

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES
REHABILITATION ADMINISTRATION
JUVENILE REHABILITATION

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

Policy Committee Chair

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Approved



John Clayton, Assistant Secretary
Rehabilitation Administration
2/17/2015

Authorizing Sources

RCW Chapter 13.40
RCW Chapter 72.05
RCW 71.05.525
RCW 71.34.795

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I. PURPOSE AND SCOPE

This policy establishes requirements for suicide and self-harm screening, assessment and intervention in JR facilities. Jails and detention programs may use their own self-harm and suicide screening, assessment and intervention plans approved by their health care authority.

All staff, contractors, volunteers, and interns working in the Division of Institution Programs, Division of Community Programs and Parole, and the Division of Operations and Support Services are responsible for reviewing and complying with JR policies.

II. POLICY

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

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

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- 7. Staff will communicate and document known suicidal and self-harm behavior to transportation staff and any receiving facility prior to a youth's transport in accordance with Policy 5.40, *Transporting JR Youth*.**
 - 7.1. Youth on Suicide Precaution Levels (SPL) 1 or 2 (or comparable level from a non-JR program) will not be transported by the Transportation Unit. Alternative transportation will be arranged by the sending and receiving programs.
 - 7.2. Youth on SPL 3 or 4 may be transported by the Transportation Unit with approval of the Transportation Unit Administrator or designee.
- 8. Youth will be screened at intake to identify past and current suicide ideation or self-harm behavior to determine appropriate residential placement. Youth will be placed and served at the least restrictive environment relevant to the items identified on the screening tool.**
- 9. Staff will report to Child Protective Services suicide or self-harm injuries that required professional medical attention consistent with Policy 5.91, *Reporting of JR Youth Abuse or Neglect*.**
- 10. In the event of a completed suicide, the JR Crisis Response Team will be called to provide support to youth and staff at the facility. Notification and review procedures must be followed per Policy 1.31, *Responding to the Death of a JR Youth*.**
- 11. Each institution will maintain a quality assurance program for responding to suicide and self-harm risk approved by the JR Clinical or JR Medical Director.**

RESIDENTIAL

- 12. Staff will complete the SSS and consult with the Designated Suicide Prevention Specialist (DSPS):**
 - 12.1. At intake to an institution and community facility,
 - 12.2. When there is evidence of increased risk factors or warning signs,
 - 12.3. When a reduction in SPL may be warranted due to reduced risk or increased protective factors.
- 13. At intake, staff will provide direct observation of youth until the initial Suicide and Self-harm Screen (SSS) is completed and a suicide precaution level is approved or ruled out. Screening will be conducted in accordance with Policy 3.10, *Assessing and Placing Youth in JR*.**
- 14. If there are signs of suicide or self-harm behavior, increased warning signs or risk factors, or decreased protective factors, staff will provide direct observation of youth consistent with risk until an SSS is completed and the DSPS approves the SPL. (Use the "*Assessing and Treating Self-Harm Risk and Behavior*" Grid)**
 - 14.1. Youth will be supervised based on the recommended SPL and related supervision conditions until approved or adjusted by the DSPS.

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15. Staff will contact the DSPS immediately upon completion of the SSS for consultation and approval of the recommended SPL. The DSPS will determine appropriate supervision conditions. (Use the “*Assessing and Treating Self-Harm Risk and Behavior*” Grid)

15.1. Staff will document the rationale for the recommended and approved SPL in the SSS, including identified risk factors, warning signs, and protective factors. Documentation will be completed in ACT.

15.2. Staff will adhere to, implement and document the DSPS-approved SPL and supervision conditions in ACT.

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

16.1. The DSPS must return calls to the requesting staff within one hour of the initial call.

16.2. The DSPS will record consultations, approved SPLs, and supervision conditions in the DSPS log.

16.3. The DSPS will review and approve the SSS, SPL assignment and supervision conditions in ACT within 24 hours of returning to work.

17. When the SPL is confirmed for a youth by the DSPS, staff must adhere to the requirements of “*Assessing and Treating Self-Harm Risk and Behavior*” Grid.

18. Staff will document observations, behaviors or interactions of youth on an irregular schedule within the required time frames.

18.1. For youth on SPL 1, 2 and 3, staff should use the Youth Suicide Precaution Tracking Form (DSHS Form 20-214).

18.2. SPL 4 documentation will be completed in the living unit log following shift observation, at least 3 times per day and at least once per shift, toward the end of the shift.

19. Staff will recommend a reduction of the SPL or change to supervision conditions based on evidence of increased protective factors and an overall reduction in risk.

20. Time spent on SPL is based on an ongoing assessment of risk and protective factors. Changes to the SPL will be completed in accordance with the following:

20.1. Youth placed on an SPL must be reduced one level at a time.

20.2. Youth must remain on Level I for a minimum of 72 hours

20.3. Youth must remain on Level II for a minimum of 48 hours

20.4. Youth must remain on Level III for a minimum of 24 hours

20.5. A youth must remain on Level IV for a minimum of seven days.

21. Staff will make recommendations to the DSPS for SPL reduction or removal between 8:00 a.m. and 5:00 p.m. If another time frame is necessary, staff must prearrange a consultation with the DSPS. (Use *Procedure 3.30.1, Reducing a Youth’s SPL* and the “*Assessing and Treating Self-Harm Risk and Behavior*” Grid)

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- 22.1. Youth;
- 22.2. Unit and other involved staff;
- 22.3. Program Manager;
- 22.4. The Superintendent, Regional Administrator or designee. The Superintendent, Regional Administrator or designee will review, consult and facilitate transfers of SPL youth as needed.
- 22.5. Transportation staff if being transported;
- 22.6. Health care staff where available;
- 22.7. Any placement with a court and receiving residential placements; and
- 22.8. Custodial parent or legal guardian. Notification will be consistent with Policy 1.40, *Maintaining Confidentiality when Releasing Records*.

PAROLE**23. During appointments, parole counselors will:**

- 23.1. Observe youth for known risk factors,
- 23.2. Conduct screening based on observed behaviors or credible family or community feedback

24. Staff will respond to known suicidal and self-harm behavior by:

- 24.1. Contacting law enforcement or emergency services as needed, and
- 24.2. Communicating resources to youth and custodial parents or legal guardian consistent with Policy 1.40, *Maintaining Confidentiality when Releasing Records*.

25. Communication of resources, intervention referrals and contacts will be documented in ACT and communicated to the Regional Administrator or designee.

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III. DEFINITIONS

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

Direct Observation: Full view of youth, within line of sight, and close proximity.

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

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

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

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

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

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

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

Suicide Precaution Level (SPL): An assigned classification that designates specific steps to supervise a youth identified with suicide or self-harm behaviors or risk factors.

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

Suicide/Self-harm Screen (SSS): A validated screening tool completed by staff on all youth to evaluate self-harm and suicide risk. Designated Suicide Prevention Specialists (DSPS) review the completed SSS with staff and determine a protective course of action for youth exhibiting signs and symptoms of self-harm or suicide risk. In addition to administration at initial intake into an institution or community facility; it is completed when staff perceive a youth is "at-risk" for self-harm or suicidal behavior; and prior to a Suicide Precaution Level (SPL) being reduced or increased.

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

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

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IV. PROCEDURES

PRO 3.30.1 – Reducing a Youth’s SPL

V. RELATED JR POLICIES

Policy 1.31 – Responding to the Death of a JR Youth	Policy 5.70 – Conducting Searches
Policy 1.40 - Maintaining Confidentiality when Releasing Records	Policy 5.91 - Reporting Abuse and Neglect of JR Youth
Policy 5.40 – Transporting Youth	

VI. FORMS AND DOCUMENTS

Document Title	Available In ACT	Link to Paper form
“Assessing and Treating Self-Harm Risk and Behavior” Grid		
Suicide Self-Harm Screen (SSS)		DSHS 20-269
Youth Suicide Precaution Tracking Form		DSHS 20-214
Supervision Conditions Form		
Suicide Precaution Level 1		SPL 1 - DSHS 20-277
Suicide Precaution Level 2		SPL 2 - DSHS 20-277A
Suicide Precaution Level 3		SPL 3 - DSHS 20-277B
Suicide Precaution Level 4		SPL 4 - DSHS 20-277C

WASHINGTON STATE JUVENILE JUSTICE & REHABILITATION ADMINISTRATION

Procedure 3.30.1 – Policy 3.30 – Assessing and Treating Youth Suicide and Self-Harm Risk

Reducing a Youth’s SPL

Authorizing Sources	Information Contact
Policy 3.30	Jennifer Zipoy, Policy & Planning Administrator Juvenile Rehabilitation jrapolicy@dshs.wa.gov , Ph: 360-902-8092
Effective Date 3/3/2015	Sunset Review Date 3/3/2019

Action by:

Action Steps

- | | |
|------------------|---|
| Counseling Staff | <ol style="list-style-type: none">1. Assess self-harm behavior using Behavior Chain Analysis (BCA) interview with youth. Enter the BCA in ACT.2. Confer with an ITM consultant or program leader as needed regarding assessment and treatment considerations.3. Identify safety strategies with the youth, and assess the youth’s commitment to use these strategies.4. Track commitment to safety, skills and warning signs on diary card.5. Update the treatment plan in ACT each time there is a change in the treatment plan. Self-harm must be a treatment target.6. Monitor risk and protective factors through observation, team consultation, and diary card review for at least the minimum period required at each level required by policy ⁽¹⁾. Document in case note.7. When changes in factors warrant a reduction, review the recommendation with the program leader.8. Complete a new SSS in ACT by the end of shift on the day of proposed reduction.9. Contact the DSPS between hours of 8:00 AM-5:00 PM, and provide recommendation that includes rationale for reduction. |
| DSPS | <ol style="list-style-type: none">10. Review the information provided by staff. Approve the recommendation.11. Document approved reductions in ACT (reduced one level at a time) |
| Program Manager | <ol style="list-style-type: none">12. Review and approve updated plans and relevant case notes in ACT. Provide guidance on assessment, planning and reduction process. |

¹. SPL 1 - 72 hours, SPL 2 - 48 hours, SPL 3 - 24 hours, SPL 4 - 7 days