



**Department of Juvenile Justice
Division of Residential Services
Standard Operating Procedure**

VOL IV – 4.1 – 2.29	Statutory Authority: §§ 66-13, 66-18, 66-19, and 16-20 of the <u>Code of Virginia</u>
Subject: SUICIDE PREVENTION	Regulations: 6VAC35-71-460; 6VAC35-71-747; 6VAC35-71-790; 6VAC35-71-805; 6VAC35-71-940; 6VAC35-71-1050; 6VAC35-71-1160 ACA # 4-JCF-4C-46; 4-JCF-4C-47; 4-JCF-4C-54; 4-JCF-4D-07

2.29-1.0 PURPOSE

To establish standard procedures for the prevention and intervention of suicidal ideations and behavior in the juvenile correctional centers (JCCs).

2.29-2.0 SCOPE

This procedure applies to all staff employed by or assigned to the Central Admission and Placement (CAP) Unit and JCCs, including the Division of Education, Re-entry Services, Behavioral Services Unit (BSU), and Health Services.

2.29-3.0 DEFINITIONS

Administrator – The superintendent or assistant superintendent and supervisory staff (e.g., community manager, operations manager, community coordinator) serving as the designated administrator-on-call for any given week.

Balanced Approach Data Gathering Environment (BADGE) including the Youth Assessment and Screening Instrument (YASI) – An electronic case management and data system containing the case record on each juvenile beginning at the initial contact with the court and continuing until the release from supervision. This system serves to generate a variety of reports using the information collected on the juveniles to include the Comprehensive Re-Entry Case Plan, which outlines the direct care and parole goals and action steps developed for each juvenile.

Behavioral Health Record (BHR) – A resident’s mental health record maintained at the JCC to which the resident is assigned.

Behavioral Services Unit (BSU) – The administrative unit that assigns personnel to provide mental health services to residents in the facilities.

Comprehensive Re-Entry Case Plan (CRCP) – The individual service plan developed in BADGE and in the YASI software application that guides the juvenile’s treatment, education, and behavior goals and objectives. Plan components include: cover sheet, priority domains, targets, long-term goals, short-term goals, action steps, and signature page.

Master File – The two juvenile case records (Part A and B) maintained by the Central Admission and Placement (CAP) Unit which contain documentation, commitment material, evaluation material, and all reports, correspondence, medical, psychiatric, psychological, and substance abuse material generated on a juvenile while in direct care.

Partially Stripped Room – A resident room that has all items removed with the exception of mattress, pillow, and expressly listed items.

Qualified Mental Health Professional (QMHP) – A physician, psychiatrist, psychologist, social worker, nurse, or other advanced degree professional who is designated as a QMHP by the BSU. These professionals shall be qualified by virtue of appropriate training and experience to render mental health services within their discipline.

Safety Meal – A special diet meal comprised of food items that 1) may be consumed with an alternative utensil or with no utensil at all, 2) shall not be served with a utensil other than an alternative utensil, and 3) can be easily cleaned up when spilled. The meal may be served on a styrofoam tray.

Security Series Staff – Resident specialists (I and II) and security staff.

- *Resident Specialist I and II (RS)* – Staff who have completed *Basic Skills for Resident Specialists* and whose primary job responsibilities are maintaining the safety, care, and well-being of residents, implementing the structured program of care and the behavior management program, and maintaining the security of the facility.
- *Security Staff* – Staff who are responsible for maintaining the safety, care, and well-being of residents and the safety and security of the facility to provide residents and staff with a safe living and work environment. Security staff include security specialists, security coordinators, and security managers.

Self-Injurious Behavior (SIB) – A deliberate act or verbalization by a resident that is characterized by actual or intended harm to his/her own body. The intent must be determined by a QMHP.

SIB Blanket – A tear resistant blanket that reduces the likelihood that the blanket will be used for self-injurious behavior.

SIB Precautions – Measures implemented (e.g., SIB blanket, SIB smock, partially stripped room, stripped room) to enhance safety of the resident. Precautions shall be listed on the SIB Precaution Form.

SIB Smock – An article of clothing made of tear resistant material that is worn in the place of usual clothing, thus reducing the likelihood that clothing will be used for self-injurious behavior. The SIB smock shall be green in color to ensure easy identification of residents at risk.

Stripped Room – A room that has been partially or completely cleared of items due to the resident's maladaptive behavior to prevent injury to self and/or others. This may be within the resident's assigned room or placement in a temporary room until the maladaptive behavior subsides.

Suicide – The intentional taking of one’s own life.

Suicide Attempt – When a resident makes a deliberate act to take his or her life, involving a definite risk. The intent must be determined by a QMHP.

Supervision Levels – The required frequency of staff observation of residents by RSs or security or non-security staff who meet the training requirements set forth in VOL IV-4.1-2.04 (Movement and Supervision of Residents).

- *Active Supervision* – Supervision of residents whereby no more than 15 minutes lapse between periods when residents are observed.
- *Close Supervision* – An increased level of supervision, as ordered by a QMHP, requiring security series staff to visually observe a resident at irregular intervals of five (5) or ten (10) minutes.
- *Constant Sight or Sound Supervision* – When a security series staff has direct and continuous visual observation of or the ability to hear any sounds or words spoken by the residents. Constant sight supervision may be through a window. For constant sound supervision, the security series staff shall be in close enough proximity to be able to hear any statements or sounds made by residents.
- *1:1 Supervision* – When a security series staff has direct and continuous visual observation and is always within arm’s reach of a resident.

Transfer File – A duplicate of the two master files (Part A and B) which accompanies the juvenile to a placement at a direct care facility.

2.29-4.0 PROCEDURES

2.29-4.1 SIB History

1. All residents shall be assigned a code designating the presence or absence of a history of SIB.
2. The intake reader shall make the initial assignment prior to a resident being received at intake.
 - a. Residents with no history of SIB threats or behaviors shall be assigned a code of 0.
 - b. Residents with any history of SIB threats or behaviors shall be assigned a code of 1.
 - c. Once an SIB history is established, a resident shall never return to 0, regardless of current functioning. This designation indicates history and cannot be construed to indicate an assessment of current risk or functioning.
3. Following a new SIB threat or behavior in a resident with no previous history, the BSU staff who addressed the incident shall increase the SIB history code to 1.
4. The SIB history code shall be documented in BADGE in the SIB Alert field and on the SIB Alert Form (DIS-004).

2.29-4.2 SIB Response

1. If there is an imminent life, health, or safety threat, the staff shall call for immediate

assistance, describe the situation, and take immediate action to protect the resident in accordance with VOL IV-4.1-2.30 (Emergency Equipment Utilization).

- a. Staff may remove items that could be used to engage in SIB.
 - b. Staff may move the resident out of his/her room for better observation.
2. All staff shall immediately inform the shift commander of actual, threatened, or suspected SIB, including a suicide attempt.
 3. The shift commander shall ensure the immediate and direct contact of the BSU primary therapist, on-call therapist, or supervisor to provide notification of the incident and obtain further instruction. Precautions shall be authorized in accordance with 4.3 below.

2.29-4.3 Initiating or Increasing SIB Precautions

The following steps shall be followed for placing a resident on precautions or when increasing precautions:

1. Following an assessment of the resident, the BSU staff shall complete and sign the SIB Precaution Form (Attachment #1). If BSU staff is off-site, the shift commander shall complete the SIB Precaution Form as authorized by the BSU staff.
2. As soon as practicable, precautions shall be communicated as follows:
 - a. The housing unit staff shall be verbally informed by BSU staff if on-site or the shift commander or designee if BSU is off-site.
 - b. The full precautions shall be written in the housing unit logbook and marked with a highlighter by BSU staff if on-site or the shift commander or designee if BSU is off-site.
3. If BSU staff is on-site, the staff shall provide the original form to the shift commander, in person, explain the precautions, and obtain his/her signature. A copy of the completed form shall then be placed in the housing unit's SIB Precaution binder and a hard copy shall be delivered to the health services staff. If BSU staff is off-site, the shift commander or designee shall place a draft copy of the form (i.e., not yet signed by BSU) in the housing unit's binder. A draft copy shall be delivered to the health services staff.
4. The BSU staff shall inform the on-call BSU staff, the assigned therapist, and the local BSU treatment director or designee of the self-injurious behavior, the resident involved and type of precautions placed on the resident.
5. The shift commander shall notify the superintendent or designee.
6. If a resident is placed on a special diet of safety meals or removed from safety meals, the shift commander shall verbally inform the food services staff of the change in meals as documented on the SIB Precaution Form. The BSU or health services staff shall review the need for continued safety meals during the daily assessments.
7. The shift commander shall document the self-injurious behavior, the resident involved and type of precautions placed on the resident in the shift commander's logbook, marked with a highlighter, and in the shift status report.

8. The shift commander shall scan and electronically distribute the initial and all subsequent SIB Precaution Forms to the following staff:
 - a. Superintendent;
 - b. CAP Unit manager;
 - c. Assistant superintendents;
 - d. Operations managers;
 - e. Community managers;
 - f. Community Coordinators (CCs);
 - g. Local BSU treatment director;
 - h. BSU supervisors;
 - i. Assigned counselor;
 - j. Counselor supervisors;
 - k. Recreation staff
 - l. Food operations manager or designee;
 - m. Local health authority or designee;
 - n. Principal; and
 - o. Assistant principals.

Each department head shall then distribute the form to staff, as appropriate.

9. The original forms shall be maintained in the BHR with a copy forwarded to the resident's transfer and master files.
10. A copy of the form shall be maintained in all SIB Precautions binders.

2.29-4.4 Decreasing Precaution

Precautions, with the exception of release from restraints, shall not be reduced or decreased without a face-to-face assessment by BSU. BSU may reduce the level of restraint intervention, when not on-site, after telephone consultation with the shift commander.

2.29-4.5 SIB Precaution Binders

1. A master SIB Precaution binder containing all residents' precaution forms currently in effect shall be maintained in the following locations:
 - a. Shift commander's office;
 - b. BSU Office Services Secretary's (OSS) office;
 - c. Medical departments;
 - d. School office(s);
 - e. Food operations manager's office; and
 - f. All housing units.
2. The SIB Precaution binder on each housing unit shall be maintained as follows:
 - a. Each binder shall be maintained in a location that is accessible by all facility staff.
 - b. The SIB Precaution Signature Log (Attachment #2) shall be the front cover sheet in accordance with 2.29-4.10 below.
 - 1) All reviews shall be documented on the signature log with the staff's signature and

- date.
- 2) The CC shall maintain all signature logs for three (3) years after the last dated signature.
 - c. The current precaution forms shall be placed directly behind the signature log.
3. All SIB Precaution binders shall be updated as follows:
 - a. When a precaution form is superseded, the previous form shall be removed and destroyed.
 - b. The form that discontinues all precautions shall be maintained in the binder for three (3) calendar days and then removed and destroyed.
 4. The back section of each SIB Precaution binder shall contain the following:
 - a. Extra supervision placards, if applicable;
 - b. Blank SIB Precaution Forms; and
 - c. A copy of this procedure.
 5. All SIB Precaution binders shall be maintained in a secure location to ensure residents do not have access.

2.29-4.6 Supervision Placards

1. If a resident is placed on close supervision (i.e., 5- or 10-minute checks), a supervision placard shall be placed on the resident's door. If the resident is housed in an open bay unit, the placard shall be affixed to the wall adjacent to the resident's bed. The placard shall remain displayed until the resident is removed from close and returned to active supervision (i.e., 15-minute checks).
2. Extra supervision placards shall be maintained in the back section of the SIB Precaution binder on each housing unit. Alternatively, extra placards may be kept in the housing unit's control room or staff office.

2.29-4.7 Resident Movement while on Precautions

Housing Unit Transfer

1. If a resident on precautions is transferred to another housing unit, the security series staff from the sending unit shall verify the precautions placed on the resident and ensure the receiving unit has the current SIB Precaution Form.
2. The security series staff on the receiving unit shall review the SIB Precaution Form and place it in the housing unit SIB Precaution binder.
3. The receiving security series staff shall document "SIB precaution on (resident's name)" in the housing unit logbook. The entry shall be marked with a highlighter.
4. If the resident is on close supervision, the security series staff shall place a supervision placard on the resident's door. If the resident is housed in an open bay unit, the placard shall be affixed to the wall adjacent to the resident's bed.

5. The staff shall notify the shift commander if he/she is uncertain about the required precautions.

Transportation Off-Site

1. If a resident currently on precautions requires transportation off-site, the shift commander shall ensure that a copy of the current SIB Precaution Form is attached to the Face Sheet (DIS-006) and Apprehension Flyer (DIS-059) provided to transportation staff.
2. If the resident is being transported off-site by non-DJJ personnel, the shift commander shall orally instruct the individual on the types of precautions, provide the SIB Precaution Form and document the delivery of the SIB Precaution Form on the Departure Approval Form (DIS-016).
3. If a resident is temporarily transferred to a Juvenile Detention Center, jail, or court, the receiving facility shall be notified of the types of precautions and shall be provided a copy, via email or fax, of the current SIB Precaution Form.

2.29-4.8 Updating SIB Precaution Forms

1. Residents on precautions shall be assessed daily by BSU or health services staff to determine if the current precautions are appropriate or require a change (i.e., increase or decrease). If it is determined that a change is required, a new SIB Precaution Form shall be completed.
2. The assigned therapist shall complete a new SIB Precaution Form a minimum of every seven (7) calendar days while the resident is on precautions. The form shall be completed even if there is no change in precautions. Note: the current form shall remain in effect until a new form is completed.
3. For every new incident involving physical harm and/or a substantive change in mental status that occurs while a resident is on precautions, a new SIB Precaution Form shall be completed in accordance with 4.3 above. A new form shall be completed even if there is no change in precautions and even if there are several incidents that occur in one day.
4. When the assigned therapist determines that a resident no longer requires precautions, the therapist shall complete a new SIB Precaution Form documenting the discontinuation of precautions. The form shall be maintained in all SIB Precaution binders for three (3) calendar days.
5. All new SIB Precaution Forms shall be distributed and maintained in the SIB Precaution binders in accordance with 4.3 above. The new form shall supersede the old form in the binders.

2.29-4.9 Active Precaution List

1. The local BSU treatment director or designee shall maintain a list of all residents currently on precautions. The list shall include the unit, the name of the resident and the level of precautions.

2. The list shall be electronically distributed each week to the following staff:
 - a. Superintendent;
 - b. CAP Unit manager;
 - c. Assistant superintendents;
 - d. Operations managers;
 - e. Community managers;
 - f. Shift commanders;
 - g. CCs;
 - h. Counselor supervisors;
 - i. All BSU staff;
 - j. All counselors;
 - k. Food operations manager;
 - l. Local health authority;
 - m. Recreation staff;
 - n. Volunteer coordinator;
 - o. Principal;
 - p. Assistant principals;
 - q. School security series staff; and
 - r. Residential program manager.

Each department head shall notify the treatment director or designee of any change in staff on the distribution list.

3. The staff receiving the list shall treat it as highly confidential and protect the list from being viewed by residents.
4. The shift commander on-duty when the list is distributed shall conduct a review for accuracy by no later than the end of shift.
5. A review for accuracy shall be conducted by the BSU Office Services Secretary (OSS). A copy of the current list shall be maintained as a cover sheet in the OSS' binder.

2.29-4.10 Precaution Reviews

Shift Commander Log and Binder Reviews

1. At the beginning of each shift, the shift commander or designee shall review the master SIB Precaution binder in the shift commander's office.
2. After reviewing the binder, the shift commander or designee shall review the shift commander's logbook for previous entries documenting residents with SIB precautions.
3. The shift commander or designee shall then document "SIB precaution on (resident names)" in the logbook.

Muster Reviews

1. During each shift muster, the shift commander or designee shall advise all security staff of all the residents currently on precautions.

Housing Unit Reviews

1. At the beginning of each shift, the RSs assigned to the housing unit shall review the SIB precautions binder.
2. After reviewing the binder, the RSs shall review the housing unit logbook for previous entries documenting residents with SIB precautions.
3. The RSs shall then document "SIB precaution on (resident names)" in the logbook for residents assigned to that unit. The list shall be marked with a highlighter.
4. The RSs shall ensure the appropriate 5- or 10-minute supervision placard is displayed on the resident's door or, if housed in an open bay unit, affixed to the wall adjacent to the resident's bed.
5. If there are any discrepancies, the RSs shall immediately notify the shift commander.
6. At least once per shift, the shift commander or designee shall ensure precautions are correctly implemented on the applicable housing units as follows:
 - a. Review the housing unit SIB Precaution binder for accuracy.
 - b. Review the housing unit logbook for SIB-related entries.
 - c. Ensure the correct supervision placards are displayed on the residents' doors or, if housed in an open bay unit, affixed to the wall adjacent to the residents' beds, as applicable.
 - d. Review the Confinement Monitoring Forms to ensure the close supervision checks are being conducted as required. The review shall be documented on the Confinement Monitoring Form.
 - e. If the reviews are conducted by a designee, he/she shall immediately notify the shift commander if the precautions have not been implemented appropriately.

Case Management Reviews

1. The Classification and Evaluation Services Team (CEST) and Classification and Treatment Services Team (CTST), as applicable, shall conduct weekly reviews of all residents on precautions.
2. The review shall include the following:
 - a. The resident's current level of adjustment;
 - b. Staff observations; and
 - c. Treatment plan.
3. The assigned counselor shall document each review.
4. A review of each housing unit's SIB Precaution binder shall be conducted during the meeting. The review shall ensure the binder is accurate and contains the current precaution forms.
 - a. If the assigned counselor is unavailable, the assigned therapist shall conduct the review.

- b. The staff shall document the review on the signature log.

Superintendent Reviews

The superintendent or designee shall conduct weekly reviews of all housing unit binders to ensure accuracy and the CEST/CTST reviews were conducted.

Division of Education Reviews

The principal or designee shall ensure that teachers with residents on precautions are aware of the heightened need to monitor these residents.

SIB Meeting Reviews

1. BSU staff shall schedule and conduct a meeting to review the treatment and management needs of residents on the active precautions and those residents identified as high-risk.
2. The meeting shall be held a minimum of every two (2) weeks.
3. The following staff shall attend the meeting:
 - a. BSU staff;
 - b. Superintendent or designee;
 - c. Operations manager or designee;
 - d. CC, counselor supervisor, or the residents' assigned counselors;
 - e. Shift commander or designee;
 - f. Principal or designee; and
 - g. Local health authority or designee.

2.29-4.11 Annual Review

This procedure shall be reviewed and signed annually.

2.29-4.12 Training

All staff with responsibility for juvenile supervision shall be trained on an annual basis in the implementation of this procedure. Training should include but not be limited to:

1. Identifying the warning signs and symptoms of suicidal behavior;
2. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors;
3. Responding to suicidal and depressed residents;
4. Improving communication between correctional and healthcare personnel;
5. Understanding referral procedures;

- 6. Understanding any special housing, resident observations, and suicide watch-level procedures and requirements; and
- 7. Follow-up monitoring of juveniles who make a suicide attempt.

2.29-5.0 RESPONSIBILITY

The CAP Unit Manager, Residential Program Manager, Superintendent, Local Health Authority, BSU Director, Local BSU Treatment Director and Principal shall be responsible for the implementation of and compliance with this procedure.

2.29-6.0 INTERPRETATION

The Deputy Director of Residential Services and Health Services Administrator shall be responsible for interpreting and granting any exceptions to this procedure.

2.29-7.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

2.29-8.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by: <u>3/15/18</u>	Date: <u>[Signature]</u>
Effective Date: <u>4/30/18</u>	Office of Primary Responsibility: Deputy Director of Residential Services; Residential Program Manager; Health Services Administrator; CAP Unit Manager; Superintendent; Local BSU Treatment Director; Local Health Authority; Principal
Supersedes: May 1, 2015	Forms: SIB Precaution Form; SIB Precaution Signature Log; DIS-004 Self Injurious Behavior Alert Form; DIS-006 Face Sheet; DIS-016 Departure Approval Form; DIS-059 Apprehension Flyer
IOP Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Resident Access: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Department of Juvenile Justice
Division of Residential Services
Self-Injurious Behavior Precaution Form**

Facility:	Date:	Time:	Housing Unit:
Resident:	Juvenile #:		
Shift Commander:	BSU Staff:		
Evaluation Method:	<input type="checkbox"/> Staff Consult	<input type="checkbox"/> Phone with Resident	<input type="checkbox"/> Face-to-Face

Precaution Authorizations

Housing Unit/Room Transfer

<input type="checkbox"/> Maintain In Current Room/Unit	<input type="checkbox"/> Transfer to Observation Room	<input type="checkbox"/> Transfer to Unit
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Supervision Level

<input type="checkbox"/> Active (15-minute)	<input type="checkbox"/> Close (10-minute)	<input type="checkbox"/> Close (5-minute)	<input type="checkbox"/> Constant Sight	<input type="checkbox"/> 1:1 Supervision
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Clothing

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SIB Smock	Remove: <input type="checkbox"/> Socks/Shoes	<input type="checkbox"/> Outer Clothing
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Bedding

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SIB Blanket	Remove: <input type="checkbox"/> Cloth Blanket	<input type="checkbox"/> Pillow	<input type="checkbox"/> Mattress
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Restraints

<input type="checkbox"/> Not Applicable	Restraint: <input type="checkbox"/> Helmet	<input type="checkbox"/> Wrists	<input type="checkbox"/> Ankle	<input type="checkbox"/> Restraint Chair
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Other Authorizations

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Special Diet (Safety Meal)	Stripped Room: <input type="checkbox"/> Full	<input type="checkbox"/> Partial
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<input type="checkbox"/> Program/Activity Limitations:
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<input type="checkbox"/> Other:

Rationale for Precautions

(Describe incident and/or other precipitating events requiring precautions. Note if was physical harm, threat, or other behavior.)

Approval

QMHP Signature

Print Name

Date/Time

Review

Shift Commander Signature

Print Name

Date/Time

A new SIB Precaution Form shall be completed by:

Note: Residents on precautions shall be assessed daily by BSU or health services staff to determine if the current precautions are appropriate or require a change (i.e., increase or decrease). If it is determined that a change is required, a new SIB Precaution Form shall be completed. The assigned therapist shall complete a new SIB Precaution Form a minimum of every seven (7) calendar days while the resident is on precautions. The form shall be completed even if there is no change in precautions. *The current form shall remain in effect until a new form is completed.*

cc: Superintendent; CAP manager; assistant superintendents; operations managers; community managers; community coordinators; local BSU treatment director; BSU supervisors; assigned counselor; counselor supervisors; recreation staff; food operations manager; local health authority; principal; and assistant principals.

