Suicide Prevention in OYA Close-custody Facilities

Subject: Suicide Prevention in OYA Close-custody Facilities

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II-D-2.2 10/10
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Related Standards and References:

- [OAR 416-070-0030](#) (QMHP and Treatment Services Supervisor Standards)
- Performance-based Standards (PbS), *Juvenile Correction and Detention Facilities; Safety; Programming; Health and Mental Health*
- American Correctional Association, *Standards for Juvenile Correctional Facilities; 4-JCF-4D-07 (Suicide Prevention and Intervention)*
- National Commission on Correctional Health Care, *Standards for Health Services in Juvenile Detention and Confinement Facilities*
  - Y-E-02 (Receiving Screening);
  - Y-E-05 (Mental Health Screening and Evaluation);
  - Y-G-05 (Suicide Prevention Program)
- **OYA Policy:** I-D-3.9 (Staff Training)
  - I-E-1.0 (Director’s Incident Notification and Report)
  - I-E-3.0 (Media Relations)
  - I-E-4.0 (Incident Reviews)
  - II-A-2.0 (Searches of Offenders and Offender Property in OYA Facilities)
  - II-B-1.1 (Use of Physical Intervention and Restraints in Facilities)
  - II-B-1.2 (Use of Time Out, Isolation, and Special Program Placements in OYA Facilities)
  - II-E-1.0 (Notification to Parents/Guardian)
- **OYA Forms:**
  - YA 4400 (Youth Visual Observation Log)
  - YA 4409 (JJIS Assessment Initial Mental Status Assessment)
  - YA 4414 (JJIS Assessment OYA Camp Suicide Pre-Screen Worksheet)
  - YA 4411 (Suicide Prevention Protocols)
  - YA 4412 (YCF Mental Status Review)
  - YA 4439 (JJIS Document OYA Suicide Watch/Precautions)
  - YA 8410 (Rescue Kit Contents)
  - YA 4450 (JJIS Document Referral for Psychiatric/Psychological Evaluation)
  - YA 0024 (Administrative Incident Review Report)
  - YA 0025 (Critical Incident Review Report)

Related Procedures:

- FAC II-D-2.2 (Suicide Prevention in OYA Close-custody Facilities)
- FAC I-E-4.0 (Youth Incident Report)
- TS I-E-4.0 (Employee Support Plan)

Policy Owner:
Treatment Services Director

Approved:
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I. PURPOSE:

This policy provides guidelines for the prevention of and response to offender suicides and nonsuicidal self-injurious behavior in OYA close-custody facilities including:

- Screening and assessment of suicide risk and nonsuicidal self-injurious risk;
- Levels of suicide risk;
- Documenting suicidal behavior and risk;
- Documenting nonsuicidal self-injurious behavior and risk;
- Suicide risk referrals;
- Notification of suicidal behavior, risk, attempt, completion;
- Reducing suicide contagion;
- Reducing nonsuicidal self-injurious behavior contagion; and
- Related staff training.

II. POLICY DEFINITIONS:

**Constant supervision:** Offenders may be placed in a safe room. Safe room windows must not be covered. Closed-circuit video monitoring must not substitute for constant visual face-to-face supervision. Staff must remain in direct visual and audio proximity to assure an offender’s safety and to intervene if any problematic, nonsuicidal self-injurious behavior (NSIB), or suicidal behavior is observed. The offender’s activities and emotional behaviors will be documented at least every 10 minutes (day and night).

**Close observation:** Offenders may be housed normally and use writing materials at staff discretion. Regular and random searches of sleeping area must be made for potentially harmful objects. The offender’s activities and emotional behaviors must be documented at staggered intervals not to exceed 15 minutes (day and night).

**Enhanced supervision:** The offender may be housed normally and participate in all activities. The offender warrants enhanced supervision by staff and weekly follow-up by QMHPs.

**Mental health practitioner:** A qualified mental health professional (QMHP), psychiatric mental health nurse practitioner, psychiatrist, or psychologist.

**Intake:** The admission of an offender to the close-custody system.

**Nonsuicidal Self-injurious Behavior (NSIB):** Intentionally injuring oneself in a manner that often results in damage to body tissue, but without any conscious suicidal intent.

**Nonsuicidal self-injurious contagion:** Risk arising from exposure to nonsuicidal self-injurious behavior in family, peer group, or media.

**Qualified Mental Health Professional (QMHP):** A licensed medical practitioner or any other person who meets the following minimum qualifications:

1. Holds any of the following educational degrees:
   - Graduate degree in psychology;
   - Bachelor’s degree in nursing and licensed by the State of Oregon;
   - Graduate degree in social work;
   - Graduate degree in a behavioral science field;
   - Graduate degree in recreational, music, or art therapy;
   - Bachelor’s degree in occupational therapy and licensed by the State of Oregon; and

2. Whose education and experience demonstrate the competency to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family,
social and work relationships; conduct a Mental Status Examination; document a multiaxial DSM Diagnosis; write and supervise a treatment plan; draft a Mental Health Assessment and provide individual, family and/or group therapy within the scope of their training.

**Safe room:** A room that has no breakable glass, working electrical outlets, exposed pipes or other architectural features or furniture items that an individual might use to harm him or herself. Interior windows will not be covered.

**Self-harm behavior:** Self-inflicted behavior that intentionally causes physical harm to oneself, regardless of intent behind the behavior.

**Suicidal behavior:** Suicidal ideation, suicide attempts, and completed suicide.

**Suicidal ideation:** Thoughts about being dead or killing oneself. Suicidal ideation exists on a continuum of severity including thoughts of death or dying, wishing to be dead, thoughts of hurting or killing oneself, and suicidal plan. A suicidal plan involves identifying a specific method, and possibly a given time frame, in which an individual plans to kill him or herself. Endorsement of a suicidal plan indicates the need to assess for “intent” – the offender’s level of commitment for carrying out their plan. Intent may vary from none to high/full. Suicidal ideation is one of the strongest predictors of suicide attempts, with severity and duration of ideation most highly correlated with attempts.

**Suicide assessment:** A formal evaluation conducted by a mental health practitioner to assess mental health and monitoring requirements of an offender. Suicide assessments often occur after indicators from a suicide screening instrument identify that an offender is at risk. Suicide assessment should include, but is not limited to, suicidal ideation/plan/intent, previous attempts, symptoms of depression, feelings of hopelessness, available supports, and future orientation. Timely documentation and effective communication of suicide assessment monitoring and behavior management recommendations are essential.

**Suicide attempt:** Incomplete, potentially lethal effort to complete suicide.

**Suicide contagion:** Risk arising from exposure to suicidal behavior in family, peer group, or media.

**Suicide prevention contract:** Offender agreement to not harm self.

**Suicide screening:** An interview or questionnaire designed to determine whether an individual is currently experiencing thoughts, feelings, impulses, or actual plans to commit suicide. A process of interviewing, questioning, observing or testing offenders about their mental health status or condition, behavior and review of prior admission records designed to identify offenders who have a history or are at immediate risk of hurting or having a plan to hurt themselves. Suicide attempt history or present conditions requiring immediate attention are noted and necessary follow-up initiated. A suicide prevention screening should commence within the first hour of admission and be completed before offenders are assigned to a living unit.

**Youth Safety Review Committee (YSRC):** A designated committee that reviews requests for offender Suicide Risk Level reductions and determines if a reduction is warranted. Members include (if positions are available) a program director, clinic staff, treatment services supervisor, all QMHPs, psychiatrist, psychologist, nurse practitioner, and the offender’s treatment manager or designee. Membership of the ad hoc YSRC consists of at least three treatment professionals, and must include: the QMHP assessing the offender, the facility’s staff or contracted psychiatrist, psychiatric mental
II-D-2.2 Suicide Prevention in OYA Close-custody Facilities  

Effective: 01/29/2013

health nurse practitioner or psychologist (consultation by phone/video is acceptable), and Treatment Services supervisor (if applicable)/treatment manager/program director. The OYA Treatment Services Director may serve as a substitute if a member of the ad hoc committee is not available.

III. POLICY:

In valuing excellence in public service and the provision of service in a fair, respectful and humane manner, it is the policy of OYA that all facilities adhere to agency standards for the prevention of suicide of confined offenders in its custody.

Nonsuicidal self-injurious behaviors (NSIBs) are differentiated from suicidal behaviors in the lack of intent to die when performing such behaviors. When offenders demonstrate self-injurious behaviors, it is critical to assess for intent, so as to distinguish between the different types of behaviors. Nonsuicidal self-injurious behaviors also require staff attention to provide appropriate treatment interventions and to maintain offender safety in OYA custody. Each incident of suicidal behavior and self-injurious behavior must be evaluated separately, as individuals may engage in both types of behaviors.

In addition, OYA respects the role of families of the offenders in its custody. It is OYA’s intent that a reasonable effort is made to notify families as soon as possible regarding an offender’s Suicide Risk Level and resulting treatment and intervention.

OYA values its staff and will provide opportunity for debriefing or support to all staff who request it as a result of any offender suicidal event.

OYA’s commitment to this policy involves training all facility staff in the standards imposed herein, and to staff education regarding suicide prevention.

IV. GENERAL STANDARDS:

A. Standards for the Prevention of Suicide Include:

1. Mental health practitioner assessment and designation of NSIB risk versus suicide risk;

2. Uniform procedures for monitoring offenders who have been identified as at risk for suicidal behavior or NSIBs;

3. Procedures for early intervention and treatment for potentially suicidal offenders and offenders with NSIBs;

4. Procedures for referring an offender in OYA who is demonstrating NSIBs or a potentially suicidal offender to mental health practitioners for care within the OYA;

5. Procedures for referring a suicidal offender to external agencies for crisis intervention;

6. Procedures for communication between mental health practitioners, living unit staff, and facility administrators regarding the status of offenders who are at risk for suicidal behavior and NSIB;

7. Procedures to notify external authorities and family members of attempted and completed suicides;
8. An agency review process for suicide attempts or completions;

9. Procedures to reduce the likelihood of NSIB and suicide contagion in close-custody facilities; and

10. Training of all staff who work with offenders to recognize verbal and behavioral cues related to NSIBs and suicidal behavior.

B. Screening and Assessment of Suicide Risk and Nonsuicidal Self-injurious Behaviors (NSIB) Risk

1. JJIS Assessment Initial Mental Status Assessment (YA 4409)
   a) A mental health practitioner must complete a JJIS Assessment Initial Mental Status Assessment (YA 4409) within one hour of an offender’s presentation for admission to a facility, for new admissions, and revocations greater than six months post-release.
   b) The mental health practitioner must assign the offender a Suicide Risk level (SRL) based on the results of the assessment. The mental health practitioner must record the SRL in the JJIS Population Group “OYA *Suicide Documentation.”
   c) The mental health practitioner must enter the YA 4409 into JJIS on the day of the assessment by the end of the mental health practitioner’s work shift.

2. JJIS Brief Mental Status Assessment (YA 4413)
   a) A mental health practitioner must complete a JJIS Brief Mental Status Assessment (YA 4413) as follows:
      (1) Within one hour of an offender’s presentation for admission to the receiving facility when the offender is transferred from one OYA facility to another; and when an offender presents for admission to a facility on revocation within six months of release from close custody.
      (2) Annually, within one year of an offender’s most recent YA 4409 or 4413, in conjunction with an annually updated MAYSII.
   b) The mental health practitioner must assign the offender a Suicide Risk level (SRL) based on the results of the assessment. The mental health practitioner must record the SRL in the JJIS Population Group “OYA *Suicide Documentation.”
   c) The mental health practitioner must enter the YA 4413 into JJIS on the day of the assessment by the end of the mental health practitioner’s work shift.

3. The facility intake staff must ask the transporting staff about any immediate safety concerns of the offender.

4. Until the JJIS Assessment Initial Mental Status Assessment (YA 4409) or JJIS Brief Mental Status Assessment (YA 4413) is completed and a risk
level assigned, all offenders must be considered **Pre-Assessment Level 2: Suicide Watch** for purposes of housing and supervision.

5. **Camp Facility Exceptions**

   a) A designated camp staff member must ensure an OYA Camp Suicide Pre-Screen Worksheet (YA 4414) is completed on every initial offender admission to the camp facility within one hour of the offender’s arrival.

   b) The **YA 4414** must be reviewed by a QMHP no later than five business days of completion. The QMHP must also complete a YA 4409 or YA 4413 no later than five business days of the offender’s arrival at the camp facility.

6. **Completion of the JJIS Assessment Initial Mental Health (YA 4409) or JJIS Brief Mental Status Assessment (YA 4413) will determine:**

   a) The offender’s current mental status;

   b) The appropriate level of supervision/housing restrictions based upon potential suicide risk; and

   c) Notification, as defined below, to family members of an offender’s assigned risk level, as well as changes in risk level.

7. Once a Suicide Risk Level is assigned by the mental health practitioner, only the Youth Safety Review Committee (YSRC) or ad hoc group can reduce the level. See the related facilitywide procedure (**FAC II-D-2.2**) regarding the YSRC.

8. The QMHP must request all mental health information from the most recent placement be forwarded to the QMHP within 24 hours of the offender’s arrival at the facility.

9. An OYA treatment services supervisor must review each JJIS Assessment Initial Mental Status (YA 4409) or JJIS Brief Mental Status Assessment (YA 4413) within seven days of the assessment’s completion during intake.

10. **NSIB Screening and Assessment**

    A mental health practitioner must also assess offenders at initial intake to OYA custody and transfer between close-custody facilities for a history of or current NSIBs.

    a) If there is no known history of or current NSIBs, no further assessment is needed.

    b) If a history of NSIBs without recent NSIB exists, the mental health practitioner must assess for future risk.

    A thorough clinical assessment, including interview with the offender and consultation of other information available (written and verbal) must be completed. Structured assessments, such as the Lifetime Parasuicide Count (LPC) or Suicide Attempt Self-
Injury Interview (SASII), may be used; or unstructured assessments including a thorough interview with the offender, chart review, and information from other individuals as available.

c) If current or recent self-harm behaviors exist, the mental health practitioner must first assess whether suicidal intent is associated with the behavior.

(1) If suicidal intent is present, staff must follow section C (below) and facilitywide procedure FAC II-D.2.2 Suicide Prevention in OYA Close-custody Facilities.

(2) If suicidal intent is not present and self-harm behaviors are assessed as nonsuicidal self-injurious behavior (NSIB), the mental health practitioner must assess for future risk.

The mental health practitioner must complete a thorough clinical assessment, including interview with the offender and consultation of other information available (written and verbal). Structured assessments such as the Lifetime Parasuicide Count (LPC) or Suicide Attempt Self-Injury Interview (SASII) may be used; or unstructured assessments including a thorough interview with the offender, chart review, and information from other individuals as available.

d) At any time an offender demonstrates self-harm behavior, a mental health practitioner must assess for risk. The mental health practitioner must first assess whether suicidal intent is associated with the behavior.

(1) If suicidal intent is present, the mental health practitioner must follow section C (below), and facilitywide procedure FAC II-D.2.2.

(2) If suicidal intent is not present and self-harm behaviors are assessed as nonsuicidal self-injurious behavior (NSIB), the mental health practitioner must assess for future risk.

A thorough clinical assessment must be completed, including an interview with the offender and consultation of other information available (written and verbal). Structured assessments such as the Lifetime Parasuicide Count (LPC) or Suicide Attempt Self-Injury Interview (SASII) may be used; or unstructured assessments including a thorough interview with the offender, chart review, and information from other individuals as available.

(3) If suicidal intent is not present and self-harm behaviors are assessed as nonsuicidal self-injurious behavior (NSIB) but the self-harm behavior provides imminent risk of lethality, the mental health practitioner must assess for imminent risk to repeat similar behavior.

(a) A thorough clinical assessment must be completed, including an interview with the offender and
consultation of other information available (written and verbal). Structured assessments such as the Lifetime Parasuicide Count (LPC) or Suicide Attempt Self-Injury Interview (SASII) may be used; or unstructured assessments including a thorough interview with the offender, chart review, and information from other individuals as available.

(b) If determined that the offender presents as an imminent risk to self to engage in potentially lethal behavior, the mental health practitioner must follow section C (below), and facilitywide procedure FAC II-D-2.2 Suicide Prevention in OYA Close-custody Facilities.

(4) Pending official assessment by a mental health practitioner, any staff may increase an offender’s supervision level if deemed necessary to ensure the offender’s safety until the mental health practitioner is available to perform a clinical assessment.

(5) If determined that the offender does not need an increased supervision level as indicated in section C (below) and facilitywide procedure FAC II-D-2.2, the mental health practitioner is not required to process the supervision level change through the Youth Safety Review Committee (YSRC) or ad-hoc committee.

C. Suicide Risk Levels

Completion of a JJIS Assessment Initial Mental Status (YA 4409) results in the assignment of a Suicide Risk Level for each offender, including a description of the offender, required housing precautions, and notification of the offender’s family, if indicated.

1. Pre-Assessment Level 2: Suicide Watch - Constant Supervision

   a) Description: All offenders upon admission to a facility awaiting completion of a YA 4409 or YA 4413 and assignment of an SRL must be considered Pre-Assessment Level 2: Suicide Watch.

   b) Interventions:

      (1) Until staff complete the JJIS Assessment Initial Mental Status (YA 4409) or JJIS Brief Mental Status Assessment (YA 4413), an offender will be under constant supervision.

      (2) Staff must document the offender’s activities and mental status at staggered intervals not to exceed 10 minutes (e.g. 10, 7, 5), throughout the day and night, on a YA 4400 (Youth Visual Observation Log).

2. Level 1: Strict Suicide Precaution - Constant Supervision

   a) Description: Offenders who are imminently dangerous to themselves and require transportation to a hospital on an inter-
institutional crisis admit. These offenders are in a life-threatening crisis and may manifest the following:

(1) Frequent, intense, enduring suicidal ideation with specific plans;

(2) Persistent, escalating and potentially lethal suicidal behaviors (e.g., ingestion of poisonous substance/potentially lethal dose of medication; cutting a vein or artery resulting in life-threatening loss of blood; hanging/strangulation with object that will not loosen upon loss of consciousness; suffocation/drowning; jumping off high surface) over a relatively short period of time (e.g., within two to three weeks);

(3) Direct statements threatening to complete suicide;

(4) Serious depression, especially if co-occurring with major mental illness or history of impulsivity; profound hopelessness; fully intends to die; impaired self control;

(5) History of serious suicidal behavior, intentionality and depression;

(6) Unresponsiveness to therapeutic interventions; or

(7) Command hallucinations directing offender to harm self.

b) Interventions:

(1) Staff must place the offender in a safe room under constant supervision. Closed-circuit video monitoring may not substitute constant visual face-to-face supervision.

(2) Staff must immediately notify the facility’s contracted psychiatrist or psychologist of the offender’s mental status so a more comprehensive assessment and evaluation may be administered.

(3) Staff may allow standard dress as long as the offender’s belt and shoelaces are removed. Staff must refer to form YA 4439 (OYA Suicide Watch Precautions Form) for possible additional restrictions.

(4) Staff must document the offender’s activities and mental state at least every 10 minutes (day and night) on the YA 4400.

c) Constant supervision in safe room

Constant supervision must be conducted in a single room that has been stripped of all non-essential items. Staff must be stationed in a chair in the open doorway of the room, or constantly looking through the closed door window. Staff may be standing or using a telescoping chair so that direct, in-person, visual observation of the offender is maintained at all times.
(1) The assigned staff member must keep his/her eyes on the offender at all times, even when distractions are present. The staff member may not read, operate a computer or electronic device, listen to personal radio or music, use headphones, watch television, or visit with others, even when the offender is sleeping. The staff member must be actively observing and documenting the offender’s activities for the duration of the assignment.

(2) The staff member assigned to constant supervision may be the opposite gender as the supervised offender. Staff of the offender’s same gender must supervise the offender when the offender needs to shower or use the toilet. Once the shower or toilet activity is finished, either gender staff may supervise the offender.

(3) Staff must communicate with the offender consistent with regular professional interactions. Staff are cautioned to avoid discussing mental health, suicide, or self-harm issues with the offender and notify a QMHP if such topics come up.

(4) Staff must not enter the offender’s room or make physical contact with the offender unless at least one other staff member is present.

3. **Level 2: Suicide Watch - Constant Supervision**

   a) Description: Offenders deemed dangerous to themselves but who are likely to improve with therapeutic interventions instituted or already in place at the facility. These offenders may manifest the following:

   (1) Frequent, intense, enduring suicidal ideation;

   (2) The offender has committed a serious suicidal behavior (e.g., ingestion of poisonous substance/potentially lethal dose of medication; cutting a vein or artery resulting in life-threatening loss of blood; hanging/strangulation with object that will not loosen upon loss of consciousness; suffocation/drowning; jumping off high surface - but not as part of a persistent or escalating pattern);

   (3) May have specific plans;

   (4) The offender has been seriously and/or acutely depressed, with or without co-morbid major mental illness or history of impulsivity; some degree of hopelessness; modest to serious history of depression;

   (5) The offender is ambivalent with regard to intentions to die; indirect, unclear messages of threats to complete suicide;

   (6) The offender is willing to participate in therapeutic intervention.
b) Interventions

(1) The offender must be under constant supervision when outside of a group milieu setting which includes close observation. The QMHP must assess and document at which times and in which settings constant supervision is required. The offender must be under close observation at all other times.

(2) A significant number of these offenders may be referred to a mental health facility. If the offender is retained within the OYA facility, mental health staff must be reasonably confident that the offender can be managed within the OYA facility. If at any time it is determined that the offender cannot/should not be retained within the OYA facility, the offender must be referred to SAIP/OSH for a crisis admission or interfacility transfer.

(3) Offenders on Level 2 must have a QMHP risk level reassessment session at least once every day assessing if the offender should remain on Level 2 or move to a higher or lower level.

The QMHP must consult with the ad-hoc YSRC committee members, to approve the recommended Risk Level upon reassessment.

The QMHP must document in a JJIS note the information that supports either changing or maintaining the offender’s Risk Level.

In addition, the offender must have a contact session with the consulting psychiatrist, psychologist, or consulting psychiatric nurse practitioner at least once every week.

(4) Whenever an offender’s level is reduced to a lower Suicide Risk Level (e.g., from 2 to 3), the QMHP must develop a plan to gradually (rather than abruptly) reduce contact session frequency for the first week.

(5) The offender may be housed normally or placed in a “safe room” near a staff office. The bedstead may be removed and the mattress and pillow placed on the floor, if necessary. Staff must regularly and randomly search sleeping areas for potentially harmful objects.

(6) The offender may use writing materials at staff discretion. Staff must regularly and randomly search sleeping areas for potentially harmful objects, in accordance with OYA policy.

(7) The offender must wear standard dress, except belt and shoelaces, whenever possible. Staff must refer to form YA 4439 (OYA Suicide Watch Precautions Form) for possible additional restrictions. Staff must regularly and
randomly search the offender’s clothing for potential harmful objects.

(8) Staff must document the offender’s activities and mental status on a **YA 4400** at random staggered intervals not to exceed 10 minutes (day and night).

c) Constant supervision outside of safe room

If the offender is housed outside of a safe room, staff must remain in close enough proximity to see the offender’s hands, arms, and neck at all times and to be able to view the offender’s specific movements.

(1) The assigned staff member must keep his/her eyes on the offender at all times, even when potential distractions are present. The staff member may not read, operate a computer or electronic game device, listen to personal radio or music, use headphones, watch television, or visit with others, even when the offender is sleeping. The staff member must be actively observing and documenting the offender’s activities for the duration of the assignment.

(2) The staff member must ensure the offender’s hands, arms and neck are visible at all times. The offender may not pull arms and hands inside the shirt or smock. If the offender is permitted to use a blanket, it must be pulled no higher than the armpits, with the arms, hands, neck and head outside of the blanket.

(3) The staff member assigned to constant supervision may be the opposite gender as the supervised offender. Staff of the offender’s same gender must supervise the offender when the offender needs to shower or use the toilet. Once the shower or toilet activity is finished, either gender staff may supervise the offender.

(4) Staff may communicate with the offender consistent with regular professional interactions. Such communication may be casual or treatment supportive.

Staff are cautioned to avoid counseling the offender, discussing mental health, suicide, or self-harm issues with the offender, and notify the QMHP of such discussions.

(5) Staff must not enter the offender’s room or make physical contact with the offender unless a minimum of two staff are present.
4. **Level 3: Close Observation**

a) Description: Offenders considered by a mental health practitioner to be at a mild to moderate risk of suicide. These offenders may manifest the following:

   (1) Some suicidal ideation with limited intensity and duration;
   (2) Nonsuicidal self-injurious behaviors (scratching, picking, piercing, carving, eraser burns, superficial cutting);
   (3) Suicidal behaviors with low or no lethality (choking self with hands; choking self with object wrapped but not tied around neck; ingestion of non- or low-toxic substance; holding breath; head-banging);
   (4) Veiled or subtle threats of suicidal behavior;
   (5) Some specific plans;
   (6) Coping skill behavior;
   (7) History of depression or history of successful management of depression;
   (8) The offender is amenable to treatment and focuses attention to alternate coping skills.

b) Interventions

   (1) The offender may be housed normally on close observation and use writing materials at staff discretion. Staff must regularly and randomly search sleeping areas for potentially harmful objects.

   (2) The offender must have at least one face-to-face contact every day by a QMHP. The offender must have a contact session with a psychiatrist, psychologist, or consulting psychiatric nurse practitioner at least once every month. Whenever an offender is transferred from a higher risk level to a lower level, the offender must have more frequent contact sessions within the first several weeks of the change in level.

   (3) The offender may wear standard dress **without** belts, shoe laces, or other potentially harmful items. Staff must refer to form **YA 4439** (OYA Suicide Watch Precautions Form) for possible additional restrictions. Staff must regularly and randomly search the offender’s clothing for potential harmful objects.

   (4) Staff must document the offender’s activities and mental status at staggered intervals not to exceed 15 minutes (day and night) on a **YA 4400**.
5. **Level 4: Increased Risk - Enhanced Supervision**  
   a) Description: Offenders who are at increased risk of becoming severely depressed and at risk for nonsuicidal self-injurious behaviors and/or suicidal ideation without intent based upon history or current circumstances, including transition. The offender may have a history of reactivity to stress manifested either by acute depression or suicide ideation of a non-lethal nature.
   
   b) Interventions
   
   (1) The offender may be housed normally and participate in all activities. The offender warrants enhanced supervision by staff and weekly contact with QMHPs.
   
   (2) Staff must refer to form **YA 4439** (OYA Suicide Watch Precautions Form) for possible restrictions.
   
   c) A QMHP must contact the offender at least every week and document the contacts in a monthly summary JJIS Contact Note.

6. **Level 5: Regular Risk - Standard Supervision**  
   a) Description: Offenders who are at regular or at an expected risk of depression and suicide, given their close-custody situation. This is the standard Suicide Risk Level assigned to all offenders who have been assessed and found not to need a higher level of monitoring/supervision.
   
   b) Interventions: Offenders must have standard visual monitoring and supervision.

7. Offenders at all risk levels must have:
   
   a) Unimpeded access to medical and mental health treatment services;
   
   b) A daily minimum of one hour of exercise involving large-muscle activity; and
   
   c) Offenders who have not completed school or attained a general equivalency diploma (GED) must have access to educational resources. If necessary, provisions may be made for individualized educational tasks to be completed in living units.

   **See OYA policy II-B-1.2 Use of Time-out, Isolation, and Special Program Placements in OYA Facilities.**

8. Any staff may increase an offender’s supervision level pending official reassessment by a mental health practitioner when deemed necessary.

9. Removal from the living unit must only be used as an intervention when all other interventions have been exhausted. Once initiated, it must be limited in time as much as possible. Isolation may not be used as punishment, as a convenience or substitute for staff supervision, or a substitute for individual treatment.
10. Each facility living unit must have a rescue kit kept in an area not accessible to offenders but readily accessible to all direct service staff. Each kit must contain, at a minimum, items listed in YA 8410 (Rescue Kit Contents).

**D. Documenting Suicidal Behavior**

1. All instances of known past and present suicidal behavior exhibited by any offender in OYA Custody must be documented in the JJIS Population Group “OYA *Suicide Documentation”.

2. Documenting suicidal behavior during OYA custody

   Each incident of suicide behavior exhibited while in OYA custody must be documented in a Youth Incident Report (YIR) by the staff who witnessed the behavior. Other staff who were involved in the incident must update the YIR to document their involvement.

3. Documenting suicidal behavior prior to OYA custody

   Documented or self-reported suicide behavior exhibited prior to OYA custody must be entered in the JJIS Population Group – “OYA *Suicide Documentation”. Each prior incident must be entered as a unique subcategory with the dates of the incidents as the subcategory start date. These subcategories may only be closed at case closure.

4. The QMHP is responsible for this documentation of offenders in close custody.

**E. Documenting Suicidal Risk in Close-custody Facilities**

1. All assigned Suicide Risk Levels (1-5) must be recorded in the JJIS Population Group “OYA *Suicide Documentation.”

2. All offenders must receive a JJIS Assessment Initial Mental Status (YA 4409) or JJIS Brief Mental Status Assessment (YA 4413) by a mental health practitioner within one hour of placement. Based on the results of the assessment, offenders are assigned a Suicide Risk Level.

3. The mental health practitioner completing the mental status assessment must enter the assigned Suicide Risk Level in the JJIS Population Group “OYA *Suicide Documentation.”

4. Once a Suicide Risk Level is assigned, only a mental health practitioner may lower the level.

   a) A risk level change may only be made following a review of an offender’s current mental status.

   b) The QMHP must record the risk level change in the JJIS Population Group by switching risk level groups. The appropriate JPPO will be informed of the change via e-mail.
F. Documenting Nonsuicidal Self-injurious Behaviors (NSIBs)

1. Documenting NSIBs during OYA custody

Each incident of nonsuicidal self-injurious behavior exhibited while in OYA custody must be documented as such in a Youth Incident Report (YIR) by the staff who witnessed the behavior. Other staff who were involved in the incident must update the YIR to document their involvement.

See facilitywide procedure FAC I-E-4.0 Youth Incident Report for more information on YIRs.

2. Documenting NSIBs prior to OYA custody

   a) Documented or self-reported NSIBs exhibited prior to OYA custody must be documented in the Initial Mental Status Assessment (YA 4409) or Brief Mental Status Assessment (YA 4413) if disclosed at time of intake or transfer.

   b) Documented or self-reported NSIBs exhibited prior to OYA custody but discovered or disclosed during the course of OYA custody must be documented in a progress note in JJIS at the time of discovery or disclosure.

3. NSIBs documented in the Lifetime Parasuicide Count (LPC) or Suicide Attempt Self-Injury Interview (SASII) must be filed in the offender’s medical file.

G. Procedures for Early Intervention and Treatment for Potentially Suicidal Offenders

1. The first step in early intervention/prevention is to identify offenders at risk. As part of the initial evaluations by QMHPs and other mental health practitioners, offenders may be identified as depressed, which may include, but is not limited to, behaviors such as anger, impulsivity, and poor decision-making, or mild to serious risk for suicidal behaviors.

2. The second step to early intervention/prevention is to provide appropriate, evidence-based interventions.

   a) QMHPs, in collaboration with other mental health or treatment staff, must provide Coping with Depression groups, or comparable services with demonstrated efficacy. Such groups (10 to 12 sessions) will be offered at least once every six months.

   b) For those offenders who do not benefit from the Coping with Depression groups, alternative one-on-one sessions must be made available as needed.

3. Further assessment must be conducted and interventions considered based on individualized case plans.

H. Regular Review of Suicide Risk

1. Each facility must maintain a practice whereby all offenders at Suicide Risk Levels of 4 and higher and offenders with complex behavioral health
needs are reviewed by a standing committee of QMHPs and facility administrators. This review must occur on a weekly basis.

2. Recommendations resulting from the behavioral health treatment review will be distributed to the offender’s living unit treatment manager, facility psychiatrist/psychologist, and other health services staff as appropriate.

3. Each facility will ensure that all offenders’ behavioral health treatment needs are reviewed and updated on a quarterly basis and documented in JJIS as a Mental Health contact note 90-day Review. The review must be conducted by a QMHP.

I. Procedures for Early Intervention and Treatment for NSIB Offenders

1. The first step in early intervention and prevention is for staff to identify offenders who are at risk of NSIB. As part of the initial evaluations completed by QMHPs and other mental health practitioners, offenders may be identified as depressed or distressed which may include, but is not limited to, NSIBs.

2. The second step to early intervention and prevention is for mental health practitioners to provide appropriate, evidence-based interventions. When an offender in OYA custody demonstrates NSIBs:

   a) A mental health practitioner must complete a comprehensive analysis of the behavior;

   b) The mental health practitioner may complete a Suicidal Behavior Strategies Checklist; and

   c) The mental health practitioner must document programming to address chronic NSIBs in the offender’s Advanced Behavioral Directives entered in JJIS. Such programming must include interventions aligning with Dialectical Behavior Therapy.

J. Referrals to Behavioral Health Services within OYA Facilities

Each facility must have a referral process that allows offender access to behavioral health care in response to crisis and non-crisis offender requests.

1. Immediate crisis interventions

   Each facility must have a referral process that allows direct service staff to contact a QMHP upon request by an offender feeling unsafe or when deemed necessary due to an offender’s actions or mental status.

   a) Staff must document crisis referrals in the living unit log.

   b) The QMHP receiving the crisis referral must document the referral on a JJIS Contact Note.

   c) Pending the arrival of the QMHP, staff must house the offender as deemed necessary.
2. Non-crisis referrals
   a) Staff may make non-crisis referrals via telephone or a facility Health Services request. Telephone referrals must be documented in the living unit log.
   b) Living unit staff must ensure that offenders are afforded unimpeded access to QMHPs at all times. Offenders must be allowed to complete confidential facility Health Services request forms to schedule appointments to see a mental health professional.
   c) A QMHP must interview the offender to determine the level of care needed. The QMHP must document the findings in a JJIS Contact Note.
   d) If appropriate, the QMHP may make arrangements for the offender to see the facility’s psychiatrist or psychologist.

K. Community Mental Health Services Referrals

Some offenders may require mental health crisis stabilization or long-term mental health care in a facility outside of an OYA close-custody facility.

1. Staff must follow local procedures for making such referrals.

2. Oregon Department of Corrections (DOC) offenders held in OYA’s physical custody require authorization from the DOC Classification and Transfer Division prior to moving a DOC offender outside an OYA facility. In emergent situations where prior authorization of movement is not possible, notification of transfer will be done as soon as possible after the transfer.

L. Communication Regarding the Status of Potentially Suicidal Offenders and NSIB Offenders

1. Each facility must have a local protocol governing communication between mental health treatment staff, living unit personnel, education staff, and facility administrators regarding the status of potentially suicidal and NSIB offenders.

   a) All communication by QMHPs to treatment managers (or designated staff) regarding Suicide Risk Levels and housing restrictions; and NSIB risk and safety restrictions must be documented in JJIS and copied to the medical file.

      Local protocols must identify ways to communicate this information on a daily basis to necessary individuals such as the QMHP, clinic, program director and treatment manager.

   b) All offenders on safety restrictions for NSIBs must have a current YA 4439 (Suicide Watch Precautions) and Advanced Behavioral Directives completed and available to all supervising staff.
c) Information regarding suicide and NSIB interventions may be shared with staff on a need-to-know basis, with the determination made based on ensuring offender safety.

2. A reasonable effort will be made to notify family regarding an offender’s Suicide Risk Level and resulting treatment and intervention.

a) Pre-Assessment Level 2: Suicide Watch

Because it is standard practice to place non-assessed offenders at this level upon intake, families will not necessarily be notified of this risk assignment.

b) Level 1: Strict Suicide Precaution, Level 2: Suicide Watch, and Level 3: Close Observation:

The offender’s family must be notified as soon as possible after the suicide risk assignment is determined.

(1) The superintendent/camp director is responsible for the family notification process.

(2) Each facility must have protocols to ensure appropriate family notification.

c) Level 4: Increased Risk/Enhanced Supervision

No notice is required at this level. The family must be notified if the offender’s Suicide Risk Level is being lowered from Level 1, 2, or 3.

d) Level 5: Regular Risk/Standard Supervision

No notice is required at this level.

M. Notification to External Parties

A suicide attempt or completed suicide is considered a critical incident.

1. During such incidents, the first priority is the safety of offenders involved. Assure emergency procedures have been followed including, but not limited to, notification of facility Security (if applicable) and external emergency medical respondents.

2. Staff must follow OYA policy I-E-1.0 Director’s Incident Notification and Report when reporting the incident to the Director’s Office.

a) Staff must immediately verbally notify his/her supervisor or the superintendent/camp director of the incident.

b) The superintendent/camp director must immediately verbally notify the assistant director of facilities, or designee, and the communications manager of the incident.

c) The assistant director of facilities or designee will immediately verbally notify the OYA director of the incident.
N. Incident Reviews

1. Critical Incident Review

All completed and attempted suicides must be reviewed following OYA policy I-E-4.0 Incident Reviews.

2. Administrative Incident Review

Any NSIB resulting in serious injury of an offender must be reviewed following OYA policy I-E-4.0 Incident Reviews.

Serious injuries include, but are not limited to, a break in skin requiring suture, bruising accompanied by swelling or extreme pain, broken bones, internal injury; any injury requiring medical treatment beyond routine first aid.

3. Facility administration must follow agency procedure TS I-E-4.0 Employee Support Plan following any attempted or completed offender suicide.

O. Reducing Suicide Contagion after a Completed Suicide.

1. In the event of a completed suicide, staff must make a brief announcement to offenders in each housing unit. The deceased offender’s name and housing unit will be announced.

Also announced must be a description of how an offender may arrange to meet with an available staff or QMHP to talk about the completed suicide. Offenders may only meet individually with staff or QMHPs to talk about the incident. Group discussions of the completed suicide are discouraged. Group discussions may be difficult to manage or control and may contribute to contagion.

2. QMHPs, in collaboration with contracted mental health providers and treatment managers (or designees), must identify offenders who are deemed at risk, especially in relation to the completed suicide, and schedule individual appointments. Triage referrals will be made to consulting mental health professionals.

3. Religious or spiritual ceremonies must be scheduled on an individual basis as opposed to group memorials or group events. Religious staff or volunteers must avoid statements in group settings that praise or honor the offender who completed the suicide or refer to the offender as now in a better place (or similar type of statements). Efforts should be made to reduce conversations that dramatize, glorify, or give undue attention to the completed suicide or the individual who completed suicide.
Conversations should be steered in the direction of clarifying better coping strategies.

4. Staff must not make public statements to the media about the completed suicide. Only a designated OYA spokesperson may make public comments. See OYA policy I-E-3.0 (Media Relations).

P. Reducing NSIB Contagion

QMHPs, in collaboration with contracted mental health providers and treatment managers (or designees), must identify offenders who are deemed at risk, and schedule individual appointments for further assessment.

Q. Staff Training

1. All staff who work directly with offenders or in an OYA facility must complete an initial suicide prevention/NSIB training course delivered by the Training Academy.

   The training course must include, but not be limited to, information about:

   a) Stressors associated with suicidal behavior or NSIBs in a juvenile corrections institution;

   b) Behavior and appearance signs that require immediate referral for mental health intervention and care;

   c) Suicide precaution levels and the enhanced monitoring and supervision requirements associated with each level;

   d) Positive intervention and management strategies to use with potentially suicidal offenders in living units;

   e) The referral process to obtain an immediate mental health intervention for a suicidal offender;

   f) Steps to follow if an offender attempts or completes suicide; and

   g) Skill development and competency in using the Rescue Kit and its contents.

2. In addition to the initial training, all facility staff and direct service staff will complete a suicide prevention course as part of required annual update training.

3. Mental health practitioners must also complete advanced suicide prevention/intervention training.

V. LOCAL OPERATING PROTOCOL REQUIRED: YES

As indicated in section IV.L. (above), each OYA facility must have a written protocol governing communication between mental health treatment staff, living unit staff, education staff, and facility administrators regarding the status of potentially suicidal and NSIB offenders.