



OREGON YOUTH AUTHORITY

Policy Statement

Part II – Youth Services (Facilities)



Subject:

Suicide Prevention in OYA Close-custody Facilities

Section – Policy Number:

D: Health and Mental Health – 2.2

Supersedes:

- II-D-2.2 01/13
- II-D-2.2 10/10
- II-D-2.2 11/07
- II-D-2.2 10/05

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Date of Last Revision/Review:

None

Related Standards and References:

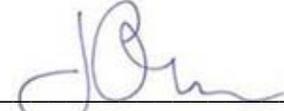
- [OAR 416-070-0030](#) (QMHP and Treatment Services Supervisor Standards)
- Performance-based Standards (PbS), *Juvenile Correction and Detention Facilities*; Safety; Programming; Health and Mental Health
- National Commission on Correctional Health Care, *Standards for Health Services in Juvenile Detention 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 Notification and Report)
I-E-3.0 (Media Relations)
I-E-4.0 (Incident Reviews)
I-E-5.0 (Notification to Parents/Guardian)
II-A-2.0 (Searches of Youth and Youth Property in OYA Facilities)
II-A-3.2 (Enhanced/Supplemental Interactive Supervision of Youth)
II-B-1.1 (Physical Intervention in Facilities)
II-B-1.2 (Use of Time-out, Room-lock Other, Isolation, and Safety Programs in OYA Facilities)
- [OYA forms](#): YA 4400 (Youth Visual Observation Log)
YA 4409 (JJIS Assessment Initial Mental Status Assessment)
YA 4413 (Youth Correctional Facility Brief Mental Health 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 4438 (JJIS Assessment Referral for Psychiatric/Psychological Suicide Risk 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)

Policy Owner:
Facility Services Assistant Director

Approved:



Joseph O'Leary, Director

I. PURPOSE:

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

II. POLICY DEFINITIONS:

Intake: The admission of a youth to the close-custody system.

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

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.

Qualified Mental Health Professional (QMHP): A person who provides mental health treatment services to youth in OYA facilities meets the criteria established in OAR 416-070-0030.

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: Having thoughts, ideas, or ruminations about the possibility of ending one's life.

Suicidal intent: The youth's level of commitment for carrying out their plan or expectation that the plan will result in death. Intent may vary from none to high/full.

Suicidal plan: A suicidal plan involves identifying a specific method, and possibly a given time frame, in which an adolescent plans to kill themselves.

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

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

Youth Safety Review Committee (YSRC): A designated committee that reviews requests for youth 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, psychiatric mental nurse practitioner, and the youth's living unit manager or designee. Membership of the ad hoc YSRC consists of at least three treatment

professionals, and must include the QMHP assessing the youth, the facility's staff or contracted psychiatrist, psychiatric mental health nurse practitioner or psychologist (consultation by phone/video is acceptable), and Treatment Services supervisor (if applicable)/living unit manager/program director.

III. POLICY:

OYA recognizes youth suicide prevention is of paramount importance. Prevention includes identification, risk assessment, precautions towards reducing the risk of completed suicide, and other intervention to mitigate underlying mental health conditions for youth. Suicide risk screenings and assessments must be completed in accordance with clinical best practices, policy, and all related procedures.

OYA strives to create respectful, diverse, equitable, and inclusive environments for youth and staff that are free from harassment, discrimination, and bias. Data shows that historically marginalized youth are disproportionately at risk for suicidal ideation, suicide attempts, and NSIB. OYA is mindful and focused on youth needs and safety to prevent these incidents, particularly LGBTQ+ youth who present the highest risk for suicidal ideation, suicide attempts, and NSIB.

IV. GENERAL STANDARDS:

A. Observation and identification of youth needing screening:

1. Any staff who becomes aware of a youth's need for a suicide risk screening or assessment must immediately notify the QMHP on duty or Officer-of-the-Day (OD) if no QMHP is available.
2. All staff must engage with youth in an interactive manner to build caring and supportive relationships as outlined in OYA policy II-A-3.0 Interactive Supervision of Youth. This must include observation of youth behavior for the following signs and symptoms:
 - a) Suicidal or NSIB statements or behavior;
 - b) New mood changes, anxiety, or agitation;
 - c) An abrupt change in behavior or presentation;
 - d) New, compounding, or chronic stressors;
 - e) Statements of hopelessness; or
 - f) Preparation for completion (e.g., giving things away; saying goodbye).

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

1. Intake Suicide Risk/NSIB Risk Assessment:

- a) Staff must maintain constant supervision of all youth upon admission to a facility awaiting completion of an agency approved suicide risk/NSIB risk evaluation and assignment of a Suicide Risk Level (SRL).
 - b) A mental health practitioner must begin an agency approved suicide risk/NSIB risk evaluation within one hour of a youth's presentation for admission to a facility. This includes initial intake, parole violation intake, and any facility transfers.
 - c) The mental health practitioner must assign the youth a SRL based on the results of the assessment.
 - d) The mental health practitioner must record the SRL in the JJIS Population Group "OYA *Suicide Documentation."
 - e) The mental health practitioner must communicate with the Unit Leadership Team (ULT) and verbally with unit staff that will be immediately supervising the youth following the evaluation to share the SRL, and other pertinent information concerning youth safety and behavior.
 - f) The mental health practitioner must enter the assessment in the youth's JJIS notebook using the appropriate form, OYA 4409 for new intakes and OYA 4413 for youth transferring, on the day of the assessment by the end of the mental health practitioner's work shift.
2. Until the suicide risk/NSIB risk assessment is completed and a risk level assigned, line of sight supervision must be maintained.
3. Ongoing Suicide Risk/NSIB Risk Assessment:
- a) A mental health practitioner must complete an agency approved suicide risk/NSIB risk evaluation at least every 90 days for all youth on the standard risk level (SRL 5) and will document the assessment in the youth's JJIS notebook.
 - b) All youth at an elevated risk level will be re-assessed as specified by the risk level.
 - c) Staff must refer youth to the QMHP for assessment as needed.
 - d) QMHP must follow the process outlined in paragraph 1 above.
4. Camp/transition facilities exception
- a) A designated camp staff member must ensure an OYA Camp Suicide Pre-Screen Worksheet (YA 4414) is

completed on every initial youth admission to a camp facility within one hour of the youth's arrival.

- b) A QMHP must review the YA 4414 no later than 72 hours after its completion.

The QMHP must also complete the agency approved suicide risk/NSIB risk evaluation no later than 72 hours after the youth's arrival at the camp facility and follow the paragraphs above for intake assessments.

5. Once an SRL 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.
6. The QMHP must request all mental health information from the most recent placement be forwarded to the QMHP within 24 hours of the youth's arrival at the facility.
7. An OYA Treatment Services supervisor must review agency approved suicide risk/NSIB risk evaluations within seven days of the assessment's completion during a youth's initial commitment or parole revocation intake.

C. Suicide Risk Levels (SRLs)

1. Level 1: High Suicide Risk

Description: Youth who are at high risk of imminent suicidal attempt or severe forms of NSIB. These youth are in a life-threatening crisis and may manifest the following:

- a) Frequent, intense, enduring suicidal ideation with specific plans;
- b) Committed a serious or potentially lethal suicidal behavior;
- c) Persistent, or escalating suicidal behaviors over a relatively short period of time (e.g., within two to three weeks);
- d) Direct statements threatening to complete suicide;
- e) Serious depression, especially if co-occurring with a history of impulsivity; profound hopelessness; fully intends to die; impaired self-control;
- f) History of serious suicidal behavior, intentionality and depression;
- g) Unresponsiveness to therapeutic interventions; or

h) Command hallucinations directing youth to harm self.

2. Level 2: Moderate Risk

Description: Youth who are at moderate risk of imminent suicidal behavior or attempts or NSIB. These youth may manifest the following:

- a) 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; head-banging);
- b) Moderately persistent self-harm behavior over a relatively short period of time;
- c) Frequent, moderate, enduring suicidal ideation;
- d) Specific viable plans;
- e) Seriously or acutely depressed, with or without history of impulsivity; some degree of hopelessness; modest to serious history of depression;
- f) Ambivalent with regard to intentions to die; indirect, unclear messages of threats to complete suicide; or
- g) Is willing to participate in therapeutic intervention.

3. Level 3: Elevated Risk

Description: Youth who are at low to moderate risk of imminent suicidal behavior, attempts, or NSIB. These youth may manifest the following:

- a) Some suicidal ideation with limited intensity and duration;
- b) Nonsuicidal self-injurious behaviors (scratching, picking, carving, superficial cutting);
- c) Veiled or subtle threats of suicidal behavior;
- d) Experiencing current significant stressful circumstances or life stressors, including transition;
- e) Some specific plans non-lethal plans;
- f) Some coping skill behavior;
- g) History of depression or history of successful management of depression; or

h) Is amenable to treatment and focuses attention to alternate coping skills.

4. Level 4: Risk by History

Description: Youth who are at increased risk of becoming severely depressed or who are at risk for nonsuicidal self-injurious behaviors or suicidal ideation based upon history.

5. Level 5: Regular Risk

Description: Youth who are at regular or at an expected risk of depression and suicide, given their close-custody situation.

D. Suicide risk precautions and interventions

1. Any staff may increase a youth's supervision level pending official reassessment by a mental health practitioner.
2. Youth assessed as high risk require one-to-one supervision as outlined in OYA policy II-A-3.2 Enhanced/Supplemental Interactive Supervision of Youth.
3. For youth on all other levels, mental health staff or YSRC must determine and implement enhanced supervision needs deemed clinically appropriate in accordance with OYA policy II-A-3.2 Enhanced/Supplemental Interactive Supervision of Youth.
4. Upon being assessed as high risk, the Treatment Services supervisor or the supervising psychologist or designee, must review the youth's housing and appropriate level of care and placement. Transfer to the Oregon State Hospital, Children's Farm Home, or MacLaren YCF will be determined on a case-by-case basis.

Removal from the living unit must only be used as an intervention when all other interventions have been exhausted. Once initiated, it must be time limited as much as possible.

5. Youth assessed as elevated, moderate, or high risk must have safety precautions deemed clinically appropriate by a QMHP, Treatment Services supervisor, supervising psychologist, or clinical team staffing the youth's case. These precautions must be documented in JJIS on the OYA 4439.
6. Youth assessed as elevated, moderate, or high risk must have face-to-face contact with a mental health practitioner, including assessment/reassessment of risk using an agency approved risk assessment, at the following frequency:
 - a) Elevated risk youth: At least weekly; and
 - b) Moderate and high risk youth: At least daily, or as designated in JJIS on the OYA 4439.

7. Youth assessed as elevated, moderate, or high risk must have an open mental health domain in the JJIS case plan, with an active, up-to-date goal and appropriate interventions to remediate risk for suicide and NSIB. This plan must be reviewed as part of QMHP bi-monthly supervision with the Treatment Services supervisor.
8. Youth assessed as having risk by history risk require at least monthly face-to-face contact with a mental health practitioner including assessment/reassessment of risk using an agency approved risk assessment. These contacts must be documented in the youth's JJIS notebook.
9. Youth assessed as standard risk require at least quarterly face-to-face contact with a mental health practitioner including assessment/reassessment of risk using an agency approved risk assessment. These contacts must be documented in the youth's JJIS notebook.
10. Youth at all risk levels must have:
 - a) Access to medical and mental health treatment services that are not hindered in any way;
 - b) A daily minimum of one hour of exercise involving large-muscle activity; and
 - c) Those 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.
11. Each facility living unit must have a rescue kit kept in an area not accessible to youth but readily accessible to all direct service staff. Each kit must contain, at a minimum, items listed in YA 8410 (Rescue Kit Contents).

E. Youth Safety Review Committee (YSRC)

1. Once an SRL is assigned, only the YSRC may lower the risk level.
2. A risk level reduction may only be made following a review of a youth's current mental status.
3. Each facility must maintain a practice where all youth at SRLs of 3 and higher and youth with complex behavioral health needs are reviewed by the YSRC. This review must occur on a weekly basis.
4. An ad-hoc YSRC (including at minimum; a psychologist, QMHP, TSS) must meet daily when a youth is SRL-1 High Risk. This daily meeting must ensure clinically appropriate precautions and

interventions are in place, review youth progress, daily assessment and determine youth's SRL.

5. The QMHP must record the risk level change in the JJIS Population Group by switching risk level groups.
6. Assigned QMHP must distribute recommendations resulting from all YSRC meetings to the youth's living unit, campus operations, and Health Services staff as appropriate.

F. Documenting Suicidal Behavior

1. The QMHP is responsible for documenting youth suicidal behavior for youth in close custody.
2. All instances of known past and present suicidal behavior exhibited by any youth in OYA custody must be documented in the JJIS Population Group "OYA *Suicide Documentation".
3. 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.

4. 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.

G. 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.

H. Communication Regarding the Status of Potentially Suicidal Youth and NSIB Youth

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

- a) All communication by QMHPs to living unit managers (or designated staff) regarding SRLs and housing restrictions; and NSIB risk and safety restrictions, must be documented in JJIS.

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

- b) Information regarding suicide and NSIB interventions may be shared with staff on a need-to-know basis, with the determination made based on ensuring youth safety.
2. A reasonable effort must be made to notify family regarding a youth's SRL and resulting treatment and intervention.
 3. For youth transitioning from close-custody to the community on elevated risk or higher, the QMHP must notify and share the most recent copy of the YA 4439 with the youth's JPPO and the behavioral health coordinator prior to transition.

I. Notification to the Director's Office

Suicide attempts that include taking a youth off site for emergency medical care, or are potentially lethal, and completed suicides are considered significant incidents.

Staff must follow OYA policy I-E-1.0 Director's Incident Notification and Report when notifying the Director's Office of a significant incident.

J. Reducing Suicide Contagion after a Completed Suicide.

1. If a completed youth suicide occurs, staff must make a brief announcement to youth in each living unit. The deceased youth's name and living unit will be announced.

Also announced must be a description of how a youth may arrange to meet with an available staff or QMHP to talk about the completed suicide. Youth may only meet individually with staff or QMHPs to talk about the incident.

2. QMHPs, in collaboration with supervisory and contracted mental health providers and living unit managers (or designees), must identify youth who are deemed vulnerable, 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 youth who completed the suicide or refer to the youth as now “in a better place” (or similar type of statements). Reduce conversations that dramatize, glorify, or give undue attention to the completed suicide or the individual who completed suicide. Steer conversations 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.

K. Reducing NSIB Contagion

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

L. Staff Training

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

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

- a) Stressors associated with suicidal behavior or NSIBs in juvenile correctional facilities;
- b) Behavior and appearance indicators that require immediate referral for mental health intervention and care;
- c) Suicide precaution levels;
- d) Enhanced monitoring and supervision requirements;
- e) Positive intervention and management strategies to use with potentially suicidal youth in living units;

- f) The referral process to obtain an immediate mental health intervention for a suicidal youth;
 - g) Steps to follow if a youth attempts or completes suicide; and
 - h) 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 must complete a suicide prevention course as part of required annual update training.
 3. Mental health practitioners must additionally complete suicide prevention, crisis intervention, screening and assessment, and lethal means training as provided or authorized by OYA.

M. LOCAL OPERATING PROTOCOL REQUIRED: YES

Each OYA facility must have a written local operating protocol governing communication between mental health treatment staff, living unit staff, education staff, and facility administrators regarding the status of potentially suicidal and NSIB youth, as indicated in [section IV.H.](#) (above).