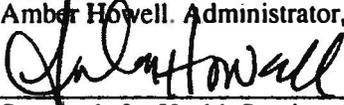


<b>DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE INSTITUTIONAL POLICY</b>	
<b>SUBJECT:</b>	Suicide Prevention and Response Policy
<b>POLICY NUMBER:</b>	DCFS/JJ 400.1
<b>NUMBER OF PAGES:</b>	9
<b>EFFECTIVE DATE:</b>	August 1, 2013
<b>ISSUE DATE:</b>	July 29, 2013
<b>REVIEWED BY:</b>	Jamie Killian, Richard Gloeckner, Bruce Burgess, David Laity, Bethany Brown, Joruel Seatriz, Ann Feher, Misty Allen Vaughn, Kathy Mayhew, Kevin McGrath, Katie Martin
<b>DATE:</b>	
<b>APPROVED BY:</b>	Steve McBride, Deputy Administrator of Juvenile Justice Services
<b>DATE:</b>	7/10/13 
<b>SUPERSEDES:</b>	NA
<b>APPROVED BY:</b>	Amber Howell, Administrator, Division of Child and Family Services
<b>DATE:</b>	 7.15.13
<b>REFERENCES:</b>	Standards for Health Services in Juvenile Detention and Confinement Facilities, 2011 American Correctional Association, Standards for Juvenile Correctional Facilities, 2003 Suicide Prevention Resource Center (SPRC) <a href="http://www.sprc.org/">http://www.sprc.org/</a> Nevada Department of Health & Human Services - Suicide Prevention <a href="http://dhhs.nv.gov/SuicidePrevention.htm">http://dhhs.nv.gov/SuicidePrevention.htm</a> The National Youth Screening & Assessment Project of the University of Massachusetts Medical School
<b>ATTACHMENTS:</b>	Transporting Staff Report Suicide Screening Form Suicide Risk Screening Specialized Treatment Plan Suicide Precautions Observation Log Room Inspection Form Living Unit Inspection Form

- I. POLICY: DCFS/Juvenile Justice Services considers the health and safety of the juveniles in its custody of utmost importance. The facility will provide for the proper care and supervision of suicidal juveniles. The facility's policy and procedures provide for the

---

~~immediate response to the threat of suicide and the proper notification to medical services, administrative, mental health counselors and direct care staff.~~

---

- II. **PURPOSE:** To establish clear guidelines and procedures that assist staff in the identification, assessment, treatment and ongoing protection of youth who may be suicidal or at risk for suicide.
- III. **DEFINITIONS:** As used in this policy, the following definitions shall have meanings assigned to them in the policy for purposes of interpreting this policy.
- A. **Close observation:** One of the two levels of observation utilized for potentially suicidal youth. This level of observation requires staggered observations at intervals not to exceed five (5) minutes. This level of supervision will be used with youth who are not actively suicidal but who may be expressing suicidal ideation, such as a wish to die. It may also be used for youth, who may directly deny suicidal ideation but display other concerning behavior.
  - B. **Constant Observation:** One of the two levels of observation utilized for suicidal youth. This level of observation requires constant, continuous and uninterrupted observation of the youth.
  - C. **Qualified Mental Health Professional:** A physician, Physician's Assistant or a person who meets the definition of a QMHA and also meets the following documented minimum qualifications: 1) holds any of the following educational degrees and licensure: a doctorate degree in psychology and license; bachelor's degree in nursing and Advanced Practitioners of Nursing (APN) (psychiatry); Independent Nurse Practitioner; graduate degree in social work and clinical license; graduate degree in counseling and licensed as a marriage and family therapist or clinical professional counselor; someone who is employed and determined by a state mental health agency to meet established specification qualifications of a Mental Health Counselor. Other individuals meeting the qualifications of QMHP are listed in the Medicaid Services Manual, Section 403.
  - D. **The Massachusetts Youth Screening Instrument, Second Version (MAYSI-2):** A brief screening tool used with youth in juvenile justice settings to identify signs of mental/emotional disturbance or distress. This tool is divided into seven scales that are geared to detect alcohol/drug use, angry-irritable behavior, depression-anxiety, somatic complaints, suicide ideation, thought disturbance and traumatic experience.

#### IV. PROCEDURES

- A. **Staff Training**
- 1. All staff, including direct care staff, medical, mental health and academic staff must be trained in the identification and management of suicidal youth.
  - 2. Initial training for new staff will complete an eight hour pre-service class on suicide prevention. This training will include at least the following components:
    - a) Research related to juvenile suicide
    - b) Correctional facilities and suicidal behavior
    - c) Staff attitudes and beliefs related to suicide
    - d) Pre-disposing factors and high risk periods
    - e) Signs and symptoms

- 
- f) Identifying suicidal youth
  - g) Dealing with youth denials
  - h) Ways to deal with youth who are self-harming, such as de-escalation, etc.
  - i) Policy review
  - j) Practice or "mock drills"
  - k) Use of various emergency equipment
  - l) Critical Incident Review and De-briefing
  - m) Liability associated with juvenile suicide
3. All staff as designated by the facility Superintendent will complete annually a two hour or more refresher training on suicide prevention. Training will include a review of any policy changes that have occurred in the last year and a review of any attempts that have occurred in the last year.
  4. All training, pre-service and refresher training will be documented in the employee's training file.
  5. Pre-service and refresher training curriculum will be approved by the Superintendent and be presented, unless otherwise approved, by a mental health professional. The Superintendent may approve other training venues such as web based training but must assure that the training meets criteria requirements listed above.
  6. All staff that has contact with youth shall receive standard first aid training and cardiopulmonary resuscitation (CPR) training and maintain current status on both every two (2) years.

#### **B. Identification/Referral/Evaluation**

1. Intake: The facility will coordinate procedures for all incoming youth and have assigned for all admissions a shift supervisor, a mental health counselor and a nurse who will be available to complete the required intake procedures.
  - a) The admission of new youth to the facility will be coordinated with the sending jurisdiction.
    1. The facility will receive the youth from the transportation staff and the shift supervisor will document relevant information about each youth especially any youth displaying concerning behavior in the transporting staff report form.
    2. The shift supervisor will coordinate admissions activities with the facility nurse and mental health counselor on duty that day and assigned to coordinate the admission's process.
  - b) The assigned mental health counselor will be responsible for the following duties relative to newly admitted youth:
    1. The mental health counselor or designee will conduct a suicide screening on all youth within four (4) hours of the youth's arrival on the suicide screening form.
      - a. The mental health counselor will document on the suicide screening form any special considerations, interventions or recommendations for youth.
      - b. Copies of the suicide screening form will be sent with the youth to the youth's living unit and to medical/nursing.
      - c. The Superintendent or designee and the mental health supervisor will review and sign the suicide screening forms on newly admitted youth who have been identified

---

with having suicidal ideations within twenty four (24) hours.

- d. A copy of the suicide screening form will be maintained in the youth's master file.
2. The mental health counselor or designee will complete the *MAYSI-2* on all newly admitted youth within four (4) hours of the youth's arrival.
3. When a youth scores above the *Caution* cut off on *Suicide Ideation* scale the youth will receive a *MAYSI-2 Second Screening* to determine the need to implement suicide precautions, further clinical consultation or referral. The second screening should be administered immediately (per The National Youth Screening & Assessment Project of the University of Massachusetts Medical School).
4. If a mental health counselor determines that a youth is actively suicidal, the mental health counselor will immediately notify the mental health counselor supervisor, the shift supervisor, the Head Group Supervisor, the Assistant Superintendent, the Superintendent, the youth's parent/guardian and Youth Parole.
5. In cases that require immediate referral to medical and/or acute hospitalization services, the mental health counselor will act as a lead and assist in such a referral, working in conjunction with administration, mental health, medical/nursing and Youth Parole. The determination of acute hospitalization will include, but is not limited to consideration of the following:
  - a. Evidence of actual or potential danger to the youth or others; that is, that the youth presents a clear danger to self and others.
  - b. The degree of lethality and intentionality used by the youth.
  - c. Presence of severe psychosocial dysfunction that precludes maintaining the youth.
6. In cases where a youth is referred to acute hospitalization, the Superintendent will be responsible for notification to the Deputy Administrator, the youth's parents, the Chief of Parole and the youth's Parole Counselor.
7. If the mental health counselor determines that any newly admitted youth is at risk, though not actively suicidal, then the youth will be placed on close observation.
8. Any youth on either close or constant observation shall be seen daily by a mental health counselor throughout the time that he/she is on an elevated observation status. The mental health counselor will document their findings and recommendations on the suicide risk screening form.
  - a. The mental health counselor will assess youth daily regarding current thoughts, feelings and behaviors.
  - b. The mental health counselor will complete a mental status exam on youth daily.
9. The mental health counselor will send a copy of the risk assessment to the Superintendent, the supervisor of the mental health department and to medical/nursing.

- 
- ~~10. Any newly admitted youth on close or constant observation due to suicidal ideation for longer than twenty four (24) hours will receive a specialized treatment plan.~~
  11. Any newly admitted youth who is placed on increased levels of observation, close or constant, for suicidal ideation, will be referred to the facility contract psychiatrist.
  12. Only a mental health counselor can remove a youth from close or constant observation.
2. The ongoing assessment and supervision requirements applying to youth in orientation or in regular living units who are exhibiting suicidal ideation are;
- a) At the beginning of every shift, the staff in charge of the shift will receive information from the staff in charge of the previous shift regarding all youth in the unit on close or constant observation due to suicidal ideation.
  - b) This information will also be written in the suicide precaution observation log.
  - c) The shift lead is responsible for informing all co-workers on that shift of any youth on close or constant supervision due to suicidal ideation.
  - d) Any staff member may place a youth on close or constant observation due to suicidal ideation after having observed behavior or receiving information from others to warrant such intervention.
  - e) A mental health counselor will be notified by the shift supervisor when a youth is placed on close or constant observation due to suicidal ideation.
    1. The mental health counselor will see the youth as soon as possible, within two (2) hours of notification.
    2. In instances where no mental health counselor is available, the Superintendent or designee will determine who will see the youth.
  - f) The mental health counselor shall complete a suicide risk screening.
  - g) The mental health counselor will document their findings and recommendations regarding an appropriate course of action for each youth using the approved suicide risk screening form.

Recommendations need to be specific to the youth and address:

    1. Supervision of the youth
    2. Any special housing requirements/needs
    3. Special services
    4. Consultation or referral, if appropriate
  - h) A mental health counselor will maintain daily contact with the youth until he/she is returned to a general level of supervision.
    1. Mental health counselors will discuss with youth on increased observation their feelings, thoughts and behaviors.
    2. Mental health counselors will complete a mental status exam on youth (see last page of suicide risk screening form). Copies of the risk assessment will be forwarded to the supervisor of the mental health department and the Superintendent.
  - i) Mental health counselors will develop a specialized treatment plan for youth on close or constant observation for longer than twenty four (24) hours and document the plan on the specialized treatment plan form.

- 
- ~~j) The mental health counselor will refer the youth to the facility contract psychiatrist.~~
  - k) The mental health counselor is responsible for maintaining communication within the facility and communicating with the youth's parents and Parole Counselor.
  - l) The mental health counselor is responsible for completing documentation.
  - m) Only a mental health counselor will make the determination to lower a youth's observation level. For example, from constant observation to close observation, to general observation or from close observation to general observation. The mental health counselor should consult other staff members, including direct care staff, medical and other clinicians as part of a reduction in observation levels. This should be documented in the risk assessment form and in a UNITY case note.
  - n) Any youth placed on increased observation levels, close or constant, due to suicidal ideation will be seen by the mental health counselor throughout the youth's stay per individual treatment plan. The rate at which this is to occur will be determined after consultation with the Superintendent, the mental health supervisor and/or the facility contract psychiatrist.

#### C. Levels of Observation

1. Close Observation: Close observation will be used with youth who are not actively suicidal. These youth may have verbalized suicidal ideation, that is, a wish to die but may not have a concrete plan or have made a specific threat. These youth may deny suicidal intent while exhibiting other concerning behavior.
  - a) Youth on close observation will be checked or observed by staff at staggered intervals, such as at 3, 4, and 5 minutes.
  - b) These staggered intervals will not exceed five (5) minutes.
2. Constant Observation: Constant observation will be used for youth who have been determined to be actively suicidal. These would be youth who have threatened to harm themselves or youth who are engaging in significant self-injurious behavior.
  - a) Youth on constant observation shall be observed by staff on a continuous and uninterrupted basis.
  - b) Staff will maintain an unobstructed view of youth.
3. Youth on close or constant observations due to suicidal ideation will be seen daily by a mental health counselor and a nurse.
4. The Head Group Supervisor will make periodic visits to the living units where youth are on close or constant observation. The Head Group supervisor will confer with direct care staff, check the log books and the suicide precautions observations log.
5. When a youth is placed on either close or constant observation, the shift supervisor is responsible for completing a thorough room search, removing anything from the room that is a potential hazard to the youth. Particular attention should be paid to making sure that rooms are as suicide resistant as possible and free of protrusions.
6. Standard Operating Procedures (SOPs) will provide specific requirements to each facility on expectations pertaining to close and constant observation.

---

#### **D. Housing**

1. Youth on close or constant observation due to suicidal ideation will be placed in rooms as suicide resistant as possible; the shift supervisor will be responsible for inspecting the youth's assigned room.
  - a) The youth's assigned room will be inspected on each shift for the entire time that the youth is on close or constant observation due to suicidal ideation.
  - b) Each shift supervisor will document the inspection on the room inspection form.
2. When possible and practical, youth on close or constant observation due to suicidal ideation will be placed in rooms close to staff.
3. Removal of the youth's clothing, except for shoelaces and belts, should be avoided whenever possible.
4. Protective clothing should be issued when it has been determined that the youth would not be otherwise safe in regular clothing; the Superintendent, Head Group Supervisor, medical/nursing and the supervisor of mental health should be notified in these instances.
5. Restraints will only be used for youth on close or constant observation due to suicidal ideation who cannot be kept safe when all other interventions have failed.
6. When youth are on close or constant observation due to suicidal ideation the youth should remain in regular programming whenever possible based on the degree of crisis and at the discretion of a Mental Health Counselor.
7. Living units should contain emergency equipment including a rescue tool, first aid kit, face mask or an Ambu-bag.
8. Every living unit will have posted emergency medical contact numbers.
9. The Head Group Supervisor/designee will be responsible for checking the living units weekly to assure that the equipment is present and in working order. This information will be included on the weekly living unit inspection form.

#### **E. Intervention**

1. All staff that comes into direct contact with youth will be trained in first aid and cardiopulmonary resuscitation (CPR).
2. Staff will maintain current training requirements and certification for first aid and CPR.
3. Staff will complete eight (8) hours of pre-service training in suicide prevention and thereafter, annually, two hours of refresher training.
4. Both levels of training will include mock drills (practical application, scenarios, role play).
5. Refresher training will include a review of the year's previous history relative to suicide attempts.
6. Any staff that becomes aware or discovers a youth attempting suicide shall respond and make radio notification immediately. In addition staff shall:
  - a) Always assume that the attempt is real,
  - b) Quickly survey the scene in order to ensure the safety of the youth and staff; and
  - c) Notify other staff including medical/nursing.
7. In all instances, life-saving procedures (CPR, first aid) will be initiated immediately and maintained until medical/nursing personnel arrive at the scene.
8. Restraint equipment is prohibited unless the youth continues self-harming behavior, despite de-escalating attempts, or presents a clear threat to the safety of others.

---

9. ~~Staff will remain with the youth while waiting for additional staff support to arrive and attempt to calm the youth and engage them in conversation.~~

10. The shift supervisor shall coordinate the unimpeded entrance to the facility of external medical personnel.

**F. Reporting**

1. When a suicide occurs or a serious suicide attempt which required medical treatment or hospitalization, the Superintendent is responsible to assure that proper notification has occurred as quickly as possible after the event including but not limited to:

- a) The Deputy Administrator: this notification will be made initially by phone and a Serious Incident Report will be submitted within twenty four (24) hours.
- b) The youth's parents/guardian: this notification will occur by phone and be documented in a UNITY case note and an Incident Report.
- c) The youth's Parole Counselor, the Unit Manager and Chief of Parole: this notification will occur by phone and be documented in a UNITY case note.
- d) The youth's social worker/case worker: this notification will occur by phone and be documented in a UNITY case note.

2. When a suicide occurs or a serious attempt which required medical treatment and/or hospitalization, all staff that came into contact with the youth will complete all necessary incident reports before the end of their shift or leaving the facility.

**G. Follow Up and Reviews**

1. The agency will ensure the following occur as required:

- a) **Critical Incident Review/Debriefing:** This level of review offers staff an opportunity to begin to process feelings associated with an incident, an attempt or an actual suicide.
  1. The Deputy Administrator of Juvenile Justice Services is responsible for coordinating this effort in conjunction with the facility Superintendent.
  2. The timeframe for this to occur is twenty four (24) to seventy two (72) hours after the event.
  3. The Deputy Administrator may work in conjunction with other parts of the Division of Child and Family Services to assemble a team with expertise in critical incident debriefing to go to the facility and provide the supportive services.
- b) **Morbidity/Mortality Reviews:** This level of review will occur for every serious suicide attempt or completed suicide and will be comprised of a multi-disciplinary team that includes medical, mental health, education, direct care staff, and administration.
  1. The Deputy Administrator of Juvenile Justice Services is responsible for coordinating this effort in conjunction with the facility Superintendent.
  2. The Morbidity/Mortality Review will:
    - a. Review all of the circumstances surrounding the incident
    - b. Review the facility procedures outlined in policy
    - c. Review staff training for every staff involved in the incident
    - d. Review the record of the youth including but not limited to the youth's prior record; the youth's medical history

---

---

and record; the youth's medication history and current regimen (this would include physician/psychiatrist's notes; the living unit logs, case notes, inspection records)

- e. Review and discuss precipitating/contributory factors
- f. Make recommendations for policy changes
- g. Make recommendations for changes in staff training
- h. Make recommendations for changes/enhancements in the physical plant
- i. Make recommendations for enhancements in mental health and /or medical services
- j. When appropriate require a corrective action plan that addresses deficits found in the review
- k. Refer and collaborate with the Division of Child and Family Services child welfare review teams as directed.

**H. Documentation requirements**

- 1. The facility will ensure that specific documentation requirements unique to the facility will be outlined in a Standard Operating Procedure; for example log entries, notification of suicide precautions on the Infirmary Sheet, etc.
- 2. The facility will document that all staff have been trained to the policy and to the standard operating procedure.
- 3. Staff must comply with information entry into UNITY to include the following screens.

UNITY Documentation	
1. CFS-070 Health Information Examination <ul style="list-style-type: none"><li>• Type</li><li>• Location</li><li>• Performed by</li><li>• Date Identified</li><li>• Explain</li></ul>	2. CFS-086F Case Notes