| Chapter No. 4109 | Page 1 |
|---|---|
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**Notes and References**

# Suicide Prevention Program

## I. Introduction

Detained youth are at an increased risk for suicide and it is the responsibility of facility staff to insure those youth who pose a risk for it are identified, assessed, and monitored to mitigate the likelihood of an attempt. This policy formally describes the functions facility staff are to perform and the actions they are to take in regard to suicide prevention and intervention.

The juvenile hall Suicide Prevention Program (SPP) exists to insure training to facility supervision staff in suicide prevention, indicators, and behaviors; provide for the timely assessment of youth for suicide risks at the time of admission and throughout their period of detention; facilitate clear and effective communication among professionals and youth's family members about suicide risk; provide for proper supervision of youth at risk for suicide; develop procedures concerning suicide and suicide attempts; and describe debriefing procedures for critical incidents, including those concerning suicidal behavior.

See Attachment A Pro-65

It is well-documented that youth in detention, especially those confined to their rooms, are at an increased risk for suicidal ideation. Particular attention should be paid to monitoring youth who are placed on any separation status. Providing meaningful programs, education, and leisure activities is meant to minimize suicidal ideation.

Title 15 1329

Youth identified as 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 security of the facility. Any deprivation of programs, services or activities for youth at risk of suicide shall be documented an approved by the facility manager or designee.

A. Signs and indicators of suicidal behavior:

1. Statements:

**Suicide Prevention Program (continued)**

**Notes and References**

a. Verbalizing an intent to kill oneself

b. Alluding to non-specified drastic action

c. Expressing a desire to be dead

d. Contemplating the impact of death on others

e. Expressing apathy about life or future

f. Expressing severe depression, remorse, guilt, hurt, or rejection

g. Indicating a severe inability to cope with current situation, including detention

h. Expressing self-condemnation

i. Statements from others that a youth wants to kill him/herself

j. Alluding to immediate or overwhelming family problems

k. Expressing anger and futility over court decisions

2. Behavioral or emotional indicators:

a. Recent suicidal ideation or prior attempt(s)

b. Appears sad/distraught

c. Withdrawn

d. Lack of emotion/flat affect

e. Inappropriate responses

f. Insomnia or sleeping too long/too often

**Suicide Prevention Program (continued)**

**Notes and References**

g. Loss of appetite and/or chronic purging

h. Loss of interest in activity

i. Apathy

j. Disorientation, anxiety or isolation

k. Hyperventilation

l. Dangerous risk-taking, carving, or self-mutilation

m. Euphoric behavior after depression

n. Giving away or disposing of personal property

o. Any behaviors designed to make others believe an intent to commit suicide exists

p. Severe impulsivity

3. History and information that establish a risk:

a. Prior identification as a suicide risk

b. Intense feelings of loss of loved one (especially due to suicide)

c. Responsibility for the death of a loved one

d. Responsibility or blame for family upheaval

e. Offense resulting in death or catastrophe

f. Proneness for accidents or dangerous acts

g. Self-abusive behavior history

h. Recent loss of a close family relative

i. Information relayed from others suggesting suicidal ideation

j. Significant action by court or recommendation by parties regarding detention or disposition

k. Family history of suicide or mental illness

l. History of abuse/neglect or trauma

4. Suicidal Gestures – Acts which are not inherently life-threatening but may be symbolic of suicide attempts, such as superficially scratching wrists.

5. Suicide Attempts – Behaviors that result in or have the potential for resulting in intentional serious injury or death.

## II. General Overview

The following statements guide facility staff interactions with youth at risk for suicide.

A. All Probation Department, Behavioral Wellness (BeWell) and California Forensic Medical Group (CFMG) medical staff have the authority and responsibility to place a youth on a suicide risk status or to upgrade the level of risk for any identifiable reason.

B. All suicide threats, gestures and attempts are to be taken seriously.

C. All suicide signs, threats, gestures, and attempts will be regarded as legitimate even though they may occasionally appear manipulative, superficial or ingenuine.

D. All staff will be informed of all youth placed on a suicide risk status at the earliest possible opportunity by the Juvenile Institutions Officer, Sr./ Deputy Probation Officer, Sr., (Sr. JIO / Sr. DPO). This is to be done verbally and in

writing by way of a Workers Special Report (WSR), End of Shift Report, Unit Log and Roster.

1. If not initiated by BeWell staff, immediate e-mail notification must be made to the BeWell supervisor if no BeWell staff are on the premises.

    a. If on premises, notification shall be made to the BeWell clinician in person.

E. At no time will a suicide risk status be used or treated as a form of discipline.

F. A youth's clothing will be forcibly removed only if necessary to stop an active suicide attempt or to insure the safety of a youth assessed as being at a high risk for suicide. This will be determined following consultation between by SMJH Administration and BeWell staff.

G. The Deputy Chief Probation Officer (Institutions), the Manager of Juvenile Hall and the Deputy Probation Officer, Supervising (SPO) will be notified immediately of any suicide gesture or attempt through the chain of command. The SPO will then provide direction as to additional contact with BeWell or Safe Alternatives for Treating Youth (SAFTY).

## III. Intake Classification

The Receiving Screening Form (Pro-65) is utilized for all youth who are admitted into the facility. The form includes a set of questions designed to assess a youth for suicidal ideations and gather information about suicidal acts and history. All youth are to be assessed and the Pro-65 form completed at the time of admission and before placement onto a housing unit. All youth will also complete the Massachusetts Youth Screening Instrument II (MAYSI-II) assessment at the time of admission. The MAYSI-II is designed to elicit information on current suicide risk by asking certain questions for a youth to answer directly. The results of the MAYSI-II and the screening form will help guide decision-making regarding a youth's immediate mental health needs.

A. In completing the Pro-65 (Receiving & Screening form), if a youth answers "yes" to one or more of questions 4 through 9, the intake staff will contact

Attachment A
Pro-65

**Suicide Prevention Program (continued)**

**Notes and References**

the parents or legal guardian of the youth and complete the Parent Questionnaire Section on the Pro-65.

B. See Log Active (SLA) Status

1. If it is determined by the Intake Officer that a youth is actively suicidal, the youth will be placed on SLA status and BeWell staff should be immediately notified to complete an evaluation and a written referral must also be completed. After BeWell coverage hours, SAFTY or CARES will be immediately contacted to complete an evaluation. A WSR will be written documenting this action by the end of the shift. The SPO or Manager will be advised immediately whenever a youth is placed on SLA status. A written referral to BeWell will also be done when SAFTY or CARES is contacted, with that information noted.

   a. If SAFTY or CARES is contacted and the youth refuses to speak to them on the phone, SAFTY or CARES is required to respond to the facility.

   b. If SAFTY or CARES fails to respond in person, the SPO or Manager must be immediately notified and the BeWell Manager will be notified by the lead staff on duty (Sr. DPO/Sr. JIO).

   See Section V. A., this chapter

2. If a youth is admitted to the Juvenile Hall with a prior history of suicide attempts and had been released on SLA, the youth will be placed on SLA until reviewed and reclassified by BeWell and Sr. DPO and with SPO/Manager's approval.

   See Section VII, this chapter

3. When a youth is returned to the Juvenile Hall from a mental health facility/hospital, he/she will be classified as SLA. BeWell staff and Juvenile Hall Administration Staff will confer, and the final decision will be made by Juvenile Hall Administration.

   See Section VII, this chapter

4. When a youth is placed on SLA status and the decision has been made by BeWell or probation staff to place the youth in a safety smock, a Strip Search Authorization Checklist (SSAC) must be completed because the youth is in effect being strip searched each

   Attachment B

time he/she removes his/her clothing to put on a safety smock. In addition, a WSR must be written indicating the date the youth was placed on SLA status, the fact that a SSAC was completed, and that the SSAC will remain in effect for the duration of time the youth is on SLA status. Each time a youth is placed on SLA status and in a safety smock this paperwork must be completed.

C. See Log Inactive (SLI-5)

1. If the youth indicates to the Intake Officer that he/she has had recent suicide gestures or attempts, but does not currently feel suicidal, the youth will be placed on SLI-5, with a referral to Mental Health. The SPO or Manager will be advised whenever a youth is placed on SLI-5 status as soon as possible. After hours, notification will be included in the Sr. DPO End of Shift Report.

See Section VIII, this chapter

2. A youth admitted to the Juvenile Hall who was previously released on SLI-5, will be placed on SLI-5. A referral will be made to BeWell staff.

3. A youth admitted to the Juvenile Hall who cannot complete the MAYSI-II, will be placed on SLI-5. A referral will be made to BeWell staff.

4. Room/safety checks are to be completed at random intervals no greater than five (5) minutes.

D. See Log Inactive (SLI) Status

1. If a youth indicates to the Intake Officer that he/she has had prior suicide thoughts, gestures, or attempts in the past, but demonstrates no signs of self-harm at the time of the intake, he/she will be placed on SLI status. A referral will be made to BeWell staff.

2. A youth admitted to the Juvenile Hall who was previously released on SLI will be placed on SLI. A referral will be made to BeWell staff.

**Notes and References**

E. Classification Documentation

Information regarding See Log status will be logged and recorded in IMPACT, the Unit Roster, Unit Log, End of Shift Report, and in the youth's Unit file. Shift personnel are required to review the statuses of all youth.

## IV. Procedures/Documentation

When a Juvenile Institutions Officer (JIO) is notified and/or suspects that a youth may be a high risk to attempt suicide, the youth is to be considered "suicidal," and the following procedures are to be put into effect IMMEDIATELY:

A. Notification:

1. Staff will immediately inform the lead staff on duty (Sr. DPO/Sr. JIO) of the situation.

2. The youth will be placed on SLA status and be housed in a camera room. At other times, the youth may be out of his/her room, behavior permitting. See Section II-F regarding safety smock.

3. The Sr. DPO/Sr. JIO in charge will immediately contact BeWell staff for consultation and inform the Juvenile Hall Manager/SPO of the situation. After BeWell coverage hours, Juvenile Hall staff will contact SAFTY or CARES for a consultation regarding the youth.

   See Attachment C

   a. If the youth is making overt gestures or has made a suicide attempt that has resulted in, but not limited to, loss of consciousness, excessive bleeding, breathing difficulties, etc., staff will summon on-site medical aide and contact 9-9-1-1.

   b. If the youth is making overt gestures or has made a suicide attempt that has resulted in visible injury not amounting to a

life threatening injury, such as listed above, staff will contact on-site medical or the on-call physician.

c. If the youth is making overt gestures or has made a suicide attempt, BeWell staff is to be contacted immediately to evaluate the youth. Outside of BeWell coverage hours, SAFTY or CARES will be contacted to conduct the evaluation. If the youth's behavior is such that he/she needs to be evaluated for rehousing in a psychiatric hospital for his/her safety BeWell or SAFTY/CARES will make the determination.

4. Notification of the parent and Deputy Probation Officer (DPO) of the status upgrade/change will be made at the earliest opportunity.

5. A list of all status youth will be prepared by third shift Sr. DPO each night and shall be provided each morning to both BeWell and on-site medical.

B. Documentation:

1. The JIO will document "See Log Active (SLA)" in IMPACT, End of Shift Reports and Unit Log.

2. The JIO will submit a referral to BeWell staff.

3. All staff present and involved with the youth will write a WSR documenting the incident. The WSR will document all notifications and referrals completed.

4. JIO staff will make an entry in the youth's individual unit file indicating the youth's suicide status, that a referral to BeWell has been made, and that a WSR has been written.

5. The Sr. DPO/Sr. JIO will make an entry in the End of Shift Report noting the youth's change in status.

6. When completing the WSR when a suicidal gesture or attempt is made, the WSR shall be titled as "Suicide gesture/attempt".

## V. Definition of Suicide Risk - Classifications/Supervision

Regarding the reduction of status, see Section VII.

A. SLA Status

This status designates youth who are active threats to harm themselves (attempt suicide) or who have recently made a suicide attempt. They are seen daily by BeWell and medical staff and by the BeWell psychiatrist as needed. Youth on SLA status will be reviewed daily by BeWell and SPO/Manager and service plans will be reviewed at the weekly Treatment Team Meetings and documented in the meeting minutes. BeWell documents their contact with the youth in a mental health referral.

When in their rooms, they may be issued a safety smock and/or safety blanket(s). Standard clothing and bedding may be removed, along with any personal belongings, and documented welfare checks will be conducted. They will be housed in a camera room. On a case-by-case basis, they may be considered for double bunking after being approved by the SPO/Manager and BeWell staff. These youth will remain out of their rooms, behavior permitting, and can participate in regular daily programming.

1. SLA Status with 1:1 supervision may be implemented in the following circumstances:

   a. Youth is actively demonstrating or threatening harm to oneself and/or a §5585 WIC evaluation is pending.

   b. It may be implemented on those youth returning from a psychiatric hospital

c. Youth who has demonstrated repeated or serious attempts at self-harm.

2. Youth on this status will receive 1:1 direct staff supervision while in their rooms. Staff will rotate enhanced ratio posts every 30 to 60 minutes or at other designated intervals. Staff assigned will not leave their post until they are relieved by another JIO. Staff will document in the unit log when the staff switch is made and will document the youth's behavior during their watch, i.e. Normal (N), Mental Health symptoms (MH), or Destructive (D) and any contacts/interventions on the 1:1 log which is then included in the welfare check log.

3. The requirements of enhanced ratio supervision by staff are functionally no different than other supervision types; however these youth, by the nature of their behavior, require consistent, direct staff supervision so they cannot harm themselves.

4. The staff performing the enhanced supervision must be a full time employee who has completed JIO Core training. Any deviations must be approved by SMJH Administration.

B. SLI-5 Status

This status designates youth who have a recent history of suicidal statements, gestures, and/or attempts, but whom presently are not actively suicidal. This status will be used for youth who are seen as potentially suicidal by Probation and/or BeWell staff. They will be placed on 5-minute room checks, in a camera room if available, and be allowed to wear standard Juvenile Hall clothing. BeWell staff will review youth on SLI-5 status daily. Youth on this status will have their case reviewed weekly at the Treatment Team Meetings.

1. SLI-5 for youth committed to DJJ/CDCR

Youth committed to the Division of Juvenile Justice/California Department of Corrections and Rehabilitation will be classified as SLI-5. They will remain on SLI-5 status unless both BeWell and the on-duty DPO Sr. have agreed to a reduction.

See Section VIII

**Notes and References**

2. SLI-10 welfare checks can be used for those that have demonstrated some stability at the SLI-5 status and are considered for reduction in checks. The decision to reduce to SLI-10 must be approved by both BeWell and on-duty DPO Sr.

3. Some youth may be placed directly on SLI-10 at the direction of BeWell and on-duty DPO Sr.

C. SLI Status

This status designates youth who have had a past history of suicide statements, gestures, ideation and/or attempts, but are not presently actively suicidal. These youth will receive fifteen-minute room check and may be allowed to wear standard Juvenile Hall clothing.

## VI. Supervision

A. Room Confinement

1. Youth on See Log status (SLA, SLI-5, SLI-10) will be kept out of their rooms at all possible times. Room confinement should only be used when a youth's behavior is extreme and/or is a threat to other youth and staff, i.e., acting out, violent behavior, self-destructive.

JIOs will interact with the youth to the fullest extent possible. When possible, youth should be kept busy with unit activities, recreation, or unit work assignments.

See Section V. A. 1., this chapter

2. During times of normal lockdown, staff shall make direct visual inspections at random intervals of no more than every 5 minutes on youth on SLA and SLI-5 statuses; 10 minutes for those on SLI-10. If directed, staff will provide direct enhanced ratio supervision of youth in their rooms.

3. In addition to performing the standard welfare checks, JIOs will monitor the camera rooms. The use of camera rooms does not replace

**Suicide Prevention Program (continued)**

**Notes and References**

the need for staff conducting visual inspections of youth in their rooms.

a. Visually observing the youth in his/her room is completed by walking to the door and looking into the room to see the youth and the contents of the room.

b. It is not acceptable to make the "direct visual observation" from the staff counter or by using the camera system.

4. JIOs will be aware of a youth's behavior (sad, depressed, withdrawn, tearful) and attempt to engage the youth in a conversation. When appropriate, a referral to BeWell will be submitted. Additional information will be passed verbally to the Sr. JIO and Sr. DPO, through the End of Shift Report, shift briefings, and documentation in Unit Log and youth Chrono.

5. All clothing and bedding may be removed from a suicidal youth (SLA) when he/she is placed in his/her room. When a youth's clothing is removed for safety purposes, he/she will be issued a safety smock and/or safety blanket. While in their room and lying on their bed, the safety clothing is to be at and below their shoulders so staff can visually monitor their head and neck. All clothing will be inventoried when received and when reissued so as to prevent a youth from hiding extra clothing.

a. Youth who have been issued a safety smock for their safety will not have any clothing items in the room (jumpsuit, shoes, underwear, socks, shorts or tee-shirts).

b. The addition of normal clothing in the room (underwear, socks, shorts or tee-shirts) will be approved by BeWell and the on-duty DPO Sr. and documented in a WSR and in the BeWell treatment plan. Appropriate entries will also be made in the Unit Log, Unit Roster, End of Shift Report, and youth unit file.

**Notes and References**

c. Youth will wear regularly issued outer garments when not in their room (jumpsuit, underwear, socks, t-shirt, shorts, shoes)

6. Staff must review the treatment plan for specifics of case management for youth.

B. Search of Room and Youth's Clothing SLA Statuses

1. Youth Exiting Room:

a. Issued clothing will be searched for contraband and examined for any damage or tears prior to giving clothing to the youth for change out from safety apparel.

b. Staff will collect and examine the safety smock and safety blanket(s).

c. Upon completion of dress out, the safety clothing and the youth's room will be searched.

2. Youth Entering Room:

a. Staff will collect clothing one item at a time. Examine clothing for contraband and damage or tears.

i. Staff will direct the youth as to which item of clothing to remove next.

ii. During clothing exchange staff will maintain direct supervision of the youth at all times.

Chap. 4111
Section 4030
PC

b. Once all items of clothing are removed, the staff will issue the youth the safety smock and safety blanket.

c. The youth will then be directed to sit outside his/her room, and staff will conduct a thorough room search.

## VII. Administrative Oversight of Status Changes

A. After review and consultation between the on-duty DPO Sr. and BeWell staff resulting in a recommendation that a youth receive a reduction to a different status level, on-duty DPO Sr. will make the decision regarding the status change.

B. The on-duty DPO Sr. or SPO/Manager will approve all status reductions. .

C. Documentation of all status reductions will be logged in the unit log, in the youth's unit file, in IMPACT, and in a WSR. (Information in the WSR must include the approval of the on-duty DPO Sr. or SPO/Manager.

## VIII. Notification and Documentation of Status Change

A. Youth will be taken off SLA, SLI-5 and SLI-10 status ONLY after consultation between the on-duty DPO Sr. or SPO/Manager and BeWell staff.

B. Behavioral Wellness will:

1. Immediately advise the DPO Sr./SPO/Manager when their recommendation is to either increase or reduce a youth's status who is on See Log.

2. BeWell will document on the BeWell referral which DPO Sr./SPO/Manager they advised and the time of that advisement.

C. The Sr. DPO will:

1. Immediately notify the unit lead staff in the youth's unit regarding the status change.

2. Document the information regarding the status change in the Unit's log and on a WSR.

3. Direct the unit lead staff to document the status change in the unit file, room check log, in the Special Instructions section in IMPACT (overview page), and on the unit roster.

4. The Sr. JIO at Intake will document the change of status in the End of Shift Report.

D. JIO staff will never lower a "See Log" status of a youth without BeWell consultation and the on-duty DPO Sr. or SPO/Manager approval, but can increase the level of supervision if warranted, without immediate consultation.

E. In cases where Juvenile Hall staff are determining a higher level of supervision than recommended by BeWell, a WSR will be written by the Sr. DPO to document their reasons for increased "See Log" status.

## IX. §5585 Determinations

A. When it has been determined by a BeWell clinician that a youth in the SMJH will be hospitalized pursuant to §5585 Welfare and Institutions Code (WIC), the following protocol will be followed:

1. Juvenile Hall Administration will be notified immediately by the BeWell clinician in order to coordinate the release and transportation of the youth. Between the hours of 6:00 PM and 8:00 PM SAFETY should be contacted. After 8:00 PM, BeWell CARES Mobil Unit will be responsible for assisting.

a. BeWell clinician will:

(1) Notify Juvenile Hall Administration as indicated above and maintain regular communication regarding status of process with Juvenile Hall Administration or designee.

(2) Contact and notify the parent and provide details regarding the youth's condition.

**Suicide Prevention Program (continued)**

**Notes and References**

(3) Contact SAFETY and advise as to the status of the hold and youth's presentation.

(4) Contact AMR and arrange transport for youth from SMJH to designated emergency room. BeWell will provide to AMR all documentation relevant to the §5585 hold.

(5) Notify Juvenile Hall Administration as to plan and timeframe of transportation.

(6) Advise SAFETY once transport is in process.

(a) If the youth is Medi-Cal eligible and/or Medi-Cal is not active, BeWell will advise parent to apply for Medi-Cal ASAP, as the hospital will bill the parent directly if the youth does not have Medi-Cal.

(b) BeWell will contact the assigned DPO and follow up with an email to the assigned Field Services DPO and SPO for follow-up with parents relative to the application for Medi-Cal.

(c) Follow up with parents regarding the reapplication for Medi-Cal if warranted, as Medi-Cal eligibility must be secured immediately upon the youth's release from SMJH.

(7) Contact American Medical Response (AMR) to arrange transportation, once a psychiatric facility is located.

(8) Inform Juvenile Hall Administration about plan for hospitalization and AMR transportation.

**Suicide Prevention Program (continued)**

**Notes and References**

(9) At time of transport, provide AMR with §5585 certification and other relevant mental health documents.

b. Sr. DPO or designee will:

(1) Contact medical to prepare any medications or necessary medical information for release.

(2) Contact parent/guardian to inform them of pending release from SMJH.

(3) Permanently release (not furlough) the youth from SMJH to the parent/guardian, who must respond to the SMJH or hospital, depending on the location of the youth, to sign the release paperwork.

(a) If the parent is unwilling to respond, efforts should be made to facilitate the gathering of the required signatures using one of the following possible options:

i. Home Detention Officers

ii. Community Transition Officers

iii. Deputy Probation Officers (DPO)

iv. Local law enforcement

(b) If the efforts to secure the parent's signature are not successful, youth may be released to Child Welfare Service (if not a 602 ward of the court) or by obtaining a Court order.

(c) At time of transport, provide AMR with Medi-Cal Eligibility Form, medications (if

applicable) and medical information (if applicable).

c. The Sr. DPO at the SMJH or designee will:

(1) Complete the Medi-Cal eligibility form indicating the date the youth is being released and the destination.

(2) Sign as the staff authorizing the release.

(3) Ensure that the ambulance driver signs the form as the receiving party.

d. When a JIO transports a youth to the hospital and

(1) §5585 WIC is suspected, the JIO will bring a Medi-Cal Eligibility Form and a copy of the youth's IMPACT Overview page to be used as a Release Form.

(2) If/when §5585 WIC is determined, the JIO will bring a copy of all medical and Mental Health paperwork, the Medi-Cal Eligibility Form and the signed Impact Overview page back to SMJH.

e. The Administrative Office Professional (AOP) will place the following in the youth's file and make copies for the Probation Manager:

(1) Signed Medi-Cal Eligibility Form

(2) Completed application for 72 hour detention form

(3) Medical History form

(4) Signed Release or signed IMPACT Overview page

(5) Court order for release, if applicable.

f. The Probation Manager will send a copy of the above forms to the Deputy Chief Probation Officer and BeWell Office of Quality Control Management (OQCM) within 24 hours, excluding weekends and holidays.

B. The assigned DPO is responsible for the following:

1. Maintaining contact with the youth's parent/guardian and providing any necessary assistance.

2. Confer with BeWell to determine what actions still need to be taken re to Medi-Cal and direct the parent/guardian to immediately open or re-open a Medi-Cal application. This must be completed right away in order to ensure timely payment of the hospital bill.

C. Upon release from the psychiatric facility, the youth will be returned to SMJH. SMJH will be responsible for the transportation of the youth and applicable medication back to Juvenile Hall.

## X. Debriefing of Suicides or Suicide Attempts

1. As soon as possible following a suicide or suicide attempt, a team of mental health professionals will be assembled to provide services to the youth and staff affected by the event.

a. Participation will be voluntary.

b. Access to services will be on-going and available upon request.

2. SMJH Administration will complete an Incident Debrief Report (IDR). The IDR will address:

a. Circumstances

b. Responses before, during and after the event

**Suicide Prevention Program (continued)**

**Notes and References**

c. Review of policy

d. Recommendations

# ATTACHMENT A

SANTA BARBARA COUNTY JUVENILE HALL

RECEIVING SCREENING FORM

DATE: _____ TIME: _____ SBBS: ____SMJH: ____

NAME: _____AKA: _____DOB: _____ AGE: _____

Gender: M F Identifies as: _____ Tri-Counties Client: Y N

Was youth medically examined before booking? Where? _____ Y N

Is there written documentation of medical clearance from healthcare facility? Y N

## STAFF OBSERVATIONS:

1. Is youth lethargic, non-responsive, not alert? Y N
2. Does the youth appear to be sick (sweating, tremors, coughing, breathing fast)? Y N
3. Does the youth's behavior appear irrational, disorderly, or appear to be a danger? Y N
4. Does the youth appear injured (limping, abnormal gait, deformities, wounds)? Y N
5. Is the youth's breathing fast or have persistent coughing/breathing difficulties? Y N
6. Does the youth appear to be under the influence of drugs or alcohol? Y N
7. Does the youth have any skin lesions, yellow skin tone, rashes, needle marks, infestations (lice), bruises Y N

Description: _____

## YOUTH QUESTIONNAIRE:

1. Do you have:
   Asthma *Diabetes *Heart Problems *High Blood Pressure
   *Hepatitis *Seizure Disorder *HIV/AIDS *Tuberculosis
2. Do you currently have any other illness or injury? Y N
3. Have you ever been hospitalized within the last year? Why: _____ Y N
4. *Have you had recent trauma with loss of consciousness within the past 24-48 hours? Y N
5. Are you a slow learner or have an Individual Education Plan (IEP) +/- resource services? Y N
6. Do you have any allergies to medications? If yes, which: Y N
7. Do you have any other allergies? If yes, what: Y N
8. Do you need to take any medications? Y N

| Name of medication | Dose | How often | Last taken | Prescriber |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

9. Do you have any dental/tooth problems (pain, swelling, bleeding)? Y N
10. Have you ever tried to commit suicide? Y N
    If yes, date and methods: _____
11. *Are you thinking about hurting yourself now? Y N
    If yes, current plan: _____
12. Have you ever been hospitalized for mental health reasons? Y N
    If yes, when: _____ Where: _____
13. Are you now or have you ever been treated for mental health or emotional problems? Y N
    If yes: when? _____where? _____
14. Have you recently experienced a significant loss (relationship, death in family/close friend, job, etc.)? Y N
15. Has a family member or close friend ever attempted or committed suicide? Y N
16. Do you feel like there is nothing to look forward to in the immediate future (Do you feel hopeless or helpless)? Y N
17. Do you have a history of trauma/abuse/victimization (physical, emotional, sexual, domestic violence)? Y N
    If yes: describe and was it reported: _____

18. Do you use Alcohol and/or Drugs? Y N

| Name of substance | How often | How much | Date of last use |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

19. Have you ingested or placed any medication/drugs into a body cavity? Y N
20. Do you have a history of withdrawal symptoms from drugs or alcohol? Y N
    If yes, describe: _____
21. ***Are you currently withdrawing from drugs or alcohol?** Y N
22. ***Have you been sexually assaulted/raped in the last 5 days?** Y N
23. History of sexual abusiveness? Have you ever been charged with sexual assault/abuse? Y N
24. Do you have a history of violent behavior? Y N
25. Do you need assistance devices: crutches, splints, prosthesis, hearing aids, wear glasses, dental braces/retainer or have any tongue or body piercings? Y N
    If yes, which: _____
26. Are you a parent or expecting to be a parent? Y N

27. FEMALES ONLY:
    1. ***Are you pregnant or think you might be pregnant? If yes, due date:** Y N
    2. Have you had unprotected sex in the last 5 days? Y N
    3. Are you using/on birth control? Y N

**PARENT QUESTIONS:** if yes to answers 10-17 call parent:

1.Is your child depressed? Y N
2. Is your child on medication for depression or other mental health reasons? Y N
3. Has your child ever spoken about suicide? Y N
4. Has your child ever attempted suicide? Y N
5. Has your child ever been hospitalized for mental health problems? Y N
6. Is there anything we need to know about your child's health or concerns you have? Y N
7. Is your child a slow learner, intellectually disabled or have an IEP? Y N

Description: _____
_____

**DISPOSITION**

☐ Intake refused: Immediate referral to Acute Care Facility ☐ Released to: _____

**Placement:**

☐General Population ☐Medical Isolation ☐Detox Protocol ☐SLI-5 ☐SLA

☐ PREA Concern ☐ ADA Concern

Explain: _____

**Intake Consultations:**

☐ Crisis Team evaluation: person/time: _____

Recommendations: _____

☐ Called on-call clinician: clinician name/time:

Recommendations: _____

☐ Rape Crisis: time/name of advocate: _

Recommendations: _____

☐ Other: _____
_____

**Referral:** ☐Medical ☐ Mental Health ☐ Tri-Counties

Probation Staff Name: _____Signature: _____Date/time: _____

Medical Staff Review: _____ Signature:_____Date/Time: _____

**If *YES, Call Medical or MD BEFORE accepting into the facility**

Distribution: Original : Office Copy: Medical, BeWell and Chrono

Pro-65 (Rev. 07/2019)

**Attachment B**

**STRIP SEARCH CHECKLIST AUTHORIZATION**
**REASONABLE SUSPICION FACTORS - CHECKLIST**

Youth _____ Offense _____
Facility _____ Arresting Agency _____
Date _____ Time _____

Specific factors establishing reasonable suspicion: Supervisors will review the factors listed below prior to authorizing a strip search and provide written justification for "YES" answers.

1. Present Offense or prior criminal history that includes the possession of weapons or controlled substances. YES ❑ NO ❑

2. Documented history of concealing contraband/drugs or weapons beneath their clothing in this or any institution. YES ❑ NO ❑

3. Staff observe unusual conduct/behavior and furtive gestures during the intake process. YES ❑ NO ❑

4. Staff are aware that a specific item that could be used for a weapon is missing within in the Juvenile Hall and the youth had access to the area from which the item was taken. YES ❑ NO ❑

5. During an intake pat down search staff find drugs or a weapon. YES ❑ NO ❑

6. Staff receive reliable information from a third party source that the youth has used a controlled substance or other mood altering products within the previous 24 hour period or that they are possibly concealing drugs, weapons, or other contraband. YES ❑ NO ❑

7. Staff are aware that a specific item that could be used for a weapon is missing within the juvenile Hall, and that the youth had access to the area from which the item was taken. YES ❑ NO ❑

8. Discovery of incriminating articles/contraband in less intrusive searches YES ❑ NO ❑

9. Past/Current conduct in the facility, (e.g. assaultive behavior, contraband, self-mutilation, suicidal ideation, gestures or attempts). YES ❑ NO ❑

10. Strip search due to placement in safety smock YES ❑ NO ❑

___NO STRIP SEARCH INDICATED: Comments: (i.e. precluded by charge and record)

Intake Officer name _____
STRIP SEARCH AUTHORIZATION: YES ❑ NO ❑
Supervisor (Sr.DPO/Sr.JIO): _____ Date/Time: _____
Staff Conducting Search: _____ Date/Time: _____
Staff Conducting Search: _____ Date/Time: _____

PIN: _____ Results of Search: _____

**Attachment C**


# Safe Alternatives For Treating Youth (S.A.F.T.Y.)

**(01/01/08)**

## PROTOCOL FOR JUVENILE HALL

1. S.A.F.T.Y. provides crisis support services to children and youth up to the age of 21 that lives within the borders of Santa Barbara County and are in danger of a psychiatric hospitalization. The goal of our services is to prevent psychiatric hospitalization of children and youth.

2. S.A.F.T.Y. provides a service to Santa Barbara County Juvenile Hall's when County Mental Health staff is unavailable to assess juveniles who are presenting with a risk of harm to self or others due to a mental illness.

3. S.A.F.T.Y. is available immediately by phone and can be at the Juvenile Hall site within 60 minutes. S.A.F.T.Y. provides services county-wide and during times when we experience a high frequency of calls it might take us longer than 60 minutes to respond in person. S.A.F.T.Y. also has limited staff available during non-peak hours (after 8pm and on weekends) that will affect response time. The on-call worker will provide you with an estimate time of arrival and discuss possible interventions that can be utilized by staff to keep the client safe while waiting for S.A.F.T.Y. to arrive.

4. When S.A.F.T.Y receives a call, the first step is to obtain information from the caller in order to determine an appropriate response. Juvenile Hall staff should provide the S.A.F.T.Y staff with the following information:
    - Name of staff member calling and position
    - Name of client and age
    - What behaviors is client exhibiting and when did it start?
    - Does client have physical injuries (i.e. cuts) and the extent of these?
    - Does client take any psychotropic medication and what are they?
    - Prior history of suicide attempts and involuntary hospitalization
    - Mental health history? (i.e. seeing MH therapist)
    - Any significant medical history?
    - Possible trigger for behaviors? (i.e. had upsetting call from parent)
    - Is the client currently in restraints?
    - Has client been smocked?

Children's Mobile Crisis Team.
Call 1-888-334-2777 for assistance 24/7.

CASA PACIFICA

# Safe Alternatives For Treating Youth (S.A.F.T.Y.)

5. S.A.F.T.Y.'s treatment philosophy is to use the least intrusive means possible to contain a situation. The initial intervention will therefore be to provide juvenile hall staff with directions for interventions to attempt first. If these interventions are not successful, S.A.F.T.Y will consult with the Juvenile Hall staff as well as the S.A.F.T.Y. on-call clinical supervisor about the next level of intervention.

6. S.A.F.T.Y. staff will respond to the Juvenile Hall in-person if based on their assessment the client is a high risk for harm to self or others due to their mental health condition or the client is un-responsive to initial interventions.

7. S.A.F.T.Y requests that a Juvenile Hall staff be present during the assessment interview to ensure staff's safety.

8. If S.A.F.T.Y. determines that a client is meeting criteria for involuntary hospitalization they will contact the on-call County staff to obtain authorization and proceed with the hospitalization process.

10 In the event that S.A.F.T.Y. is unable to secure a hospital bed for a juvenile that is a high risk for harm to self or other, staff will consult with Juvenile Hall staff as well as County Mental Health staff, on interventions to keep client safe until a hospital bed can be found.

11. S.A.F.T.Y. believes in working collaboratively with all team members that are involved with a juvenile's care. If at any point during the interaction between Juvenile Hall and S.A.F.T.Y. there is dissatisfaction with the process, the Juvenile Hall Supervisor can request to speak with the S.A.F.T.Y on-call clinician to resolve the problem. If necessary, the S.A.F.T.Y on-call clinician will also consult with the BEWELL Juvenile Justice Manager.

12. S.A.F.T.Y. will collaborate with Juvenile Hall Mental Health in pre and post crisis treatment planning, to ensure continuation of treatment of juvenile's who are at risk of harming themselves. These will include contacting the BEWELL Juvenile Justice Program Manager and Juvenile Hall Manager the next day, to ensure that the client is receiving follow-up services.

Children's Mobile Crisis Team.
Call 1-888-334-2777 for assistance 24/7.