

	WEST VIRGINIA DIVISION OF JUVENILE SERVICES	POLICY NUMBER: 414.00	PAGES: 15
CHAPTER: Facility Services	REFERENCE AND RELATED STANDARDS: WV Code Chapter §§ 49-5-16a and 49-5E-1 et seq.; ACA 3-JTS-4C-37; ACA 3-JDF-4C-35; and ACA 3-JCRF-4C-06; PbS Standards – Safety #1 & Health and Mental Health #1; Guide to Developing and Revising Suicide Prevention Protocols within Juvenile Facilities – Lindsey M. Hayes		
SUBJECT: Suicide/Self Harm Prevention and Intervention			
DATE: April 1, 2015			

POLICY

The Division of Juvenile Services (DJS) understands that juveniles in residential placement may experience suicide ideation or other thoughts of self-harm. It is the philosophy of the agency to intervene and effectively manage and treat residents who experience these crisis situations with the least restrictive means while still ensuring the highest level of safety. To that end, this Policy discusses ways to prevent incidents of suicide within its facilities and establishes guidelines for intervention with suicide attempts, suicide gestures, suicide ideations and self-harming behaviors of residents in Division custody and procedures that ensure the proper level of intervention.

CANCELLATION

This policy has been reviewed and supersedes Policy 414.00 dated January 1, 2015.

APPLICABILITY

This Policy applies to all Division of Juvenile Services' residential facilities.

DEFINITIONS

1. **Adolescent Suicide Assessment Protocol – 20:** (ASAP-20) A 20 item assessment tool to be used by DJS staff to determine a rating of low, medium, or high risk of suicide. This information is used in the completion of the Authorization for Suicide Watch module in OIS.
2. **Beck Depression Inventory-II (BDI-II):** Evaluation form used to measure clinical depression and suicidal ideations.
3. **Behavioral Watch:** Period of observation and assessment for youth placed in a DJS

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detention, diagnostic or rehabilitation/treatment facility.

4. **Massachusetts Youth Screening Instrument - Version 2 (MAYSI-2)**: A self-report mental health screening instrument for 12-17 year olds who are being admitted to juvenile justice facilities; 2 of its 7 scales address depression and suicidal ideations.
5. **Mental Health Provider**: Contracted consultants who provide psychiatric and mental health services for residents in the custody of the Division of Juvenile Services.
6. **Resident Consultation Team**: Comprised of the Shift Supervisor, at least one member of the Treatment Team, Mental Health Clinician, if available, and Medical staff. This Team will review all information and together make recommendations on the specific needs of residents with suicidal behavior.
7. **Shield of Care Training Curriculum**: An 8-hour evidence-informed curriculum developed by the Tennessee Department of Mental Health, State of Tennessee, that teaches juvenile justice staff strategies to prevent suicide in their correctional facility environment.
8. **Suicidal Behavior**: Attempted suicides, suicidal gestures, self-mutilations, intentional injuries to self, and developing a plan or strategy for committing suicide.
9. **Suicidal Ideation**: Self-reported thoughts of engaging in suicide-related behavior. This means a resident expresses thoughts or fantasies about committing suicide or expresses a desire to kill him or herself. This does not include cases where the resident develops a plan or strategy for committing suicide, because planning suicide is considered suicidal behavior.
10. **Suicide Assessment**: A formal evaluation conducted by a mental health staff to assess mental health and monitoring requirements of a resident.
11. **Suicide Screening**: An interview or questionnaire designed to determine whether an individual is currently experiencing thoughts, feelings, impulses, or actual plans to commit suicide.
12. **Suicide Management Protocol**: A procedure which describes the steps taken to reduce the risk of suicide for youth in all DJS facilities as well as the protocol for responding to and keeping youth safe when suicidal behavior is present or suspected.
13. **Treatment Staff**: Case Manager, Correctional Counselor I and IIs and contracted Mental Health Clinicians
14. **The Wrap™**: A restraint system made up of flexible material and Velcro straps that prevents kicking or running and restrains the resident in an upright seated position or

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while lying on their side, and does not hinder the resident's ability to breathe.

PROCEDURES

1. **Suicide/Self Harm Prevention Program**

a. Training

- i. The 8-hour Shield of Care Training Curriculum will be mandatory for all new direct care employees and contracted staff. The components of this training will include:
 1. Identifying the warning signs and symptoms of suicidal behavior;
 2. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors;
 3. Responding to suicidal and depressed youth;
 4. Improving communication between security and health care personnel;
 5. Understanding referral procedures;
 6. Understanding any special housing, observations of residents, and suicide watch level procedures and requirements; and
 7. Follow-up monitoring of youth who make suicide attempts
- ii. A 3-hour annual refresher training will be provided to all direct care employees and contracted staff as part of their 40 hour mandatory training schedule and in the Division's Basic Training Academy.
- iii. All employees and contracted staff will receive CPR/First Aid Training as per DJS Policy 162.00 – Training and Staff Development.
- iv. All employees and contracted staff will follow DJS Policy 413.00 – Medical Care and Emergency Medical Procedures, when dealing with medical emergencies.
- v. All employees and contracted staff will receive training in the use of physical force and mechanical restraints per DJS Policy 306.00 – Use of Physical Force and Restraints.

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b. Intake Process

- i. If at any time during the intake process it is believed the resident is at imminent risk of self-harming behavior, the suicide management protocol is to begin immediately.
- ii. Prior to a resident being accepted into the custody of DJS, the intake officer will inquire if the transporting officer has any information of current or previous signs or symptoms of self-harm, suicidal ideation, gestures or attempts. This is documented on the Suicide Assessment as part of the Intake in OIS.
- iii. During the intake/admission process, each resident will be screened by medical staff.
- iv. Within the first one (1) hour after admission, all residents must be given the Massachusetts Youth Screening Instrument-2 (MAYSI-2) and the Suicide Assessment. Special note should be made of their score on the depression and suicidal ideation scales. (Note: if an accurate assessment is unable to be obtained due to the resident’s intoxication or oppositional behavior, then the assessment is completed as soon as the resident is compliant). The resident is to remain on constant visual watch until the assessment is completed.
- v. All new admissions to DJS custody or those returning to DJS custody will automatically be placed on a “Behavioral Watch”. This will be in effect for at least seventy-two (72) hours and documented on the Observation Sheet (Attachment #1).
 1. If the resident is being transferred from another DJS facility, the Facility Superintendent/Director or designee has the discretion to place the resident on a Behavioral Watch.
 2. During the Behavioral Watch period, a member of the DJS Treatment Staff will attempt to contact the resident’s family, guardian, previous placements, probation officer, therapist, and/or DHHR worker in an effort to gather information on any previous self-harm, suicidal ideation, gestures or attempts.
 3. Before removing a resident from the Behavioral Watch, at least two face-to-face interviews shall be conducted daily by treatment staff and documented in OIS. It is encouraged that they meet with the resident more often. Special attention should be given to the standard “Suicide Potential Screening” on the Suicide Assessment in OIS that is completed upon each new resident, as well as the MAYSI-2 results,

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and carefully reviewed with the resident by the treatment staff. Discuss with the resident their adjustment to placement, any thoughts they may have concerning self-harm, answer questions about the process and overall evaluate their mood, concerns, and/or any problems they may be having.

4. The resident will reside on his or her unit and will be visually monitored by staff on an irregular schedule but no more than fifteen (15) minutes between checks.
5. The resident will be able to participate in visitation, education, recreation and all unit activities.

2. Management of Residents on Suicide/Self Harm Watch

a. Suicide management protocol

- i. All staff members have a *responsibility* to report any behavior believed to pose a danger to the resident. *Should any staff hear a youth verbalize a desire or intent to commit suicide, observe a youth engaging in any self-harm or otherwise believe the youth is at risk for suicide, take immediate action to ensure the resident is safe until the suicide management protocol is followed.*
- ii. If a staff member believes a resident should be placed on a suicide watch, he or she is to immediately notify the Shift Supervisor of the situation so the resident can be placed in a safe environment until further assessed by the on-site mental health clinician. If a mental health clinician is not on-site, the resident will be assessed by Treatment or Medical Staff.
- iii. If a resident makes an actual suicide attempt, emergency procedures are to begin. Medical Staff is to be called immediately. An actual suicide attempt means a lethal method was used and/or lethal intent is obvious or suspected. The Shift Supervisor will then be notified immediately after, who will then notify the Facility Superintendent/Director, the mental health provider, the Division Administrative Duty Officer (ADO) and the facility ADO (if applicable).
- iv. Staff has a responsibility to use the least restrictive measure necessary needed to gain control of the situation. Suicide Prevention measures will never be used as punishment.
- v. The staff member initiating the Suicide Management Protocol will complete and immediately submit a detailed Incident Report to the Shift Supervisor once the resident has been placed in a safe environment. The incident report

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should describe the behaviors and statements made by the resident to support the recommendation of suicide watch placement. The Shift Supervisor will then begin the notification process.

- vi. Upon receipt of an incident report or verbal contact from staff recommending a suicide watch, the Shift Supervisor will meet with Treatment Staff and Medical Staff, as available. The team will review the incident report and complete the Suicide Consultation Form (Attachment #2). Following this consultation, the Facility Superintendent/Director will be notified *and only then the on-call mental health pager will be called if deemed necessary*. An exception is if the consultation team cannot agree on a suicide level recommendation, the mental health provider psychiatrist will be utilized for further direction so a decision can be made.
- vii. In the event the Treatment or Medical Staff is not available, the Shift Supervisor shall place a resident on an emergency Level II intervention until Treatment and/or Medical staff is available to assess the resident. This assessment by Treatment and/or Medical staff must occur as soon as possible but no later than twelve (12) hours after initially being placed on an emergency Level II intervention. Following the assessment, the Resident Consultation Team will meet to complete the Suicide Consultation Form. All members will sign where their name is printed prior to being uploaded to OIS.
- viii. If Level I is recommended by the Resident Consultation Team, the contract mental health provider psychiatrist must be contacted for authorization. A Mental Health On-Call Schedule will be provided to Central Control and the Medical Department and included in the Administrative Duty Officer Roster (ADO).
- ix. If the resident is placed on a Suicide Watch, Treatment Staff will complete the BDI-II or the ASAP-20. The Suicide Watch Authorization module in OIS will be completed as soon as possible. Staff should utilize the Suicide Watch Guidelines (Attachment #3) as a resource as well. Any time a resident on suicide watch or their suicide watch level changes, staff are required to create or update their suicidal alert in OIS. The BDI-II or ASAP-20 is only utilized for the initial placement on suicide watch, not for every reassessment.
- x. If the resident is removed from their normal routine due to suicide activity, it must be documented in OIS on the Suicide Watch Authorization module or the Re-Assessment/Change in Suicide Observation Level module in OIS.

b. Suicide Watch Levels:

- i. **Level I** - A resident is placed on this level if he or she has made an actual

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suicide attempt and/or makes direct and specific suicidal statements with a plan. Only the mental health provider psychiatrist can place a resident on a Level I suicide watch. After authorization has been obtained from the mental health provider psychiatrist, the following guidelines will be in effect when a resident is placed on this level:

1. Actively suicidal residents (either threatening or engaging in self-injurious behaviors) should be observed by a staff member on a continuous, uninterrupted, face-to-face basis in a designated area. An Observation Form (Attachment #1) shall be initiated and maintained by the staff every five (5) minutes. The actively suicidal resident will only be moved from the designated area with permission by the Mental Health contracted psychiatrist.
2. In accordance with Division Policy #306.00 – Use of Physical Force and Restraints, physical/mechanical restraints may be used if the resident is attempting to harm him or herself. At this level, the Wrap™ may be medically ordered by the mental health provider psychiatrist, but the Facility Superintendent/Director must be notified as soon as possible. Use of the restraint chair can only be medically ordered by a mental health provider's psychiatrist if the resident is engaging in or has a pattern of self-injurious behavior. Attempts should be made to de-escalate the resident prior to the use of restraint mechanisms.
3. The resident will be strip searched by security staff and will be assessed by Medical Staff upon being placed on Level I Watch.
4. The resident will remain on the initial level for at least twenty-four (24) hours before moving to a lower level. This time will begin at the completion of the determination by the psychiatrist.
5. Thereafter, the resident will be evaluated by Treatment Staff for re-assessment at least once every twelve (12) to twenty-four (24) hour period. At the point of reassessment, Treatment Staff are to meet with the resident face to face, complete the Interview for Suicide Ideation/Intent (Attachment #4) and scan and upload the document into OIS. Medical staff will evaluate per National Commission on Correctional Health Care (NCCHC) guidelines.
6. The Resident Consultation Team will meet after each re-assessment and complete the Suicide Consultation Form (Attachment #2), which will be scanned and uploaded to OIS. This information will be shared with the mental health provider psychiatrists. Only the mental health

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provider psychiatrist can move a resident to a lower level.

7. The resident's garments will be surrendered and they will wear *only* authorized suicide preventive clothing (suicide smock, paper gown, disposable underwear (if needed)). No other clothing will be permitted unless specifically authorized by the mental health provider psychiatrist.
8. If an actively suicidal resident refuses to surrender their clothing on this level, physical intervention techniques, using the least restrictive alternative, may be used to remove a youth's clothing in order to place the youth in a suicide protective garment. This must be approved by the Resident Consultation Team with notification to the Facility Superintendent/Director. The mental health provider psychiatrist must be contacted if a resident refuses to wear suicide preventive clothing or tries to use these items to harm him or herself and the decision is to be recorded in OIS.
9. The resident will be issued a mattress and suicide blanket only- *no pillow.*
10. The resident will be provided a modified diet that is close to the regular approved menu as possible but still requires no utensils or plastic plate and meets nutritional guidelines. The resident will not be allowed food with bones. He or she will not receive the plastic wrap covering the food, but may receive a paper cup. A Food Tray Inventory (Attachment #5) will be conducted at each meal detailing what the resident received and what the resident returned.
11. Personal hygiene items will be state-issued and dispensed directly into resident's palm of hand or into paper cup. If paper cup is used, it must be returned to staff.
12. The resident will not be allowed any other items except those authorized by the mental health provider psychiatrist.
13. Due to the safety risk, the resident will not participate in recreation, education, groups or have visitation. Therapeutic intervention will be coordinated by the mental health provider psychiatrist.
14. Notification will be made by treatment staff the next business day to the resident's probation officer, parent/guardian and DHHR worker, if assigned, for any resident placed on Level 1 suicide observation level, unless the facility has official documentation showing that the parents

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or legal guardian shall not be notified.

15. Suicide Watch Level I residents may be staged down to Level II only by the mental health provider psychiatrist, after consultation with the Resident Consultation Team.

ii. **Level II**

1. A resident will be placed on this level:
 - a. As a step down from Level I by the mental health psychiatrist, or
 - b. If he/she has expressed a wish to die and has an active plan, or
 - c. If he/she is engaging in self-harming behavior or exhibiting suicidal behavior.
2. Emergency Level II – The Shift Supervisor can place a resident on an Emergency Level II when a suicide attempt is made or a resident has a plan but neither treatment nor medical staff are on site. Residents are placed in a suicide preventive housing environment in suicide preventive clothing. The resident will not be permitted to have any other items in their room and medical and/or treatment staff will evaluate immediately upon arriving at the facility. They will be closely monitored on an irregular schedule with no more than five (5) minutes between checks. This level is only in effect until medical and/or treatment staff is present and available to assess the resident. At that point the regular suicide management protocol will occur.
3. Once the medical or treatment staff has evaluated the resident, the Resident Consultation Team will meet and together complete the Suicide Consultation Form (Attachment #2). It will be scanned and uploaded to OIS.
4. The Resident Consultation Team will evaluate each situation on a case by case basis and record their recommendations on the Suicide Consultation Form (Attachment #2). This form will consider the following areas:
 - a. Clothing
 - b. Housing
 - c. Property, to include a mattress and suicide blanket
 - d. Modified Diet

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- e. Recreation
- f. Showers
- g. Visitation and phone calls
- h. Other security concerns

5. The following guidelines will be in effect while the resident is placed on this level:
 - a. The resident will be closely monitored on an irregular schedule with no more than five (5) minutes between checks. The resident will remain on their Unit or in a designated area at the discretion of the Treatment Staff after consultation with the Resident Consultation Team, with an Observation Form started and maintained by the staff on the unit. Treatment staff will complete the BDI-II or the ASAP-20 prior to completion of the Authorization for Suicide Watch module in OIS as part of their initial assessment of the resident.
 - b. The resident will remain on the initial level for at least twenty-four (24) hours before moving to a lower level.
 - c. Thereafter, the resident will be evaluated by Treatment Staff for re-assessment at least once every twelve (12) to twenty-four (24) hour period. A daily Reassessment or Change in Suicide Observation Level will be completed in OIS and reviewed by the Superintendent/Director, Shift Supervisor, the resident's treatment team and Medical Staff. As part of this reassessment, the Interview for Suicidal Ideation/Intent (Attachment #4) will be completed by Treatment Staff and scanned and uploaded into OIS.
 - d. The Resident Consultation Team will meet after each re-assessment and complete the Suicide Consultation Form (Attachment #2), which will be scanned and uploaded to OIS. This information will be considered when making decisions to move a resident down a level.
 - e. If it is determined that the resident's garments will be surrendered and they will wear *only* authorized suicide preventive clothing (suicide smock, paper gown, disposable underwear (if needed)), the resident will surrender their clothing immediately. If the resident refuses to surrender their clothing on this level, physical intervention techniques, using the least restrictive alternative, may be used to remove a

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youth's clothing in order to place the youth in a suicide protective garment. Careful consideration must be given to the risk of keeping the clothes versus the risk of physical and emotional harm by forcibly removing the clothing. This must be approved by the Resident Consultation Team with notification to the Facility Superintendent/Director. The resident will be allowed to wear shower shoes.

- f. If it is determined the resident is to have a modified diet, it will be as close to the regular approved menu as possible but still require no utensils or plastic plate and will meet nutritional guidelines. The resident will not be allowed food with bones. He or she will not receive the plastic wrap covering the food, but may receive a paper cup. A Food Tray Inventory (Attachment #5) will be conducted at each meal detailing what the resident received and what the resident returned.
 - g. The resident may be considered eligible for a soft cover book and treatment journal with crayon after twelve (12) hours on level II without self-harm or suicidal behavior; otherwise, the resident will participate in approved passive recreation unless otherwise advised by the Resident Consultation Team.
 - h. The resident will be allowed to use an electric rechargeable razor with supervision. The resident will not be allowed to have any sharp items.
 - i. Personal hygiene items will be state-issued and dispensed directly into resident's palm of hand or into paper cup. If paper cup is used, it must be returned to staff.
 - j. The resident will receive visitation and phone calls as recommended by the Resident Consultation Team. In addition, the Resident Consultation Team will make recommendations on the degree the resident is permitted to participate in education, group therapy and what items the resident may receive for commissary.
6. Suicide Watch Level II residents may be placed on Level I only with mental health provider psychiatrist authorization or on Level III at the discretion of Treatment Staff after the Resident Consultation Team has met and completed the Suicide Consultation Form (Attachment #2). Individual counseling will be authorized by Treatment Staff and documented into OIS along with the completed Suicide Consultation

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Form.

7. Notification will be made by treatment staff the next business day to the resident's probation officer, parent/guardian and DHHR worker, if assigned, for any resident placed on Level II suicide observation level, unless the facility has official documentation showing that the parents or legal guardian shall not be notified.

iii. Level III

1. A resident will be placed on this level if:
 - a. He/she has been staged down from a Suicide Watch Level II, or
 - b. Through the intake or assessment process, a suicide watch was recommended, or the resident does not meet any other guidelines for a suicide watch, and is demonstrating non-lethal self-harming behavior, or
 - c. He/she expresses suicidal thoughts without a specific plan.
2. The following guidelines will be in effect when a resident is placed on Suicide Watch Level III.
 - a. The resident will reside on his or her unit and will be visually monitored by staff on an irregular schedule but no more than fifteen (15) minutes between checks.
 - b. An Observation Form will be initiated and maintained by staff every fifteen (15) minutes.
 - c. Treatment staff will complete the BDI-II or the ASAP-20 prior to completion of the Authorization for Suicide Watch module in OIS as part of their initial assessment of the resident.
 - d. The resident will remain on the initial level for at least twenty-four (24) hours before moving to a lower level.
 - e. The Resident Consultation Team will meet and the Suicide Consultation Form (Attachment #2) will be completed, scanned and uploaded to OIS. An Authorization for Suicide Watch will then be completed in OIS by Treatment Staff and also scanned

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and uploaded to OIS.

- f. Thereafter, Treatment Staff will meet with the resident face-to-face at least once every twelve (12) to twenty-four (24) hours for re-assessment while on watch; he or she will complete a Reassessment or Change in Suicide Observation Level in OIS after completion of the Interview for Suicidal Ideation/Intent (Attachment #4) which is scanned and uploaded to OIS. Individual counseling will be authorized by Treatment Staff and documented in the appropriate database.
- g. The Resident Consultation Team will meet after each re-assessment and complete the Suicide Consultation Form (Attachment #2), which will be scanned and uploaded to OIS. This information will be considered when making decisions to move a resident off of suicide watch level.
- h. The only restriction to a resident placed on Level III will be that he or she may use a razor, pencil or marker under staff supervision while on their unit and his or her shoelaces must be removed.
- i. The resident is to receive a regular food tray only under staff supervision. Resident is **not** to receive the plastic wrap covering the food.
- j. The resident will be able to participate in visitation, education, recreation and all unit activities.
- k. The resident will not be allowed participation in work programs or cleaning of the facility.

3. **Removal of Residents from Suicide Watch**

- a. Residents may only be stepped down from suicide watch Levels II and III by Treatment Staff after the Resident Consultation Team has met and made their recommendations. Only the mental health provider psychiatrist can place a resident on or remove a resident from Level I Suicide Watch. A resident must be on each level for at least twenty-four hours and cannot skip any level when stepping down.
- b. The Facility Superintendent/Director, shift supervisor and all members of the Resident Consultation Team will review each completed Authorization for Suicide Watch module and each Reassessment or Change in Suicide Observation Level module in OIS.

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- c. When the decision is made to remove a resident from suicide watch completely, the Treatment staff will complete the Suicide Special Management Plan in OIS. The plan will be shared with all members of the treatment team as well as the resident to assist with the transition from suicide watch and identify future risk for this resident. A copy of the Suicide Special Management Plan will be printed and sent upon discharge to probation, DHHR worker (if assigned) and parent/guardian, if returned to home.
4. **Hunger Strike** - If a resident has declared a hunger strike, every effort will be made to provide the resident with the meal prepared by that facility for each meal and snack time. Outside food will not be purchased and brought into the facility for the resident. The medical staff will evaluate the resident as determined by NCCHC standards.
5. **Self – Harm Prevention Staffing** - staffing co-chaired by Assistant Director of Programs & Treatment and contracted mental health Regional Administrator or designees.
 - a. The committee consists of Assistant Director Programs & Treatment, Mental Health Regional Administrator, all available members of treatment staff, security representative, medical representative, facility superintendent/director, or designee, and the facility mental health clinician, if applicable.
 - b. This staffing will be held for each facility that had a resident on any level of suicide watch the previous month.
 - c. The committee will discuss the incident, how the process was handled and what needs to be improved when following this policy. It will discuss training issues, possible precipitating factors leading to the suicide or suicide attempt and recommendations, if any, for changes in policy, training, physical plant, medical or mental health services and operational procedures.
6. **Critical Incident Stress Debriefing Team** – this team will consist of professionals trained in crisis intervention and traumatic stress awareness such as mental health personnel, clergy, police officers, paramedics.
 - a. This team will be activated in the event of a completed suicide, serious suicide attempt (requiring medical treatment and/or hospitalization) or other traumatic event which affects staff and residents and will be activated within 24 to 72 hours of the critical event.
 - b. The Facility Superintendent/Director will contact the Division Director or designee to request the assistance of the Critical Incident Stress Debriefing Team, which team allows affected staff and residents an opportunity to process their feelings about the incident, develop an understanding of critical stress symptoms, and seek ways of dealing with those symptoms.

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7. **Multi-disciplinary Mortality-Morbidity Review Committee**

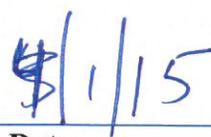
- a. In the unfortunate event that a death occurs due to suicide or any other reason, a referral will be made to the State of West Virginia Fatality Review Team which is staffed by the WV Supreme Court of Appeals, Court Services Department.
 - b. This committee consists of mandatory membership of Circuit Court Judge, Magistrate, Family Court Judge, Circuit Clerk, Prosecutor, Citizen, Attorney, Adult Victim Advocate, DHHR Child Protective Services Administrator, DHHR Child Protective Services Field Representative, Medical Professional, Division of Juvenile Services Representative, Child Advocate Attorney, CASA Worker, and Law Enforcement Officer.
8. **Recordkeeping** - All originals of all forms used in these procedures will be retained in the resident's file and in OIS as indicated on the Specification Sheet of DJS Policy 165.00 – Offender Records and a copy provided to medical for placement in the resident's medical chart. Copies of restraint forms are to be sent to the Investigative Unit.
9. For standardization purposes, the altering of any format to any Division policy attachment is prohibited, other than to complete the information required on the form itself.
10. Each facility will have an operational procedure in place to ensure the standards and practices of this policy are followed.

RIGHTS RESERVED

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

APPROVED:


 Director


 Date

Suicide Consultation Form

This form is to be used to document the recommendations of the Resident Consultation Team. This team is comprised of the Shift Supervisor, at least one member of the Treatment Team, the Mental Health Clinician, if available, and Medical staff. This Team will review all information and together make recommendations on the specific needs of residents with suicidal behavior.

The team is to meet and the form is to be completed **prior** to calling the Facility Superintendent/Director. Once the Facility Director/Superintendent has talked to the Resident Consultation Team and has agreed with or made changes to the team's recommendation, one person from the team or the Facility Superintendent/Director can call the on-call Mental Health provider to consult with the mental health clinician and/or the contracted psychiatrist.

If the incident occurs after 11 pm in a facility without around the clock medical staff, contact the on-call Mental Health pager automatically, once the Facility Superintendent/Director is contacted, for assistance since the shift supervisor is the only staff on duty.

This team is also to meet after the treatment staff has conducted their re-assessment process each day. The team will complete this form and use the information in making decisions to move a resident to a lower suicide level and what restrictions will apply.

List name for each mandatory team member:

Shift Supervisor:

Treatment Staff:

Medical:

Mental Health Clinician, if available and applicable:

Date:

All members are to sign beside their printed name. This form is to be completed and scanned into the appropriate database. Attach this scanned document to the Suicide Watch Authorization or Re-Assessment/Change in Suicide Observation Level module.

Suicide Consultation Form

Resident Name:

DJS #:

Current Facility:

Level being recommended:

Discuss and make a recommendation each of the following areas:

Door Unlocked:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
Mechanical Restraints:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
Suicide Preventive Garments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicide Smock <input type="checkbox"/>	Undergarments <input type="checkbox"/>
T-Shirt & Shorts <input type="checkbox"/>	Suicide Blanket: <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
Modified Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
Special Housing Assignment	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Explain:	
Limits on Program Involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Explain:	
Limits on Phone calls/Visitation	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Explain:	
Description of Educational Involvement:	
Recreation:	<input type="checkbox"/> Active <input type="checkbox"/> Passive <input type="checkbox"/> Other
Explain:	
Shower Daily:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not daily, explain:	
Other Property Permitted:	<input type="checkbox"/> Mattress <input type="checkbox"/> Reading Materials <input type="checkbox"/> Writing Utensils <input type="checkbox"/> Pillow <input type="checkbox"/> Commissary
Explain:	

SUICIDE WATCH GUIDELINES

LEVEL I	HIGH RISK	CONSTANT OBSERVATION	DESIGNATED HOUSING	MENTAL HEALTH PROVIDER PSYCHIATRIST ON-CALL ONLY	CAN HAVE:
<p>Can NOT have anything in room unless authorized by mental health provider psychiatrist.</p> <p>Not to be moved out of room unless otherwise specified by mental health provider psychiatrist.</p>				<p>Daily mental health assessment of Resident. Information provided to mental health provider psychiatrist.</p> <p>Only staff authorized by the mental health provider psychiatrist will have contact with resident.</p>	<p>CAN HAVE:</p> <ol style="list-style-type: none"> 1) Mattress 2) Authorized Suicide Preventive Clothing (suicide smock/paper gown and disposable underwear, if needed) 3) Suicide Blanket 4) Modified Diet 5) Cup of Water
LEVEL II	5 MIN. WATCH	CLOSE OBSERVATION	DESIGNATED HOUSING OR UNIT	Treatment Staff Only after Resident Consultation Team meets	CAN HAVE:
<p>CAN NOT HAVE:</p> <ol style="list-style-type: none"> 1) Obvious materials that can be hazardous 2) Any sharp items <p>ITEMS CONSIDERED by Resident Consultation Team</p> <ol style="list-style-type: none"> 1. Clothing 2. Housing 3. Property, to include suicide blanket 4. Recreation 5. Visitation and phone calls 3) Groups and Educational Class participation 				<p>CAN HAVE WITH SUPERVISION:</p> <ol style="list-style-type: none"> 1) Shower Shoes 2) Rechargeable razor 3) Passive Recreation 4) Pencil under Direct Supervision 5) Items Authorized by Treatment Staff 6) Phone Call (10 minutes) authorized by Treatment Staff 7) Visits authorized by Treatment Staff 	<p>CAN HAVE:</p> <ol style="list-style-type: none"> 1) Mattress 2) Items approved by Resident Consultation Team 3) Modified Diet 4) Book (Soft Cover) 5) TX Journal with Crayon 6) Items Authorized by Treatment Staff
LEVEL III	15 MIN. WATCH	GENERAL PRECAUTION	UNIT	CAN CHANGE WITH WRITTEN ORDERS FROM TREATMENT STAFF:	CAN HAVE:
<p>CAN NOT HAVE:</p> <ol style="list-style-type: none"> 1) Obvious Materials that can be Hazardous 2) Shoelaces 3) Laundry Bag, Bag String 4) Any Sharp Items 				<p>CAN HAVE WITH SUPERVISION:</p> <ol style="list-style-type: none"> 1) Pencil 2) Rechargeable razor 3) Markers 4) Items Authorized by Treatment Staff 5) Regular Food Tray <p>NORMAL VISITATION and PHONE CALLS</p>	<p>CAN HAVE:</p> <ol style="list-style-type: none"> 1) Mattress 2) Regular Clothes 3) Regular Sheets 4) Book(s) 5) School, Recreation and Activities 6) Items and Recreation as Authorized by Treatment Staff

Interview for Suicidal Ideation/Intent

The following questions will help you to determine the extent to which a resident is feeling depressed and/or suicidal. The answers to these questions should be incorporated into the suicide assessment and reassessment you complete with any resident making statements or displaying behaviors which indicate a risk of suicide. It should also be used when reassessing residents currently on a suicide watch.

1. Ask the following questions:

1) Are you currently having thoughts to hurt or kill yourself? _____

2) If yes, do you have a plan for how you would do it? Do you have any objects or access to anything you might use to carry this plan out?

3) Tell me a little about when you started to feel this way and why?

4) How often do you think about hurting or killing yourself?

5) Have you ever tried to hurt or kill yourself in the past? If yes, what happened? How many times? What events triggered these thoughts or attempts?

6) Tell me what your mood is today? (*Script: On a scale of 1-10 if 1 is the saddest you've ever been and 10 is the happiest you've ever been, where would you rate your mood today?*)

7) How is the way you are feeling today different than the way you felt yesterday?

8) Have you noticed any difference in your eating or sleeping habits since you started feeling this way?

9) Tell me a little bit about your support system. Do you have any friends or family who help you through tough times? How often do you talk to them? OR Did you talk to any family or friends last night? How was that conversation?

10) Are you currently seeing a therapist?

11) What is one goal you hope to achieve in the next 24 hours? The next week? The next 3 months?

12) Identify 3 healthy alternatives you can use when you feel like you want to hurt or kill yourself.

2. Complete a Reassessment or Change in Suicide Observation Level module in OIS.

Food Tray Inventory

Resident's Name: _____
(Last) (First) (MI)

DJS Number: _____ Date: _____ Staff Signature: _____

BREAKFAST

	Given	Returned		Given	Returned
Plastic/Paper Tray	<input type="checkbox"/>	<input type="checkbox"/>	Plastic/Paper Cup	<input type="checkbox"/>	<input type="checkbox"/>
Paper Plate	<input type="checkbox"/>	<input type="checkbox"/>	Napkin	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Fork	<input type="checkbox"/>	<input type="checkbox"/>	Fruit w/Peeling/Core	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Spoon	<input type="checkbox"/>	<input type="checkbox"/>	Food w/Bone	<input type="checkbox"/>	<input type="checkbox"/>

Did Resident eat the meal? None Some Most All

Staff Initials: _____

LUNCH

	Given	Returned		Given	Returned
Plastic/Paper Tray	<input type="checkbox"/>	<input type="checkbox"/>	Plastic/Paper Cup	<input type="checkbox"/>	<input type="checkbox"/>
Paper Plate	<input type="checkbox"/>	<input type="checkbox"/>	Napkin	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Fork	<input type="checkbox"/>	<input type="checkbox"/>	Fruit w/Peeling/Core	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Spoon	<input type="checkbox"/>	<input type="checkbox"/>	Food w/Bone	<input type="checkbox"/>	<input type="checkbox"/>

Did Resident eat the meal? None Some Most All

Staff Initials: _____

DINNER

	Given	Returned		Given	Returned
Plastic/Paper Tray	<input type="checkbox"/>	<input type="checkbox"/>	Plastic/Paper Cup	<input type="checkbox"/>	<input type="checkbox"/>
Paper Plate	<input type="checkbox"/>	<input type="checkbox"/>	Napkin	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Fork	<input type="checkbox"/>	<input type="checkbox"/>	Fruit w/Peeling/Core	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Spoon	<input type="checkbox"/>	<input type="checkbox"/>	Food w/Bone	<input type="checkbox"/>	<input type="checkbox"/>

Did Resident eat the meal? None Some Most All

Staff Initials: _____

SNACK

	Given	Returned		Given	Returned
Plastic/Paper Cup	<input type="checkbox"/>	<input type="checkbox"/>	Fruit w/Peeling/Core	<input type="checkbox"/>	<input type="checkbox"/>
Napkin	<input type="checkbox"/>	<input type="checkbox"/>			

Did Resident eat the snack? None Some Most All

Staff Initials: _____

Suicide Watch Level I and Level II Guidelines

Resident will be provided meals consisting of foods requiring no utensils or plastic plate. No bones. He/she may not receive the plastic wrap covering the food or any utensils, but may receive a paper cup.

Suicide Watch Level III Guidelines

Resident may receive a tray and disposable utensils, but they must be turned in to staff immediately after the meal. Resident is **not** to receive the plastic wrap covering the food.

Note: It is the responsibility of the officer on the Medical Unit to inform the kitchen staff at least two (2) hours prior to a meal as to which Level the resident is on so they may prepare the proper meal.