Suicide Prevention Program (Title 15, Section 1329; NCCHC)

Effective Date:	07/15/26
Revised Date:	07/15/26
Issuing Authority: Chief Probation Officer	

731.1 PURPOSE:
To establish guidelines to reduce the risk of youth suicide in the Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs) through risk identification and appropriate intervention.

731.2 POLICY:
The Department maintains a comprehensive and trauma-informed suicide prevention program to identify and monitor potentially suicidal youth and intervene appropriately by following state and federal regulations and including the following National Commission on Correctional Health Care (NCCHC) elements along with other relevant procedures.

A. Training Requirements: All staff members, including custody, medical, and mental health staff, who have contact with youth complete suicide prevention training annually or as otherwise required. The training covers, at a minimum, the following topics:

1. Recognizing and responding to verbal, nonverbal, and behavioral signs of potential suicide.

   (a) Booking/Intake Officers shall receive specialized training in suicide risk screening and the department's Suicide Prevention Program. Refresher training shall occur annually or as otherwise required.

2. Identifying facility environments that may contribute to suicidal behavior.
3. Potential factors that increase the risk of suicide.
4. Understanding risk factors and high-risk periods for suicide.
5. Proper use of a 911 cut-down tool.
6. The department's Suicide Prevention Program procedure.

B. Identification: All youth are screened for potential suicidal behavior before housing assignment considering past or current suicidal thoughts, threat plans, suicide risk during previous confinement, prior mental health treatment or hospitalization, recent significant losses (such as a job or the death of a loved one), family history of suicidal behavior, and insights from the arresting or transporting officer and family/guardians regarding any potential suicide risks. This thorough screening assesses each youth upon arrival and as needed during detention to identify those at risk of suicide. Youth

at risk are referred to mental health professionals and suicide precaution protocols are initiated.

C. Referral: Potentially suicidal youth and those who have attempted suicide are referred to mental health professionals in accordance with this procedure and the 5585 Evaluation procedure.

D. Evaluation: Qualified mental health professionals assess suicide risk, supervision needs, precautions, and potential transfer to an inpatient mental health facility or program. Regular reevaluations and follow-ups after removal from precautions are conducted to adjust care as needed.

E. Treatment: Qualified mental health professionals develop treatment plans, strategies, and services, along with follow-up interventions and monitoring efforts to reduce the risk of relapse.

F. Housing: Youth housing is reviewed regularly and adjusted as necessary based on changing circumstances. Suicidal youth remain in the general population if safe, with close observation. Placement decisions are based on the youth's safety, security, and needs. While SOS is a significant factor, a youth's room assignment shall not be changed solely based on their SOS level. All relevant factors are considered to ensure the most appropriate placement. Before placing a youth in any room, staff conduct a pat-down search of the youth and check the area for safety hazards. Restraints, removal from programming, and removal of clothing, bedding, or belongings are a last resort during episodes of self-injurious behavior.

G. Monitoring: Youth are visually observed pursuant to the Suicide Prevention Program procedure and the Safety Checks in the JDACs and TFs procedure. Those at risk of suicide are monitored under the appropriate Suicide Observation Status and receive daily mental health reassessments. Only qualified mental health professionals are authorized to remove a youth from suicide precautions.

H. Communication: Procedures for sharing information about the youth, suicide risk, and status among mental health, medical, and custody staff are established to ensure clarity and up-to-date information. These procedures include communication between arresting or transporting officers and facility staff, as well as between facility staff and transferring authorities such as court personnel, medical or psychiatric facilities, and other facilities. Since youth can develop suicidal tendencies at any time during their confinement, frontline staff remain vigilant, exchange information, and make appropriate referrals to mental health and medical staff. Furthermore, medical and mental health staff have unrestricted access to each other's patient files and records for review and documentation. Additionally, when a youth is transferred between facilities, their probation mental health information is transferred with them. All sensitive information and communication regarding youth shall be protected and free from discrimination based on race, ethnicity, gender identity, sexual orientation, disability, language, or age to ensure confidentiality, respect for identity, and promote culturally competent care and trauma-informed practices.

I. Intervention: Any suicidal gestures, statements, or behaviors are taken seriously and managed in accordance with the Suicide Prevention Program procedure. Providing prompt and effective emergency first aid and medical services can save a youth's

life. This policy regarding intervention has three parts: 1) All staff working with youth are trained in first aid and CPR, 2) Any staff member who finds a youth attempting suicide should assess the scene for safety, provide first aid or CPR immediately, and alert others to call for help, and 3) When arriving at the scene, staff begin appropriate medical aid. Staff shall not assume a youth is deceased and will continue life-saving efforts until relieved by medical personnel.

J. Notification: In cases of potential, attempted, or completed suicide, notification will be made pursuant to the Suicide Prevention Program, the Required Notifications of a Detained Youth's Emergency Transportation and Hospital/Psychiatric Facility Admittance (Non-Death), and the Death of a Youth While Detained in a JDAC and/or TF procedure. A parent, guardian, or designated emergency contact shall be notified within 24 hours, unless the youth requests that contact not be made and the facility administrator determines that non-notification is in the youth's best interest or the youth is 18 or older and does not consent to the notification (per WIC §223.1). All notifications and non-notifications shall be documented.

K. Reporting: All relevant facility staff shall document in an incident report the identification, actions taken, and monitoring of potential, attempted, completed suicides or suicidal gestures or statements, in accordance with the Suicide Prevention Program and Death of a Youth While Detained in a JDAC or TF procedures, as well as other applicable procedures.

L. Review: Procedures are in place for mental health, medical, and administrative reviews if a suicide or a serious suicide attempt occurs. All in-custody deaths will be reviewed as required by federal and state statutes and regulations (see the Death of a Youth While Detained in a JDAC and/or TF procedure).

M. Debriefing: A prompt debriefing is to be conducted for the affected staff and youth. It will be documented and reviewed administratively, covering the circumstances and responses before, during, and after the critical incident.

731.3 DEFINITIONS:

Code Blue: A radio alert used to signal a medical emergency for anyone within a JDAC or TF.

Individualized Treatment Program (ITP): A written plan designed to address the specific needs of youth, promote positive behavior, teach vital skills, and foster an environment where they can develop essential behavioral competencies.

Individualized Treatment Watch (ITW): An immediate and critical level of observation based on documented special needs of youth on an ITP.

Massachusetts Youth Screening Instrument (MAYSI): A screening conducted during the booking process for every youth aged 12-17 entering a JDAC. The screening serves as a tool to identify youth with reported or current mental/emotional distress or patterns of problematic behavior. The MAYSI is not designed to diagnose and does not replace more comprehensive assessments needed for decisions about long-term placement or treatment. All completed MAYSI screenings are reviewed by the Forensic Adolescent Services Team (FAST). MAYSI-2 is the second version of MAYSI, and MAYSIWARE is the electronic version.

Paper spoon meal: A standard meal served to youth without plastic flatware or containers, applicable to youth who meet any of the following criteria:

- Demonstrates, or has intent to harm, or threaten to misuse issued items to cut themselves or harm others.
- Has a history of cutting within the past year.
- Is booked and arriving directly from a mental health facility due to self-harm or intentions to harm others.
- Currently on Suicide Observation Status 3 (SOS 3).
- Uses a standard-issued spoon to damage county property (e.g., jam room door, clog toilet, etc.).
- Makes a weapon with a standard-issued spoon.

Suicide Observation Status (SOS) Evaluation Log: A log entry that is entered into a youth's events page in Caseload Explorer (CE) to document the initial SOS and any follow-up observations based on the SOS level.

Suicide attempts: Behaviors that lead to or have the potential to cause intentional serious injury or death to oneself.

Suicide Prevention Treatment Plan (SPTP): A plan developed by FAST that includes essential facts, coping strategies, and resources related to youth at risk of suicide. The SPTP serves as a guide for staff to ensure proper supervision, intervention, and referrals to keep the youth safe.

Suicide threats: Behaviors intended to convince others that there is an intent to commit suicide.

Suicidal warning signs:

- Statements include but are not limited to:
  - Alluding to unspecified drastic actions.
  - Alluding to or explicitly stating an intent to kill oneself.
  - Contemplating how one's death would affect others.
  - Alluding to a desire to be dead.
  - Expressing apathy about life or the future.
  - Showing signs of severe depression, remorse, guilt, hurt, or rejection.
  - Indicating a severe inability to cope with detention.
  - Expressing self-condemnation.
  - Statements by others suggesting the youth wants to kill themselves.
  - An intense feeling of loss of a loved one, especially due to suicide.
  - Taking responsibility for the death of a loved one.
- Behaviors include but are not limited to:

- Recent thoughts of suicide or previous attempts.
- Dangerous risk-taking or self-harm behavior.
- Engaging in self-harm behaviors that are not directly life-threatening but serve as symbols of suicide attempts — for example, superficial cuts, wrist scratching, or covering the neck with clothing.
- Anxiety and depression, anger, or irritability.
- Euphoric behavior following depression.
- Disorientation, isolation, or withdrawal.
- Lack of emotion.
- Inappropriate responses or apathy.
- Insomnia or sleeping excessively/too often.
- Loss of interest in everyday activities.
- Disposing of or giving away personal property.

- History and available information, including but not limited to:
  - Prior suicide attempts.
  - Prior identification as a suicide risk.
  - Suffering humiliation or rejection.
  - Family upheaval.
  - Offense resulting in death or catastrophe.
  - After returning from court.
  - Prone to accidents.
  - History of self-injurious behavior.
  - The loss of a loved one, close family friend, family member, or friend (especially due to suicide).
  - Information relayed from others.

I. **SAFETY PLAN:**

A. Suicide Observation Status Level 1 (**SOS 1**):

1. SOS 1 is an awareness assessment level that shall be assigned for any of the following suicidal signs, including but not limited to:

   (a) A new intake with a history (within the past 12 months) of suicide risk status, psychiatric hospitalization admission, and/or a history of self-injurious behavior.

   (b) Available information obtained from youth, parent, guardian, staff, Probation Officer (PO), etc.

   (c) Mood observations.

(d) Suicidal statements.

(e) Behavior without a suicidal statement.

(f) History of psychiatric hospitalization admission within the past twelve (12) months.

(g) Recent history of self-injurious behavior.

(h) MAYSI score of "Caution."

2. The youth shall be kept under frequent and close observation, with no fewer than one (1) direct observation check within every ten (10) minute period. Staff shall record the actual time of each observation and vary both the timing and direction of travel during safety checks within the ten (10) minute interval.

3. Staff shall document in CE the observable emotional state, behavior, and activities of the youth at least twice per shift, with the first documentation occurring within the first four (4) hours.

B. Suicide Observation Status Level 2 (**SOS 2**):

1. SOS 2 is a serious and urgent level of observation that shall be assigned for any of the following suicidal signs, including but not limited to:

(a) Suicidal statements with behavior.

(b) Suicidal threats.

(c) MAYSI score of "Warning."

2. The youth shall be kept under frequent and close observation, with no fewer than one (1) direct observation check within every five (5) minute period. Staff shall record the actual time of each observation and vary both the timing and direction of travel during safety checks within the five (5) minute interval.

3. Staff shall document in CE the observable emotional state, behavior, and activities of the youth at least four (4) times per shift, ideally every two (2) hours.

C. Suicide Observation Status Level 3 (**SOS 3**):

1. SOS 3 is an immediate and critical level of observation that shall be assigned for any of the following suicidal signs, including but not limited to:

(a) Suicidal threats with a specific plan.

(b) Suicidal attempts or acts committed in furtherance of suicide.

(c) Mental health behavior that requires constant observation.

2. Staff shall assess the emotional state, behavior, and activities of the youth at least once per hour and document in CE.

3. Youth shall be under continuous one-on-one visual observation and supervision by probation staff, including during a medical and FAST consultation.
4. Youth will be provided with a paper spoon meal.

D. Staff requirements for initiating all SOS levels:

1. Sworn Officers, Forensic Adolescent Services Team (FAST), Correctional Nurse (CN), and Licensed Vocational Nurse (LVN) may place a youth on an appropriate SOS level for any statement, behavior, or knowledge indicating a potential suicide risk. When a youth is placed on SOS:
   (a) Notify FAST, the unit staff, area PCSI, Watch Commander/ Treatment Facility Supervisor (WC/TFS), and Central Control. Document the notification time and the reason the youth was placed on SOS in the "Comment" section of an SOS Evaluation in CE.
   (b) Document in the Special Instructions/Security Alert in the youth's CE Overview to indicate the SOS level and note the reason for the SOS.
   (c) For SOS 1: Print and sign the Suicide Observation Status Report from CE and submit the form to the area PCSI.
   (d) For SOS 2 and SOS 3: Complete an incident report and assess for a paper spoon meal.
2. Any staff member can increase a youth's SOS level without the approval of a FAST clinician or the WC/TFS. If this happens, the staff responsible for increasing the SOS must notify the area PCSI, WC/TFS, FAST, and Central Control immediately and complete an incident report.
3. Once a youth is placed on SOS, they must remain on SOS for at least twenty-four (24) hours and can only be removed from SOS or downgraded by a licensed FAST clinician.
4. In all cases where a youth reports a previously undisclosed suicide attempt or a history of psychiatric hospitalization, including those that occurred twelve (12) months prior to their entry into the facility, notify FAST and document in the Special Instructions/Security Alert in the youth's CE Overview to indicate SOS History.

E. FAST/WC/TFS - Determinations for All SOS Levels:

1. Only a licensed FAST clinician (or a pre-licensed FAST clinician that has consulted with a licensed staff) can downgrade or remove a youth from SOS.
2. Only FAST clinicians may remove a youth on SOS from a paper spoon meal and should notify kitchen and unit staff of the removal.
3. May authorize the removal of a youth's and their roommate's belongings from a room that could be used to cause self-harm.

4. The WC/TFS may approve returning items removed from the youth's room when deemed safe.
5. May authorize the issuance of a safety smock and/or safety blanket for youth on SOS 3. Safety smocks are only to be worn for sleeping unless the youth displays a risk of self-harm or the youth's ITP states otherwise.
6. The WC/TFS may temporarily authorize replacing the safety smock with the regular uniform/clothing when the youth needs to be transported off grounds for an appointment or court appearance.
7. Ensure that the youth who is issued a safety smock is housed separately.
8. Allow the youth to keep their undergarments unless it is deemed unsafe based on their behavior. If deemed unsafe, every effort should be made to have them voluntarily hand over the undergarments. Notify the Facility Superintendent/designee when undergarments are removed.

731.4 GUIDELINES:

A. All youth shall be screened for risk of suicide at intake and as needed during detention.

B. Suicide prevention responses must be respectful and as minimally invasive as possible, consistent with the level of suicide risk.

C. The suicide prevention plan shall consider the needs of youth who have experienced past or current trauma.

D. Prevention programs are provided to youth in the facilities to keep them engaged and foster the development of essential pro-social skills.

E. Do not rely solely on a youth's denial of suicidal thoughts. All youth may experience emotional crises related to detention and could become potential victims.

F. Any suicide attempt is a medical emergency. Trained staff shall initiate life-saving measures immediately until relieved by a qualified healthcare professional. Refer to the Code Blue and First Aid procedure.

G. Any employee who becomes aware of potentially suicidal or self-injurious behavior shall report this information immediately to the WC/TFS and FAST.

H. All incidents of suicide and attempted suicide must be reported and tracked via incident reports, pursuant to the Incident Report procedure.

I. Any Sworn officer (with PCSI approval), PCSI, FAST staff, or Medical Services staff, may place a youth on paper spoon meal status.

J. Youth who are identified as at risk of suicide shall not be excluded from participating in facility programs, services, and activities that are available to other non-suicidal youth, unless such exclusion is necessary for their safety or the security of the facility.

1. All youth are expected to participate in unit activities and adhere to the regular unit schedule unless otherwise contraindicated for safety reasons.

2. Any instances where programs, services, or activities are denied to youth at risk of suicide shall be documented and approved by the facility Superintendent or their designee.

K. After youth participate in unit activities, they shall undergo a pat-down search before entering their room to ensure no instruments of self-harm are taken into their room.

L. Youth shall be provided with standard clothing, bedding, and linens unless they pose a safety concern. A youth's clothing should only be removed in urgent situations to prevent suicide attempts, dangerous risk-taking, or self-harming behavior. The removal of any of these items must be documented and approved by a supervisor or FAST.

M. Youth shall have equal access to shave and use shaving tools, including electric razors, unless their appearance must be preserved for court identification purposes. However, the facility Superintendent or their designee may suspend this requirement for youth who pose a danger to themselves or others. All instances of suspensions shall be documented.

N. Staff shall be provided with sufficient time to be relieved by another staff member to input or update entries into CE before the end of their shift.

O. Refer to the Critical Incident Notifications/Reviews procedure for administrative reviews of circumstances and responses surrounding critical incidents.

P. Refer to the Youth Supervision Staff Orientation and Training procedure for training guidelines.

731.5 RESPONSIBILITIES:

I. Sworn Officers,FAST, CN, LVN:

A. When placing a youth on SOS for any statement, behavior, or knowledge indicating a potential suicide risk, refer to the SAFETY PLAN (beginning on p. 4).

II. Sworn Officers:

A. Counsel the youth about the nature and severity of the issue they are experiencing and the intent of their behavior. Document the conversation details in CE.

B. Contact FAST if needed for consultation.

C. Initiate and maintain the Individualized Safety Check form.

D. Notify Central Control initially and at each population count.

E. Staff responsible for the SOS watch shall document observations in CE under Events as an SOS Evaluation.

F. Notify the WC/TFS of any removal or change to the SOS level.

G. Assess for a paper spoon meal and contact a PCSI for approval. Document the approval in a Behavior Note in CE.

H. Verbally communicate information regarding the youth's SOS to each person taking responsibility for the care and custody of the youth. This transfer of information shall be documented in the CE Shift Summary/Exchange by the end of the shift and shall include a "SOS Shift Exchange," noting the youth's name, SOS level, any concerns, and who received the information.

I. At any time and during all shifts, whether the youth is sleeping or if a clear view of the youth is not possible, the youth shall be directed to move into the officer's view and/or remove any obstruction.

J. When youth are sleeping or lying on their bed, staff must:

1. Stop at each room window.

2. Ensure each youth's head and neck are visible at all times.

3. Observe physical or audible signs that indicate the youth is not having a medical emergency, such as the rise and fall of the youth's chest, snoring, movement, etc.

K. Staff responsible for the continuous visual ITW and SOS 3 must rotate every hour during all shifts.

III. Booking PCO and Intake/Release Officer (IRO):

A. Review the youth's CE Overview for previous SOS history on file, including a review of the youth's suicide observation notes (including prior periods of confinement).

1. If the youth has a prior SOS in any JDAC/TF, a psychiatric hospitalization, or a suicide attempt within the past twelve (12) months, place the youth on SOS 1 and refer to the SAFETY PLAN (beginning on p. 4).

2. If the youth's SOS history dates back more than twelve (12) months, notify FAST and the area PCSI.

B. Shall notify and communicate with staff (IRO, Booking PCO, unit staff, supervisor, watch commander, medical staff, mental health staff, Intake PO, etc.) about any history, alerts, or flags indicating past or current suicide risk.

C. Communicate with the arresting or transporting officers about any information indicating that a youth is a medical, mental health, or suicide risk, and document in CE.

D. Contact the youth's parent/guardian, or family members, and inquire about the youth's past or current suicidal thoughts, behaviors, or attempts, and document in CE.

E. Conduct a face-to-face interview with each youth upon admission to the facility.

F. Document any suicide-related information regarding the youth (e.g., suicidal statements, ideations, behaviors, history, etc.) in CE within the first hour of intake.

G. May place the youth on any SOS level based on any criteria or information (e.g., place a youth on SOS when their alleged offense resulted in death, etc.).

H. Assist the youth in completing the MAYSI within twenty-four (24) hours of entering the JDAC. When a youth scores in the "Caution" and/or "Warning" range, the PCO shall place the youth on the appropriate SOS level.

I. Ensure the MAYSI is completed for all youths admitted to the facility.

J. Notify FAST by phone or HT if the youth appears to be in crisis. If FAST is not available after hours, contact the WC/TFS for further assistance from the on-call FAST staff member.

K. Assess the youth for a paper spoon meal for SOS 3 and contact a PCSI for approval. Document in CE.

L. Upon notification of release, the IRO shall print a Suicide Advisory Notification Letter for any youth who is or has been on SOS during their current detention. Have the parent or guardian sign the Suicide Advisory Notification Letter, or have the youth sign it if they are eighteen (18) years old or older.

1. After obtaining signatures, scan and upload the form to the youth's CE record and title it "Suicide Advisory Notification Letter." Provide the original copy to FAST.

2. A copy of the signed form and the "Who Can Help Me in the County of San Bernardino?" flyer shall be given to the parent/guardian.

3. For any youth released while still on SOS, FAST shall be notified via email immediately to remove them from SOS in CE.

4. Ensure all youth being released receive a copy of the "Who Can Help Me in the County of San Bernardino?" flyer upon release.

IV. Probation Corrections Supervisor I (PCSI):

A. Ensure FAST, WC/TFS, and Central Control are contacted when a youth is placed on SOS.

B. Ensure staff write an incident report for SOS 2 and SOS 3 or print a Suicide Observation Status Report from CE for SOS 1.Forward the report to the WC/TFS.

C. Assess the SOS level and increase it if needed.

D. Regularly review the youth's housing needs and adjust as necessary.

E. The designated PCSI (per the Supervisor Shift Plan) shall complete the Inspection-SOS event in CE for all youth on SOS at least once per shift. Ensure staff note the youth's observable emotional state and behavior in the required SOS Evaluations and document in the comment section of the Inspection event.

F. Ensure staff document the youth's name, SOS level, any concerns, and to whom the SOS shift exchange information was given in the CE Shift Summary/ Exchange before the end of the shift.

G. Assess the need for additional staffing and relay this to the WC/TFS each shift.

H. Ensure relief staff assigned to youth on SOS complete all necessary entries consistent with the youth's current status in an SOS Evaluation note in CE.

I. Ensure the youth has been assessed for a paper spoon meal, if applicable.

J. Ensure all ITW/SOS3 staff rotate hourly.

K. When critical incidents involving suicides or suicide attempts occur, conduct debriefings with youth and staff.

V. Watch Commander (WC)/Treatment Facility Supervisor (TFS)/Designee:

A. Complete a clearance form and conduct an initial interview with each youth upon admission to the facility.

B. Communicate with the arresting/transporting officers about any information indicating the youth is a medical, mental health, or suicide risk or has past or current suicidal thoughts, behaviors, or attempts, and document in CE.

C. During intake, if the youth shows signs of mental health issues or suicidal thoughts, pause the intake process until the proper mental health documentation or clearance has been received.

1. The delivering officer shall retain custody of the youth and be instructed to contact the Community Crisis Response Team (CCRT) by calling (800) 398-0018 or texting (909) 420-0560 for an evaluation and recommendation.

D. Ensure the MAYSI is completed and the screening process is followed for all youths being admitted to the facility.

E. Assess the necessary level of SOS and collaborate with FAST when possible.

F. After hours and upon consulting with the on-call FAST staff regarding suicidal behavior that requires an ITP modification, authorize any temporary changes to the implementation guidelines for a youth's ITP. Document in CE, justifying any revisions, modifications, or non-implementation of the guidelines related to a youth's ITP.

G. Determine the staffing level needed to maintain the designated SOS level and arrange for additional staff as necessary for each shift.

H. Ensure all necessary incident reports are completed and reviewed. Approve final incident reports, obtain the required signatures, and ensure proper distribution.

I. Verify that the SOS Security Alert status is accurate in the youth's CE Overview each shift.

J. Verify the accuracy of the SOS Security Alert status during the third shift and enter the correct information before 6 a.m. for the Third Shift Summary Report.

K. Conduct a random SOS CE Entry inspection each shift and document the review in the SOS Inspection log.

L. When releasing a youth, ensure the IRO follows the steps previously outlined in distributing the Suicide Advisory Notification Letter and the "Who Can Help Me in the County of San Bernardino" flyer.

M. Ensure youth returning to the JDAC after psychiatric hospitalization are automatically placed on SOS 3.

N. If a suicide attempt occurs and FAST staff are off duty, contact the on-call FAST staff.

O. Notify the Chief Medical Officer or designee when a referral and transportation to an emergency room or local hospital are necessary.

P. Notify the youth's parent or guardian if there is a suicide attempt resulting in hospitalization in accordance with Required Notifications of a Detained Youth's Emergency Transportation and Hospital/Psychiatric Facility Admittance (Non-Death) procedure.

Q. Notify the Superintendent and the DCPO or higher in the event of a suicide, pursuant to the Death of a Youth While Detained in a JDAC or TF procedure. Only a DCPO or higher shall notify the family.

R. Ensure the PCSI conducts a critical incident debrief with youth and staff when necessary.

VI. Intake Probation Officer and Supervising Probation Officer:

A. Complete a clearance form and conduct an initial interview with each youth upon admission to the facility.

B. Communicate with the arresting/transporting officers about any information indicating the youth is a medical, mental health, or suicide risk or has past or current suicidal thoughts, behaviors, or attempts, and document in CE.

C. During intake, if the youth shows signs of mental health issues or suicidal thoughts, pause the intake process until the proper mental health documentation or clearance has been received.

1. The delivering officer shall retain custody of the youth and be instructed to contact CCRT by calling (800) 398-0018 or texting (909) 420-0560 for an evaluation and recommendation.

D. If the youth appears to be in crisis, contact the Watch Commander and/or FAST via telephone or HT to assess the necessary level of SOS.

VII. Probation Officer/Supervising Probation Officer:

A. While performing duties in a JDAC/TF, if a youth expresses suicidal thoughts, engages in or mentions dangerous risk-taking, or exhibits self-injurious behavior, the officer shall place the youth on SOS and complete the necessary documentation and notifications as specified in the SAFETY PLAN (beginning on p. 4).

B. Arresting and transporting officers shall communicate any information indicating that a youth might be at risk for medical, mental health, or suicide to the

appropriate custody staff, supervisor, FAST, and other relevant parties. This includes statements, observed behaviors, documentation from the sending agency or facility, and reports from family members or guardians.

C. Documentation of suicide information for youth:

1. If a PO becomes aware of a previously undisclosed history of suicidal statements, behaviors, or prior psychiatric hospitalizations within the last twelve (12) months, complete the following:

(a) Contact the WC/TFS immediately if the youth is in custody.

(b) Document the information, including dates, locations, and any information for verification, such as the name of the hospital, in an event note in CE.

(c) Document a Special Instructions/Security Alert in the youth's CE Overview to indicate the appropriate SOS level (include a note with specific dates and information).

(d) Additionally, if the youth is out of custody, provide the "Who Can Help Me in the County of San Bernardino?" flyer as a resource to any family who may benefit from the San Bernardino County services listed and document in CE.

VIII. Forensic Adolescent Services Team (FAST):

A. FAST is available 24/7 to complete SOS assessments.

B. Follow the MAYSI Screening, Assessment, and Admittance procedure.

C. Conduct a mental health suicide evaluation within twenty-four (24) hours of notification whenever a youth is placed on SOS.

D. Attempt to notify the parent/guardian when a youth is first placed on an SOS.

E. FAST shall assess the youth prior to providing recommendations.

F. If a history of an undisclosed instance of attempted suicide or a history of suicidal statements, behaviors, or prior psychiatric hospitalizations within the last twelve (12) months becomes known or is declared after intake screening:

1. Complete an evaluation to determine whether the youth should be placed on suicide watch or if a history flag should be activated.

2. Notify the Probation Officer or Supervising Probation Officer immediately (refer to section VII. C. 1. a-c).

G. Provide consultation to unit staff, PCSI, and the WC/TFS.

H. Use a Suicide Prevention Treatment Plan (SPTP) with all youth who are or have been on SOS. This plan includes, but is not limited to:

1. Identification of the goal of no suicidal ideation or behaviors.

2. Identification of healthy and positive coping skills.

3. A specific time frame for follow-up assessments by FAST.

I. Notify unit staff, WC/TFS, Food Services, and Central Control of any change in SOS (increase, decrease, or removal) after a youth has been assessed.

J. For youth returning to the facility after psychiatric hospitalization, ensure the youth is placed on SOS 3.

K. Document SOS information in the health record, SOS Flag:

1. Ensure CE indicates the correct SOS level.
2. Note any exceptions to standard SOS precautions/restrictions.
3. Annotate paper spoon meal status (placed on or removed from).
4. Annotate safety smock usage. The safety smock is only for youth on SOS 3.
5. Annotate a youth's removal from SOS in the health record, SOS Flag:
   (a) In the health record, complete the Patient Flag section: Complete Release Restriction (RRS).
   (b) In the CE Documents section: generate the Suicide Advisory Notification Letter and the "Who Can Help Me in the County of San Bernardino?" flyer for distribution by the IRO upon the youth's release.
6. The youth shall receive a FAST visit and consultation at least once daily, or upon request by facility staff, and shall be reassessed daily for potential suicidality until they are removed from SOS.
7. Document clinical results of all evaluations in the health record.
8. Utilize each "step-down" level of observation to downgrade a youth on SOS.
9. Ensure a youth only receives one (1) level of downgrade per twenty-four (24) hours (e.g., SOS 3 on Monday noon, step-down to SOS 2 on Tuesday noon, step-down to SOS 1 on Wednesday noon, and removal from SOS on Thursday noon) as per FAST assessments.
10. Re-evaluate youth who were actively suicidal within the last seven (7) days on the following day after removal from SOS.
11. Re-evaluate a youth not actively suicidal within the last seven (7) days within fourteen (14) days after removal from SOS. After the 14-day assessment, a follow-up with the parent/guardian or youth (if age 18 or older) within twenty-four (24) hours of release to encourage follow-up with the mental health services in the community. Document the information in the health record SOS Flag.
12. Upload the signed Suicide Advisory Notification Letter to the youth's health record.

13. Notify the youth's PO (if the youth is still a ward of the Court) when they are released from custody on SOS within twenty-four (24) hours of release and document in the health record SOS Flag.

14. If a youth is on SOS upon release, the Juvenile Justice Program (JJP) will attempt to follow up with the parent/guardian or youth (if age 18 or older) within twenty-four (24) hours of release to encourage follow-up with mental health services in the community. Document the information in the health record SOS Flag.

15. Pre-licensed Clinicians and graduate students will consult with a Licensed Clinical Therapist.

IX. Medical Services:

A. Complete a Receiving Health Assessment within four (4) hours of admission to the facility.