

 <p style="text-align: center;"><b>WEST VIRGINIA DIVISION OF JUVENILE SERVICES</b></p>	<p><b><u>POLICY NUMBER:</u></b></p> <p style="text-align: center; font-size: 2em;"><b>808.00</b></p>	<p><b><u>PAGES:</u></b></p> <p style="text-align: center;">2</p>
	<p><b><u>CHAPTER:</u></b> Youth Reporting Services</p>	<p><b><u>REFERENCE AND RELATED STANDARDS:</u></b> WV Code Chapter §§49-2-903 &amp; 49-2-912</p>
<p><b><u>SUBJECT:</u> Suicide Intervention</b></p>		
<p><b><u>DATE:</u> July 1, 2016</b></p>		

### PURPOSE

It is the policy of the Division of Juvenile Services to provide a system of suicide intervention for any participant who is in the Youth Reporting Services (YRC) program.

### CANCELLATION

This policy has been revised and supersedes Policy 808.00 dated April 1, 2009.

### APPLICABILITY

This Policy applies to all Division of Juvenile Services' Youth Reporting Centers.

### DEFINITIONS

1. **Suicidal Ideations:** Verbalizations or written expressions that represent a desire to harm one's self.
2. **Suicidal Gestures:** Actions that symbolize or otherwise convey an authentic desire to kill one's self. These actions or threats include, but are not limited to, written expressions of death, illustrations of death, or the vocalization of desires to die or harm one's self.

### PROCEDURES

1. It is the responsibility of the YRC staff to address such verbalizations or written threats of self harm expressed by a participant. The staff will inform the Program Director and assigned therapist so they can address the threats of self-harm expressed by the participant.
2. The participant will be assessed by the YRC therapist to establish the validity of gestures and threats of the participant to harm him or herself using an assessment tool mandated by the Director of Community Based Services.

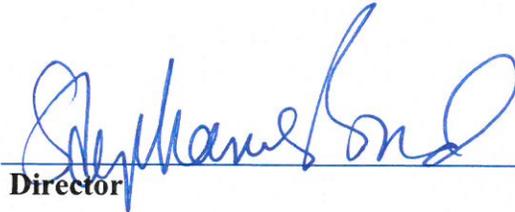
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3. Staff will assess if the participant has immediate access to weapons, instruments, or tools that he/she may use to harm him or herself or cause death.
4. A Suicide Intervention Contract (Attachment #1) will be reviewed and signed by the participant, as well as witnessed by staff and uploaded to OIS. If the participant refuses to sign the contract, contact will be made with the local mental health agency.
5. Contact will be made with the participant's parent/guardian, DHHR caseworker and the probation officer to convey the participant's intentions, whether or not the suicide intent is real.
6. This policy will be adopted in its entirety and no operational procedure will be developed.

**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

7/1/16  
Date



## Suicide Intervention Contract

I, \_\_\_\_\_, agree that I will not kill myself or harm myself. If I have thoughts or feelings of suicide, instead of hurting myself, I will talk to my parents, my therapist, a doctor, a teacher, a counselor, a DJS employee, or someone at one of the numbers listed below.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### People I can contact:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

### Mental Health Authority:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Program Director:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_