a youth is placed on close observation, officers shall take the following actions: Notify the Watch Commander immediately, notify the mental and physical health providers, note in the message logbook the date and time that the youth was placed on close observation, post a five-minute safety check sheet on the youth's door, complete the Suicide Prevention referral form and turn it in to Watch Commander and initiate an incident report.

The Watch Commander shall come to the unit without delay and interact with the youth, confer with unit staff and the mental health provider and make a determination as to whether to maintain close observation or initiate constant observation. The Watch Commander's determination shall be documented on the Suicide Prevention Referral Form, in the unit message logbook and the Watch Commander's pass down log as well as in the incident report. The Watch Commander shall submit the completed Suicide Prevention Referral Form to the mental health provider.

The Watch Commander, in consultation with unit staff and the mental health provider will assess the need to remove sheets and blankets from the youth's room in accordance with 707.4.2 above.

When conducting Suicide Prevention Protocol Safety Checks, unit officers shall:

(a) Initiate a separate Daily Shift Report sheet to record the Safety Checks.

(b) Ensure that all procedures for protecting the youth on Suicide Prevention Protocol (Suicide Prevention and Intervention) are followed and that the youth can respond to verbal direction and is not engaging in actions of self-harm.

(c) Notify the Watch Commander or designee and/or medical staff, as required, if medical treatment or response is deemed necessary by the observing officer.

Five-minute Suicide Prevention Protocol checks shall terminate at the direction of the Watch Commander and if no medical contraindications are present, and they may be extended at the direction of the Watch Commander.

Safety check sheets are to be posted while in use and retained and scanned into PCMS by professional staff when completed. For each youth on suicide prevention protocol, a Suicide Watch form shall be completed at the end of each shift. The forms are to be retained in a binder at the staff desk and copies forwarded to the medical and mental health providers.

707.5.2 CONSTANT OBSERVATION

Constant observation is only to be used with youths who are actively suicidal, with intent and plan, either threatening or engaging in suicidal behavior, or with youths who may be suicidal who have not yet been screened by mental health staff. Any staff member may place a youth on constant observation. Officers shall maintain continuous direct visual observation and make attempts to engage the youth in supportive ways which reduce the trauma of the situation.

Mental health staff (when indicated) will provide ongoing assessment and supportive counseling to the youth. Assessment will focus on current behavior and changes in thoughts and behavior since the last assessment.

When placing a youth on Constant Observation, officers shall take the following actions:

(a) Remain with the youth and provide constant visual supervision

(b) Notify the Watch Commander immediately

(c) Notify the medical and mental health providers

(d) Note in the message logbook the date and time that the youth was placed on Constant Observation

(e) Complete the Suicide Prevention Referral Form and turn it in to Watch Commander

(f) Initiate an incident report in PCMS

The Watch Commander shall come to the unit without delay and talk with the youth, confer with unit staff and the mental health provider, and make a determination as to whether to maintain close observation or initiate constant observation. Regardless of the level of supervision determined by

the Watch Commander, the youth will remain on Suicide Prevention Protocol until removed by the mental health provider. The Watch Commander's determination shall be noted on the Suicide Prevention Referral Form, in the unit logbook and the watch commander's pass down log as well as in the incident report supervisor's addenda. The Watch Commander shall submit the completed Suicide Prevention Referral Form to the mental health provider.

707.6 INTERVENTION

An individualized suicide prevention care plan shall be developed for any youth placed on Suicide Prevention Protocol. This plan will be developed by licensed mental health staff, will include trauma-informed approaches, and will include involvement by the youth. The plan will include signs and symptoms specific to the youth, triggers, or circumstances to consider as increasing recurrence of suicidality, describe how the youth can avoid suicidal thoughts and discrete steps and actions that staff will take if suicidality reoccurs. This document, developed while a youth is on Suicide Prevention Protocol, will be distributed to medical staff and officers when the youth is taken off Suicide Prevention Protocol. Officers are to review the care plan and whenever possible implement recommendations from mental health staff. The unit will retain these forms in a binder, and they will be transferred along with the youth when they change units or facilities (see also Release, Transfers and Continued Care policy and procedure)

Since previous suicidal behavior is a strong predictor of future suicidal behavior, all youths who are discharged from Suicide Prevention Protocol will receive frequent follow-up by mental health staff as clinically indicated until their release from custody. Additionally, youths discharged from Suicide Prevention Protocol will be discussed at MDT meetings.

If an officer discovers a youth engaging in self-harm behavior, they will immediately survey the scene and assess the severity of the emergency, announce medical emergency if necessary, and alert other officers to bring medical personnel if necessary. The officer shall begin first aid and/or CPR immediately upon the arrival of back-up officers, unless the officer determines that first aid and/or CPR is immediately needed, and the scene is safe Officers will be trained to never assume that the victim is dead. Officers shall always initiate life-saving procedures and continue until medical personnel arrive.

707.7 REPORTING

If a youth engages in self-harm behavior, STAT Team clinical staff shall determine, based on an interview with the youth and a review of all collateral information, how the behavior should be categorized utilizing established guidelines according to the Training Curriculum and Program Guide on Suicide Detection and Prevention in Juvenile Detention/Correctional Facilities and Residential Programs (2013 by the National Center on Institutions and Alternatives). Categories include:

(a) Suicide: self-inflicted death with evidence (either explicit or implicit) that the person intended to die

(b) Suicide attempt: self-injurious behavior with a non-fatal outcome accompanied by evidence (either explicit or implicit) that the person intended to die

(c) Suicidal gesture: low lethality, self-injurious behavior generally associated with seeking attention and/or sympathy from others. May include intent to die, and can become life-threatening if ignored and/or inadequately responded to by others

(d) Deliberate self-harm: willful self-infliction of painful, destructive, or injurious acts without intent to die

(e) Suicidal ideation: thoughts of serving as the agent of one's death. Suicidal ideation may vary in seriousness depending on the specificity of suicide plans and the degree of suicidal intent

The STAT Team will report this information to Probation via the Suicide Prevention Care Plan.

In the event of a suicidal gesture, suicide attempt or a suicide, the Watch Commander or their designee shall contact the youth's family/guardian. STAT-Team clinical staff will be available to support these efforts.

In the event of a suicide or suicide attempt, the Watch Commander shall report the event up their chain of command to ensure that the executive team is notified immediately. The youth's family (including their legal guardian, social worker, case worker, or other person standing in loco parentis if applicable) will also be notified by the Watch Commander, Division Chief or Executive Staff, with Mental Health Staff when indicated. The staff that observed the youth's behavior will complete an incident report and include statements from all staff that had contact with the youth prior to the suicide or attempt. The incident report will be reviewed through the Chain of Command. The probation department's medical contractor will complete required documentation and addendum.

The Deputy Chief Probation Officer or their designee shall notify the Juvenile Justice Commission and the Presiding Judge of the Juvenile Court of all incidents which the STAT Team has classified as suicide or suicide attempt.

For additional details, see the Reporting In-Custody Deaths policy.

707.8 MORBIDITY AND MORTALITY REVIEW

Suicide of a youth and serious suicide attempts in detention are extremely stressful for both staff and other youth. Staff may experience a sense of misplaced guilt and other affected youths can experience the event as traumatic. Critical incident stress debriefing within the first 72 hours can assist both staff and youths who may be affected. In addition, affected staff will be reminded of the availability of Employee Assistance Program services as well as peer counseling to provide support.

A systematic review of critical incidents such as a suicide attempt will take place through a morbidity review (see In-Custody Death Review policy). In the event of a suicide, a mortality review will be conducted. Both reviews shall include staff from all levels and disciplines who were involved in the care of the youth. Morbidity and mortality reviews will include a critical inquiry of (1) circumstances surrounding the incident, (2) facility procedures relevant to the incident, (3) relevant training of staff involved in the incident, (4) mental health and medical reports, (5) potential precipitants leading to the incident, (6) recommendations for changes in existing policy,

procedures, training, physical environment, medical and mental health services, and operational procedures.