



# OREGON YOUTH AUTHORITY

## Policy Statement

### Part III – Youth Services (Community)



*Subject:*

#### Suicide Prevention in Community Placements

*Section – Policy Number:*

**D: Case Management – 3.4**

*Supersedes:*

**III-D-3.4 (10/10)  
III-D-2.2 (10/05)**

*Effective Date:*

**08/03/2015**

*Date of Last*

*Revision:*

**07/19/2020**

**Related Standards and References:**

- [ORS 418.704](#) (Youth Suicide Prevention Coordinator established; duties)
- [OAR 410-170-0030](#) BRS Program Policies and Procedures
- [OYA policy:](#) I-E-1.0 (Director's Incident Notification and Report)  
I-E-5.0 (Notification to Parents/Guardian)  
III-A-1.0 (Youth Incident Reports-Field)

**Related Procedures:**

- None

**Policy Owner:**

Community Services Assistant  
Director

**Approved:**

  
Fariborz Pakseresht, Director

#### I. PURPOSE:

This policy establishes guidelines for field staff for the identification, assessment, treatment, and protection of youth under OYA supervision in the community that may be at risk for suicide.

#### II. POLICY DEFINITIONS:

**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.

**Potentially lethal self-harm behavior:** Behavior that intentionally causes physical harm to oneself which, if continued, could result in death.

**Substitute care:** Residential placements in the community that provide 24-hour-a-day care and/or treatment, excluding a relative's home. Such placements include, but are not limited to, foster care, respite care, proctor care, or contracted residential treatment programs.

**Substitute care providers:** Persons authorized by OYA through contract or other written agreement to provide supervision and care for youth on parole or probation status in the community.

**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.

**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 the 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.

### III. **POLICY:**

It is the policy of OYA to provide immediate assistance whenever a youth demonstrates or is reported to be at risk of suicidal behavior.

This policy establishes procedures for the identification, assessment, treatment, and protection of youth on supervision in the community that may be at risk for suicide.

The contract administrator of any substitute care contract must ensure contracted programs have a suicide prevention policy and written procedures describing how the program will respond when a youth exhibits self-injurious/self-harm or suicidal behavior. At a minimum, the program’s policy must meet the BRS program policy and procedure requirements listed in [OAR 410-170-0030](#) for suicide prevention.

Foster care certifiers must ensure OYA certified foster care providers follow the guidelines established in this policy.

### IV. **GENERAL STANDARDS:**

- A. Initial Identification of Suicide and NSIB Risk for Youth in the Community
  - 1. Upon a youth ’s commitment to OYA, a juvenile parole/probation officer (JPPO) must:
    - a) Review case information and JJIS entries for history of potential suicidal behaviors, suicidal ideation or self-harm behaviors.

- b) Interview collateral contacts including family members, care providers and other stakeholders concerning the youth's history of potential suicidal behaviors, suicidal ideation or self-harm behaviors.
  - c) Record separately each documented and reported incident of potential suicidal behavior, suicidal ideation or self-harm behavior in JJIS Population Group "OYA \*Suicide Documentation" in the "Suicidal Behavior" subcategory. This documentation provides a historical tracking of potential suicidal and self-harm behaviors that can be easily accessed.
  - d) If there are any concerns, the JPPO must refer the youth for a mental health evaluation that includes a suicide risk assessment.
2. The JPPO must notify substitute care providers during the referral process when a youth has a history of suicidal or NSIB behavior. Such notification must be documented in JJIS notes.
  3. The JPPO must notify detention or youth correctional facility staff of a youth's history of suicidal or NSIB behavior when a youth is placed in detention or a youth correctional facility. Such notification must be documented in JJIS notes.

#### B. Intervention Procedures

1. Any OYA staff member who is concerned about a youth's safety or wellbeing must consult with the youth's field supervisor or designee to assess the most appropriate level of intervention to ensure the safety and wellbeing of the youth.  
  
If further consultation is deemed necessary, the staff member is encouraged to:
  - a) Consult with the youth's community-based treatment providers, as applicable ;
  - b) Consult with the OYA behavioral health services coordinator.
2. Any OYA staff member who becomes aware of a youth communicating or demonstrating potentially lethal self-harm behavior or suicidal behavior, must immediately respond in a manner that protects youth safety and wellbeing.

Staff must:

- a) Immediately access local emergency mental health crisis services for assessment;
- b) Immediately notify the field supervisor;

- c) Document the incident in a YIR; and
  - d) Document all notifications in the YIR (e.g., to the family; Director's Office).
3. Upon becoming aware of the incident, the youth's JPPO must:
- a) Immediately request documentation from the provider who completed a suicide risk assessment following the incident; and
  - b) Immediately forward any documentation received from the provider to the OYA regional clinical services coordinator for incident classification determination.
4. Field supervisors who are notified of a youth **demonstrating** potentially lethal self-harm behavior or suicidal behavior must immediately notify the Community Services assistant director or designee.
5. Field supervisors who are notified of a youth **communicating or demonstrating** potentially lethal self-harm behavior or suicidal behavior must:
- a) Determine notification of parents/guardians; and
  - b) Determine notification of others (e.g., juvenile department, substitute care program, extended family).
  - c) Notifications must be as soon as possible and at least within 24 hours after becoming aware of the incident.

C. Documenting Suicidal and Nonsuicidal Self-Injurious Behavior

1. All instances of known past and present suicidal behavior and NSIBs exhibited by a youth in OYA custody must be documented in the JJIS Population Group "OYA \*Suicide Documentation" in the "Suicidal Behavior" subcategory.
- a) Documented or self-reported suicidal behavior and NSIBs exhibited **prior** to a youth's OYA custody must be entered in the JJIS Population Group "OYA \*Suicide Documentation" by the JPPO.
    - (1) Each prior incident must be entered as a unique subcategory, using the dates of the incident as the subcategory start date.

JJIS will automatically create a "Suicide Risk" Alert when the Population Group is entered.

- (2) Chronic NSIB  
Chronic nonlethal self-harm behaviors may be summarized in a single Population Group entry. In the Population Group “Notes” field, specify date ranges, types of self-harm behaviors demonstrated, implements used, and treatment interventions provided.
- (3) These JJIS entries must only be closed at case closure.

b) Documenting Suicidal Behavior and NSIBs **during** OYA Custody

- (1) The JPPO must document youth incidents of suicide behavior and NSIBs exhibited **while** in OYA custody in accordance with OYA policy III-A-1.0 Youth Incident Reports - Field.

(2) Automatic JJIS documentation

Once the OYA regional clinical services coordinator has entered the incident classification and the YIR is locked, JJIS will automatically create a Population Group entry of “OYA \*Suicide Documentation” and a “Suicide Risk” Alert.

- (3) These JJIS entries must only be closed at case closure.

2. The field supervisor or designee is responsible for ensuring all instances of known past and present suicidal behavior and NSIBs exhibited by a youth in the community are documented in JJIS in a timely manner. This documentation supports safe and effective case supervision and planning.

D. Training

All OYA field staff must participate in pre-service training and biennial updates that at a minimum include differentiation between suicidal behavior and NSIBs, the warning signs of suicide, intervention techniques, and emergency protocols.

**V. OYA GENERAL FIELD PROCEDURE REQUIRED: NO**

**VI. LOCAL OPERATING PROTOCOL REQUIRED: NO**