

POLICY 3.30 ASSESSING AND TREATING YOUTH SUICIDE AND SELF-HARM RISK

Policy Committee Chair

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Approved



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Authorizing Sources

RCW 13.40
RCW 71.05.525
RCW 71.34.795
RCW 72.05
DCYF AP 13.06¹

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I. PURPOSE AND SCOPE

This policy establishes requirements for suicide and self-harm screening, assessment and intervention of youth and young adults (referred to as “youth”) in Juvenile Rehabilitation (JR) facilities. Jails and detention programs may use their own self-harm and suicide screening, assessment and intervention plans approved by their health care authority.

All staff, contractors, volunteers, and interns working in or for JR are responsible for reviewing and complying with JR policies.

II. POLICY

- 1. JR will intervene when youth are known to be exhibiting suicidal or self-harm behavior. Staff will immediately obtain medical care as needed.**
- 2. All JR staff who supervise youth will be oriented and trained on suicide and self-harm screening, intervention, and policy.**
 - 2.1. Staff training records will be documented and maintained.
 - 2.2. Staff in residential facilities will receive training consistent with the following:
 - 2.2.1. New Employee Orientation - Introductory training for new employee orientation
 - 2.2.2. Suicide Prevention and Intervention
 - 2.2.3. Annual Suicide Prevention Refresher training

¹ 3/15/2022 Technical Edit: Added reference to DCYF Admin policy, which replaced JR policy 1.40.

² 3/28/19 Technical Edit: Added Procedure 3.30.2 and SPL Protocol Grid attachments

³ 12/17/19 Technical Edit: Updated DSHS references and forms to DCYF.

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- 2.3. Parole staff will receive training consistent with supervision requirements and the following:
 - 2.3.1. Introductory training for new employee orientation, within two weeks of hire.
 - 2.3.2. Online training provided within 1 month of hire
 - 2.3.3. Annual Suicide Prevention Refresher training
3. **Each facility will have a quality improvement process, approved by the JR Clinical or Medical Director to ensure self-harm policies are followed and youth are safe from self-harm.**
 - 3.1. Procedures for quality improvement will be determined at each institution.
 - 3.1.1. Procedures will be adjusted as needed to ensure the safety of the youth.
 - 3.1.2. Quality improvement will involve all aspects of the self-harm prevention process.
 - 3.1.2.1. Intake and initial self-harm assessment
 - 3.1.2.2. Suicide Precaution Level (SPL) designation
 - 3.1.2.3. Treatment plan development and documentation
 - 3.1.2.4. Adjustments in treatment plans and Suicide Precaution Levels.
 - 3.1.3. All procedures must be approved by the facility superintendent or designee and the JR Medical Director or Clinical Director.
 - 3.2. Reviews will be conducted on a quarterly basis to support adherence to policy, Designated Suicide Prevention Specialists (DSPS) fidelity, and quality improvement. Reviewers may be chosen from another institution. ⁴
4. **The selection and appointment process for Designated Suicide Prevention Specialists (DSPS) will follow the approved protocol below.**
 - 4.1. A new DSPS will be selected based on recommendations of staff and administration, interviews, testing of knowledge, experience level, and education.
 - 4.2. The number of DSPS designees at each facility will be determined by the average patient population, the typical quantity and acuity of mental health needs at the facility, and typical number of youth on SPL and Observation levels.
 - 4.3. DSPS training will involve an adequate number of hours of didactic study, supervised work with the youth, and probationary period with mentoring and monitoring.
 - 4.4. Prior to beginning work that is unsupervised the student DSPS will pass both written and oral tests.
 - 4.5. Staff appointment as a DSPS will be at the approval of the facility superintendent or designee and the JR Clinical or Medical Director.
5. **Each DSPS, counselor, and program manager will receive ongoing training, testing, and supervision.**

⁴ 3/15/2022 Technical Edit: Updated per NCCHC.

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6. **Every residential facility will have a Suicide Response kit. Institutions will maintain a kit in every living unit. Staff will be trained on how to use it and will be aware of the location.**
7. **Staff will communicate and document known suicidal and self-harm behavior to transportation staff and any receiving facility prior to a youth's transport in accordance with Policy 5.40, *Transporting JR Youth*.**
 - 7.1. Youth on Suicide Precaution Level 1 or 2, or comparable status from a non-JR program, will not be transported by the Transportation Unit. Alternative transportation will be arranged by the sending and receiving programs.
 - 7.2. Youth on Suicide Precaution Level 3 may be transported by the Transportation Unit with approval of the Transportation Unit Administrator or designee.
8. **Youth will be screened at intake to identify past and current suicide ideation or self-harm behavior to determine appropriate residential placement. Youth will be placed and served at the least restrictive environment relevant to the items identified on the screening tool.**
9. **Youth who identify as transgender, or as lesbian, gay or bisexual must not be automatically placed on SPL simply because of their sexual or gender identity.**
10. **Staff will report to Child Protective Services suicide or self-harm injuries that required professional medical attention consistent with Policy 5.91, *Reporting Abuse and Neglect of JR Youth*.**
11. **In the event of a completed suicide, the JR Crisis Response Team will be called to provide support to youth and staff at the facility. Notification and review procedures must be followed per Policy 1.31, *Responding to the Death of a JR Youth*.**

RESIDENTIAL

12. **Staff will complete the Suicide and Self-Harm Screen (SSS) and consult with the Designated Suicide Prevention Specialist (DSPS):**
 - 12.1. At intake to an institution and community facility,
 - 12.2. When there is evidence of increased risk factors or warning signs,
 - 12.3. When a reduction or removal from SPL may be warranted due to reduced risk or increased protective factors.
13. **At initial intake to an institution, staff will provide constant observation of youth until the initial SSS is completed and an SPL is approved or ruled out. Screening will be conducted in accordance with Policy 3.10, *Assessing and Placing Youth in JR*.**
14. **If there are signs of suicide or self-harm behavior, increased warning signs or risk factors, or decreased protective factors, staff will provide observation of youth consistent with risk until an SSS is completed and the DSPS approves the SPL.**
 - 14.1. Youth will be supervised based on the recommended SPL and related supervision conditions until approved or adjusted by the DSPS.
 - 14.2. Community facility personnel will immediately obtain necessary emergency services or other supports needed to maintain safety, based on current risk and warning signs.

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- 15.1. Staff will document the rationale for the recommended and approved SPL in the SSS, including identified risk factors, warning signs, and protective factors. Documentation will be completed in ACT.
- 15.2. Supervision conditions for youth on SPL will be readily available to staff and others who work directly with the youth.
- 15.3. Staff will adhere to, implement and document the DSPS-approved SPL and supervision conditions in ACT.

16. The DSPS is the only staff authorized to approve SPL and supervision conditions.

- 16.1. The DSPS must return calls to the requesting staff within one hour of the initial call.
- 16.2. The DSPS will record consultations, approved SPL, and supervision conditions in the DSPS log.
- 16.3. The DSPS will review and approve the SSS, SPL assignment and supervision conditions in ACT within 24 hours of returning to work.

17. The DSPS must notify the Clinical Director by phone or email within one business day of a youth being placed on SPL1.**18. When the SPL is confirmed for a youth by the DSPS, staff must adhere to the following requirements:**

- 18.1. Staff will provide constant observation of youth on SPL1.
- 18.2. Staff will provide close observation of youth on SPL2 and SPL3.
- 18.3. Staff will provide constant observation of youth on SPL2 or SPL 3 who are placed in isolation.

19. Staff will document observations, behaviors, or interactions of youth within the required time-frames in the Youth Suicide Precaution Tracking Form (DCYF Form 20-214).

- 19.1. Staff will document observations of youth on SPL1 every 10 minutes.
- 19.2. Staff will document observations of youth on SPL2 and SPL 3 immediately following random, staggered checks, which should not exceed 10 minutes from the previous check for SPL2 and 15 minutes for SPL3.

20. Time spent on SPL is based on an ongoing assessment of risk and protective factors. Staff will recommend a reduction or removal of the SPL or change to supervision conditions based on evidence of increased protective factors and an overall reduction in risk.

- 20.1. Youth will remain on current SPL for minimum of 24 hours before reduction.
- 20.2. SPL will be reduced one level at a time.

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- 21. Youth with historic risk for self-injury who do not present current warning signs, including youth who are removed from SPL3, will receive targeted treatment supports.**
(Use Procedure 3.30.2, Supporting Youth with Historic Risk for Suicide or Self-harm).
- 22. Staff will make recommendations to the DSPS for SPL reduction or removal after consultation with a Qualified Mental Health Professional (QMHP)⁵. Staff will contact the DSPS between 8:00 a.m. and 5:00 p.m. If another time frame is necessary, staff must prearrange a consultation with the DSPS.**
(Use Procedure 3.30.1, Reducing a Youth's SPL)
- 23. Staff will communicate the approved SPL and supervision conditions documented in ACT to:**
- 23.1. Youth;
 - 23.2. Unit and other involved staff;
 - 23.3. Program Manager;
 - 23.4. The Superintendent, Regional Administrator or designee. The Superintendent, Regional Administrator or designee will review, consult and facilitate transfers of SPL youth as needed.
 - 23.5. Transportation staff if being transported;
 - 23.6. Health care staff where available;
 - 23.7. Any placement with a court and receiving residential placements; and 23.8. Custodial parent or legal guardian. Notification will be consistent with DCYF Administrative Policy 13.06.

PAROLE

- 24. During appointments, parole counselors will:**
- 24.1. Observe for risk factors and warning signs through the youth's behavior, and based on feedback from family or community;
 - 24.2. Refer youth and family mental health and crisis support services as needed.
- 25. Staff will respond to known suicidal and self-harm behavior or significant warning signs by:**
- 25.1. Contacting law enforcement or emergency services as needed, and
 - 25.2. Providing referrals for mental health resources to youth and custodial parents or legal guardians, consistent with DCYF Administrative Policy 13.06.⁶
- 26. Communication of resources, intervention referrals, and contacts will be documented in ACT and communicated to the Regional Administrator or designee.**

⁵ 3/15/2022 Technical Edit: Updated per NCCHC.

⁶ 3/15/2022 Technical Edit: Removed reference to JR policy 1.40 (replaced by DCFY Admin policy 13.06).

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III. DEFINITIONS

Acutely Suicidal: Youth is actively engaging in or attempting potentially life-threatening self-injurious behavior or threatening suicide with a specific plan, or expressing a state and immediate thought of completing suicide associated with imminent risk for serious self-harm. Youth on SPL1 require constant observation, and will be on SPL1 a minimum of 24 hours.

Constant Observation. 1:1 monitoring that is used when suicide risk is high. It occurs on a continuous, uninterrupted basis for a youth judged to be at imminent risk for suicide. It requires full view of youth, within line of sight, and close proximity. It is required for youth on SPL1, and youth on SPL2 or SPL 3 who are placed in isolation.

Close Observation: Frequent monitoring that is used for youth assessed to be at low to moderate (non-acute) risk for suicide or self-harm behavior. It occurs at staggered intervals not to exceed 10 minutes for SPL2 and 15 minutes for SPL3. It is required for youth on SPL2 and SPL3. Youth on SPL who are placed in isolation must receive Constant Observation.

Crisis Response Team: A team of JR staff trained to assist employees who have experienced a traumatic event at work. The staff are on call and have agreed to respond to provide care for the traumatized employees within 24-72 hours after the incident. The Superintendent, Regional Administrator or Director may activate the team response.

Designated Suicide Prevention Specialists (DSPS): Qualified JR staff, selected by a panel chaired by the JR Clinical or Medical Director, who approve assignment of suicide precaution levels and supervision through consultation and discussion with staff.

Health Care Professional: At facilities with access only to community medical facilities, this means a nurse, nurse practitioner, physician assistant, or physician. At facilities with on-site medical staff, this refers to a physician, nurse practitioner or physician assistant.

Isolation⁷: Means confinement that occurs (a) when a youth is separated from the youth population and placed in a room for longer than fifteen minutes for the purpose of discipline, behavior modification, or due to an imminent threat to the safety of the youth or others; and (b) in a room other than the room assigned to the youth for sleeping. Juveniles are in isolation from the moment they are separated from others until they have rejoined the population. Juveniles who are pregnant shall not be put into isolation. Maintaining appropriate gender separation does not constitute isolation. ([RCW 13.22.010](#))

Non-acutely Suicidal: Youth is expressing current suicidal ideation (e.g., expressing a wish to die without a specific threat or plan) and/or has a recent prior history of self-harmful behavior. In addition, youth who deny suicidal ideation or do not threaten suicide but demonstrate other concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-harm. Youth who are non-acutely suicidal will be placed on SPL2 or SPL3.

⁷ 3/15/2022 Technical Edit: Updated to align with the new RCW definition.

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Observation Status: An assigned classification that indicates a youth has historical behaviors or other risk factors related to suicide or self-harm behavior, but is **not** currently demonstrating behaviors or other warning signs that indicate they are at risk for suicide or self-harm behaviors; or the youth has recently experienced a recent traumatic life event or extreme stressor (e.g. death of a loved one) that warrants increased support and observation. Observation Level designates specific steps to supervise, support, and intervene with the youth.

Professional Medical Attention: Medical treatment that requires the level of professional training or expertise of a health care professional to address an injury or medical issue, this does not include basic first aid.

Protective Factors: Conditions or circumstances that build resilience, shield the negative effects of risk factors and warning signs, and are associated with reduced potential for suicide and self-harm.

Qualified Mental Health Professional (QMHP): A mental health professional who possesses an advanced clinical degree in psychiatry, psychology, social work, or mental health counseling.

Risk Factors: Characteristics or conditions that indicate an increased risk of suicide or self-harm behavior.

Self-Harm Behavior: Thoughts, urges, communication or acts with intent to injure self.

Suicidal Behavior: Thoughts, urges, communication or acts with intent to kill self.

Suicide Precaution Level (SPL): An assigned classification that indicates a youth presents with acute or non-acute risk for suicide or self-harm behavior, and designates specific steps to supervise, support, and intervene with the youth.

Suicide Response Kit: A container of tools used by staff for intervention when a youth is attempting suicide.

Suicide and Self-harm Screen (SSS): A validated screening tool completed by staff on all youth to evaluate self-harm and suicide risk. Designated Suicide Prevention Specialists (DSPS) review the completed SSS with staff and determine a protective course of action for youth exhibiting signs, symptoms or history of self-harm or suicide risk. In addition to administration at initial intake into an institution or community facility; it is completed when staff perceive a youth is “at-risk” for self-harm or suicidal behavior; and prior to pursuing a change (i.e. reduction or removal) in current Suicide Precaution Level (SPL) or Observation Level.

Supervision Conditions: Specific requirements approved by the DSPS to structure a youth’s environment while on a Suicide Precaution Level.

Warning Signs: Specific behaviors which may indicate a youth is contemplating suicide or self-harm.

Policy **3.30**, **Assessing and Treating Youth Suicide and Self-Harm Risk 12/5/2018**

IV. PROCEDURES

PRO 3.30.1 – Reducing a Youth on SPL

PRO 3.30.2 – Supporting Youth with Historic Risk for Suicide or Self-harm

V. RELATED JR POLICIES⁸

Policy 1.31 – Responding to the Death of a JR Youth

Policy 5.70 – Conducting Searches

Policy 5.40 – Transporting JR Youth

Policy 5.91 - Reporting Abuse and Neglect of JR Youth

VI. FORMS AND DOCUMENTS

Document Title	Available In ACT	Link to Form
Suicide and Self-Harm Screen (SSS)		DCYF 20-269
Youth Suicide Precaution Tracking Form		DCYF 20-214

⁸ 3/15/2022 Technical Edit: Removed reference to JR policy 1.40 (replaced by DCFY Admin policy 13.06).

**Procedure 3.30.1 – ASSESSING AND TREATING YOUTH SUICIDE
AND SELF-HARM RISK**

Reducing a Youth on SPL

Authorizing Sources	Information Contact
Policy 3.30	Ted Ryle, Clinical Director Juvenile Rehabilitation
Effective Date	Sunset Review Date
3/15/2022	3/15/2024

<i>Action by:</i>	<i>Action</i>
Counseling Staff	<ol style="list-style-type: none"> 1. Assess self-harm behavior using Behavior Chain Analysis interview with youth and document in ACT. 2. Identify safety strategies with youth, and obtain commitment to use strategies. 3. Encourage youth to use diary card to track their commitment and behaviors related to safety, skills, and warning signs. 4. Update treatment plan in ACT TPPN each time there is a change in the plan. Self-harm behavior must be a treatment target for youth on SPL. 5. Consult with Qualified Mental Health Professional (QMHP) with all youth placed on SPL regarding assessment and treatment, and document in ACT. 6. Monitor risk and protective factors through direct observation, consultation with team members, and diary card review for at least the minimum period required at each level (24 hours). Document in TPPN. 7. Consult with QMHP when changes in factors warrant SPL reduction or removal and document ACT. 8. Complete SSS in ACT by end of shift on day of proposed SPL change.

**Procedure 3.30.1 – ASSESSING AND TREATING YOUTH SUICIDE
AND SELF-HARM RISK**

Reducing a Youth on SPL

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|-----------------|--|
| QMHP | <p>9. Document their review (including recommended reduction or removal) in the Psych Note¹ by the end of shift.</p> <p>10. Contact DSPS between hours of 8:00-5:00 M-F (except holidays), and provide rationale for SPL change.</p> |
| DSPS | <p>11. Review information provided by QMHP in Psych Note and counseling staff. Provide response to recommendation:</p> <ul style="list-style-type: none">a. Approve recommendationb. Deny recommendation based on assessment of risk factors and warning signs.c. Provisionally deny recommendation based on need for additional action and/or documentation. Provide direction on necessary actions. <p>12. Document DSPS responses and directions in ACT.</p> <p>13. Consult with program leaders and QMHPs as needed regarding denied recommendations.</p> |
| Program Manager | <p>14. Review/approve updated plans and relevant case notes in ACT. Provide guidance on assessment, planning, and documentation related to the SPL reduction process.</p> |

¹ 12/17/19 Technical Edit: Added clarification about where QMHP's document SPL reduction in ACT.

Procedure 3.30.2 – ASSESSING AND TREATING YOUTH SUICIDE AND SELF-HARM RISK

Supporting Youth with Historic Risk for Suicide or Self-Harm

Authorizing Sources	Information Contact
Policy 3.30	Ted Ryle, Clinical Director Juvenile Rehabilitation
Effective Date	Sunset Review Date
3/15/2022	3/15/2024

As described in Policy 3.30, after completing an SSS, staff may recommend Observation Status to the DSPS under the following circumstances:

- Youth presents historic behaviors or other risk factors related to suicide or self-harm, but is not demonstrating behaviors or other warning signs that indicate current risk.
- Youth experiences a traumatic life event or extreme stressor (e.g. death of a loved one) that warrants increased support and observation.
- Youth is recommended for reduction from SPL3, based on decreased risk and increased protective factors that are documented in ACT (as described below in Action Steps).

Staff will follow the procedures below for providing support and treatment to youth on Observation Status, and when recommending removal.

<i>Action by:</i>	<i>Action</i>
Counseling Staff	<ol style="list-style-type: none"> 1. Orient youth to the purpose of observation status (safety and support) and related treatment (e.g. BCA, diary card co-created with youth). 2. Assess and document historic self-harm behaviors, thoughts and other warning signs as needed using Behavior Chain Analysis (BCA) interview with youth. 3. Identify safety strategies with youth and obtain their commitment to use strategies. 4. Encourage youth to use diary card to track their commitment and behaviors related to safety, skills, and warning signs. 5. Review diary card with youth regularly. Document observations at least once per shift (preferably towards end of shift) in program log. 6. Consult with Qualified Mental Health Professional (QMHP) as needed regarding assessment and treatment.

**Procedure 3.30.2 – ASSESSING AND TREATING YOUTH SUICIDE
AND SELF-HARM RISK**

Supporting Youth with Historic Risk for Suicide or Self-Harm

7. **Monitor** risk and protective factors through direct observation, consultation with team members, and diary card review for at least the minimum period required at each level (24 hours).
Document in TPPN.
8. **Complete** SSS in ACT by end of shift on day of proposed DSPS review.
9. When ready to recommend removal from Observation Status, **contact DSPS** between hours of 8:00-5:00 M-F (except holidays) and **provide rationale** for removal.
10. **Review** information provided by staff and **provide response** to recommendation:
 - a. **Approve** recommendation
 - b. **Deny** recommendation based on assessment of risk factors.
 - c. **Provisionally deny** recommendation based on need for additional action and/or documentation. Provide direction on necessary actions.
11. **Document** DSPS responses and directions in ACT.
12. **Consult** with program leaders and QMHPs as needed regarding denied recommendations.
13. **Review/approve** updated plans and relevant case notes in ACT. **Provide guidance** on assessment, planning, and documentation related to Observation Status review process.

DSPS

Program Manager /
Community Facility
Administrator

Suicide & Self-Harm Observation & Documentation

	Observation	SPL3	SPL2	SPL1
Level Placement Criteria	Youth presents with historical behaviors, warning signs, or risk factors for suicide or self-harm, and youth commits to safety.	Youth has current self-harm thoughts or behaviors, and/or recent history of suicide, or other warning signs and will not commit to safety.	Youth is non-acutely suicidal and will commit to safety. Serious self-harm act (with or without suicidal intent) has occurred or was interrupted.	Youth is acutely suicidal and will not commit to safety.
Observation	Check in with youth throughout the day (minimum of once per shift). Follow action steps as outlined in Procedure 3.30.2 to provide support and treatment.	<p><u>CLOSE OBSERVATION</u></p> <ul style="list-style-type: none"> • Random, staggered checks at a minimum of every 15 minutes • Visual observation every 3 minutes while maintaining close proximity with youth in the bathroom; • Youth should be outside room whenever possible 	<p><u>CLOSE OBSERVATION</u></p> <ul style="list-style-type: none"> • Random, staggered checks at a minimum of every 10 minutes • Visual observation every 3 minutes while maintaining close proximity with youth in the bathroom; • Youth should be outside room whenever possible 	<p><u>CONSTANT OBSERVATION</u></p> <ul style="list-style-type: none"> • Uninterrupted • in full view of staff, • continuous line of sight, • close proximity, Observing staff must conduct no other duties.
Documentation	Every 8 hours, toward end of shift	Every 15 Minutes	Every 10 minutes	Every 10 minutes
Supervision Conditions	No Supervision Conditions	Per DSPS	Per DSPS	Zero items in room without DSPS approval.
Reduction Timeframes	7 days	24 hours	24 hours	24 hours
Required Mental Health Consultation		Qualified Mental Health Professional consultation required	Qualified Mental Health Professional consultation required	Qualified Mental Health Professional consultation required