

# JUVENILE COURT HEALTH SERVICES

Subject: <b>SUICIDE PREVENTION PROGRAM</b>		Original Issue Date: 1/31/03	Policy # <b>C-118</b>
		Supersedes: 2/8/19	Effective Date: 5/18/2021
Departments Consulted:  Probation Department	Approved By:  (Signature on File) Health Services Administrator  (Signature on File) Nursing Director	Approved by:  (Signature on File) Medical Director	

**PURPOSE**

To describe a suicide prevention plan for detained youth.

**POLICY**

JCHS participates in an interdepartmental program to identify and respond to youth with suicidal ideation or behavior. In the event of a suicide attempt, contributing factors are identified and measures taken to prevent future attempts.

**PROCEDURE**

1. Youth are screened and evaluated by both childcare staff and healthcare providers at the probation facilities during multiple times of their admission.
2. Probation staff screen youth per approved procedures and refer youth to JJMHP as needed. Additional levels of supervision are provided as necessary for youth that raise concern regarding their potential for suicide. Probation staff is trained by JJMHP regarding identification of youth at increased risk of suicide as well as proper supervision and referral procedures.
3. On admission, JCHS screens youth for the potential for suicide as well as other mental health concerns and illnesses. Attention is paid to a youth’s mental health status at all interactions with healthcare providers. Documentation of any concerns is made in the medical record along with any appropriate referrals to mental health professionals.
4. If a youth exhibits acute mental health symptoms,
  - a. The JCHS provider will make an immediate referral to a mental health provider within the probation facility.
  - b. If a mental health provider is not available on-site to evaluate a youth with emergent mental health issues, the healthcare staff consults the psychiatrist on-call.
5. JJMHP staff screen all youth on admission per approved DMH procedures and continue to provide screening and services on an as-needed basis.
6. Youth requiring special care may be referred to the Individualized Behavior Management Program (IBMP) for interdepartmental planning. JCHS participates in the IBMP meetings to address medical concerns.

# JUVENILE COURT HEALTH SERVICES

Subject: <b>SUICIDE PREVENTION PROGRAM</b>	Effective Date: 2/8/19	Policy # <b>C-118</b>
	Medical Director's Initials: (Initials on File)	

7. Probation provides formal training on an annual basis for JCHS employees pertaining to the identification of youth who are potentially suicidal, and the appropriate healthcare response including: evaluation, referral procedures, treatment, supervision requirements, intervention (including location and use of cut-down tools), facility review and debriefing procedures in the case of a completed suicide.
8. Specific supervision plans and strategies exist addressing the needs of the suicidal youth as developed by the Probation and the JJMHP with consultation provided by JCHS. These plans provide for a high level of supervision and a safe environment for suicidal youth. Youth who are actively suicidal are placed on constant supervision until cleared by mental health staff. Youth who are potentially suicidal will be closely monitored by trained childcare staff and will be checked no more than every 15 minutes on an irregular schedule; if in isolation, the youth will receive constant observation. Other youth are not permitted to be a substitute for staff supervision.
9. Youth identified as suicidal or as requiring higher levels of supervision have their status communicated to JCHS. Supervision level is automatically updated in PEMRS for all youth.
10. In the case of attempted or completed suicide, Probation communicates with family, appropriate reporting agencies within the State, and appropriate administrators in accordance with Probation procedures.
11. Interdepartmental review of the details of completed suicides and repetitive or serious attempts will occur. A clinical Morbidity and Mortality conference is conducted by the Medical Director, Risk Management (DHS and Probation), County's third-party administrator, and may include childcare workers, mental health workers, JCHS medical staff, and other interested parties as needed. Recommendations for corrective action are made to appropriate departments.
12. The review and recommendations from the Morbidity and Mortality conference are reported to the JCHS QI Committee for its consideration.

## **AUTHORITY**

California Code of Regulations, Title 15, Article 3, Section 1329

## **REFERENCE**

NCCHC Standard Y-G-05 and Y-A-10

## **REVIEW DATES**

June 11, 2011; March 19, 2013, March 8, 2018; February 8, 2019; May 18, 2021