



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:

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II-D-2.2 11/07
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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 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-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)
- [TS I-E-4.0](#) (Employee Support Plan)

Policy Owner:

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Approved:

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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 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: Youth 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 a youth's safety and to intervene if any problematic, nonsuicidal self-injurious behavior (NSIB), or suicidal behavior is observed. The youth's activities and emotional behaviors will be documented at least every 10 minutes (day and night).

Close observation: Youth 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 youth's activities and emotional behaviors must be documented at staggered intervals not to exceed 15 minutes (day and night).

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

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.

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 person who provides mental health treatment services to youth in OYA facilities and meets the following minimum qualifications:

1. The person is a licensed medical practitioner;
2. The person has a current Oregon clinical mental health license in good standing; or
3. The person meets the following minimum qualifications:
 - a) Holds any of the following educational degrees:
 - (1) Graduate degree in psychology; or
 - (2) Bachelor's degree in nursing and licensed by the State of Oregon; or
 - (3) Graduate degree in social work; or
 - (4) Graduate degree in a behavioral science field; or

- (5) Graduate degree in recreational, music, or art therapy; or
 - (6) Bachelor's degree in occupational therapy and licensed by the State of Oregon; and
- b) 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 DSM Diagnosis; write and supervise a treatment plan; draft a Mental Health Assessment and provide individual, family and 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 youth’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 a youth. Suicide assessments often occur after indicators from a suicide screening instrument identify that a youth 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 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 youth about their mental health status or condition, behavior and review of prior admission records designed to identify youth 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 youth are assigned to a living unit.

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, 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:

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 youth 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 youth 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 youth 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 youth in its custody. It is OYA's intent that a reasonable effort is made to notify families as soon as possible regarding a youth'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 youth 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 youth who have been identified as at risk for suicidal behavior or NSIBs;
3. Procedures for early intervention and treatment for potentially suicidal youth and youth with NSIBs;
4. Procedures for referring a youth in OYA who is demonstrating NSIBs or a potentially suicidal youth to mental health practitioners for care within the OYA;
5. Procedures for referring a suicidal youth to external agencies for crisis intervention;
6. Procedures for communication between mental health practitioners, living unit staff, and facility administrators regarding the status of youth 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 youth 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 a youth'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 youth 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 a youth's presentation for admission to the receiving facility when the youth is transferred from one OYA facility to another; and when a youth presents for admission to a facility on revocation within six months of release from close custody.
 - (2) Annually, within one year of a youth's most recent YA 4409 or 4413, in conjunction with an annually updated MAYSI.
 - b) The mental health practitioner must assign the youth 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 youth.
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 youth 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 youth admission to the camp facility within one hour of the youth's arrival.
 - b) The [YA 4414](#) must be reviewed by a QMHP no later than 72 hours of completion.
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- The QMHP must also complete a YA 4413 no later than 72 hours of the youth'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 youth'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 a youth'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 youth'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 a youth's initial commitment or parole revocation intake.

10. NSIB Screening and Assessment

A mental health practitioner must also assess youth 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 youth 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 youth, 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 youth 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 youth, chart review, and information from other individuals as available.

- d) At any time a youth 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 youth 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 youth, 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 youth 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 youth, chart review, and information from other individuals as available.

- (b) If determined that the youth 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 a youth's supervision level if deemed necessary to ensure the youth's safety until the mental health practitioner is available to perform a clinical assessment.
- (5) If determined that the youth 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 youth, including a description of the youth, required housing precautions, and notification of the youth's family, if indicated.

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

- a) Description: All youth 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), a youth will be under constant supervision.
 - (2) Staff must document the youth'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: Youth who are imminently dangerous to themselves and require transportation to a hospital on an inter-institutional crisis admit. These youth 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 youth to harm self.

b) Interventions:

- (1) Staff must place the youth 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 youth's mental status so a more comprehensive assessment and evaluation may be administered.
- (3) Staff may allow standard dress as long as the youth'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 youth'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 youth is maintained at all times.

- (1) The assigned staff member must keep his/her eyes on the youth 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 youth is sleeping. The staff member must be actively observing and documenting the youth's activities for the duration of the assignment.

- (2) The staff member assigned to constant supervision may be the opposite gender as the supervised youth. Staff of the youth's same gender must supervise the youth when the youth needs to shower or use the toilet. Once the shower or toilet activity is finished, either gender staff may supervise the youth.
- (3) Staff must communicate with the youth consistent with regular professional interactions. Staff are cautioned to avoid discussing mental health, suicide, or self-harm issues with the youth and notify a QMHP if such topics come up.
- (4) Staff must not enter the youth's room or make physical contact with the youth unless at least one other staff member is present.

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

- a) Description: Youth deemed dangerous to themselves but who are likely to improve with therapeutic interventions instituted or already in place at the facility. These youth may manifest the following:
 - (1) Frequent, intense, enduring suicidal ideation;
 - (2) The youth 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 youth 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 youth is ambivalent with regard to intentions to die; indirect, unclear messages of threats to complete suicide;
 - (6) The youth is willing to participate in therapeutic intervention.
- b) Interventions
 - (1) The youth 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 youth must be under close observation at all other times.

- (2) A significant number of these youth may be referred to a mental health facility. If the youth is retained within the OYA facility, mental health staff must be reasonably confident that the youth can be managed within the OYA facility. If at any time it is determined that the youth cannot/should not be retained within the OYA facility, the youth must be referred to SAIP/OSH for a crisis admission or interfacility transfer.
- (3) Youth on Level 2 must have a QMHP risk level reassessment session at least once every day assessing if the youth 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 youth's Risk Level.

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

- (4) Whenever a youth'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 youth 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 youth 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 youth 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 youth's clothing for potential harmful objects.
- (8) Staff must document the youth'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 youth is housed outside of a safe room, staff must remain in close enough proximity to see the youth's hands, arms, and neck at all times and to be able to view the youth's specific movements.

- (1) The assigned staff member must keep his/her eyes on the youth 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 youth is sleeping. The staff member must be actively observing and documenting the youth's activities for the duration of the assignment.
- (2) The staff member must ensure the youth's hands, arms and neck are visible at all times. The youth may not pull arms and hands inside the shirt or smock. If the youth 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 youth. Staff of the youth's same gender must supervise the youth when the youth needs to shower or use the toilet. Once the shower or toilet activity is finished, either gender staff may supervise the youth.
- (4) Staff may communicate with the youth consistent with regular professional interactions. Such communication may be casual or treatment supportive.

Staff are cautioned to avoid counseling the youth, discussing mental health, suicide, or self-harm issues with the youth, and notify the QMHP of such discussions.
- (5) Staff must not enter the youth's room or make physical contact with the youth unless a minimum of two staff are present.

4. **Level 3: Close Observation**

- a) Description: Youth considered by a mental health practitioner to be at a mild to moderate risk of suicide. These youth 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 youth is amenable to treatment and focuses attention to alternate coping skills.

b) Interventions

- (1) The youth 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 youth must have at least one face-to-face contact every day by a QMHP. The youth must have a contact session with a psychiatrist, psychologist, or consulting psychiatric nurse practitioner at least once every month. Whenever a youth is transferred from a higher risk level to a lower level, the youth must have more frequent contact sessions within the first several weeks of the change in level.
- (3) The youth 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 youth's clothing for potential harmful objects.
- (4) Staff must document the youth'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: Youth 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 youth 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 youth may be housed normally and participate in all activities. The youth 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 youth at least every week and document the contacts in a monthly summary JJIS Contact Note.

6. Level 5: Regular Risk - Standard Supervision

- a) Description: Youth 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 youth who have been assessed and found not to need a higher level of monitoring/supervision.
- b) Interventions: Youth must have standard visual monitoring and supervision.

7. Youth 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) Youth 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](#).

- d) An updated suicide and NSIB risk assessment every 30 days

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- (1) QMHPs must meet individually with each youth on their caseloads to complete updated youth suicide risk assessments.
- (2) The assessment must include an updated mental status assessment specifically assessing the youth's current risk and protective factors related to suicide and NSIB risk.
- (3) The QMHP must determine, based on the assessment, what suicide risk level (SRL) to assign and any modifications that should be made to the youth's case plan and treatment plan.
- (4) The QMHP must document this review in JJIS as a Mental Health contact note.

- 8. Any staff may increase a youth'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 youth 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 youth 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 youth 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 youth 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, youth are assigned a Suicide Risk Level.
3. Suicide Risk Assessments

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- a) Upon completion of a suicide risk assessment with a youth, a mental health practitioner must document the suicide risk assessment in JJIS under: QMHP Contact Notes, MH Domain, Suicide Risk Level Assessment.

The note must specifically address the following risk factors:

- (1) History of past suicide attempts or self-harm;
- (2) Mood (include sudden changes);
- (3) Current/recent attempt/self-harm/threats;
- (4) Current ideation, duration, intensity;
- (5) Plan;
- (6) Intent;
- (7) Lethality;
- (8) Mean;
- (9) Timeline/immediacy;
- (10) Impulsivity;
- (11) Hopelessness;
- (12) Preparation for completion (giving away items, saying goodbye, etc.);
- (13) Future orientation;
- (14) Command hallucinations;
- (15) Current and chronic stressors, including intensity and duration;
- (16) Protective factors/reasons for living;
- (17) Amenability to support/help; and
- (18) OYA Suicide Watch/Precautionary Program (YA 4439).

b) The QMHP must identify and implement any specific safeguards deemed prudent to protect the youth and document them in a written JJIS document: OYA Suicide Watch/Precautionary Program (YA 4439).

c) The YA 4439 must be reviewed and updated in accordance with OYA policy [II-D-2.2](#) Suicide Prevention in Facilities.

d) Use of assessment tools

Mental health practitioners must complete a thorough clinical assessment, including an interview with the youth and consultation of other information available (written and verbal), specifically assessing the risk factors listed above.

Structured assessments such as the Lifetime Parasuicide Count (LPC), Suicide Attempt Self-Injury Interview (SASII), Collaborative Assessment and Management of Suicidality (CAMS) may be used; or unstructured assessments including a thorough interview with the youth, chart review, and information from other individuals as available.

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

5. 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 a youth'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 youth's medical file.

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

1. The first step in early intervention/prevention is to identify youth at risk. As part of the initial evaluations by QMHPs and other mental health practitioners, youth 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 youth 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 youth at Suicide Risk Levels of 4 and higher and youth 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 youth's living unit manager, facility psychiatrist/psychologist, and other health services staff as appropriate.
3. Each facility will ensure that all youth' 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 Youth

1. The first step in early intervention and prevention is for staff to identify youth who are at risk of NSIB. As part of the initial evaluations completed by QMHPs and other mental health practitioners, youth 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 a youth 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 youth'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 youth access to behavioral health care in response to crisis and non-crisis youth requests.

1. Immediate crisis interventions

Each facility must have a referral process that allows direct service staff to contact a QMHP upon request by a youth feeling unsafe or when deemed necessary due to a youth'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 youth 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 youth are afforded unimpeded access to QMHPs at all times. Youth 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 youth 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 youth to see the facility's psychiatrist or psychologist.

K. Community Mental Health Services Referrals

Some youth 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) youth held in OYA's physical custody require authorization from the DOC Classification and Transfer Division prior to moving a DOC youth 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 Youth and NSIB Youth

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 youth.

- a) All communication by QMHPs to living unit 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 living unit manager.

- b) All youth 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 youth safety.

2. A reasonable effort will be made to notify family regarding a youth'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 youth 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 youth'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 youth'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 youth 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.
 - d) All requests by the media will be forwarded to the Director's Office.
 - e) The superintendent/camp director must designate staff to ensure family notification of the incident. Such notification will take place as soon as possible.

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 a youth 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 youth suicide.

O. Reducing Suicide Contagion after a Completed Suicide.

1. In the event of a completed suicide, staff must make a brief announcement to youth in each housing unit. The deceased youth's name and housing 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. 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 living unit managers (or designees), must identify youth 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 youth who completed the suicide or refer to the youth 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 living unit managers (or designees), must identify youth who are deemed at risk, and schedule individual appointments for further assessment.

Q. Staff Training

1. All staff who work directly with youth 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 youth in living units;
 - e) The referral process to obtain an immediate mental health intervention for a suicidal youth;
 - f) Steps to follow if a youth 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 youth.