



Administrative Policies and Procedures: 19.1

Subject:	Suicide/Self Harm Intervention
Authority:	TCA 37-5-106, 33-1-101, 33-6-101(a)(1); 33-3-401- 33-3-408
Standards:	ACA: 4-JCF-3C-03, 4-JCF-4B-06, 4-JCF-4D-07; DCS Practice Model Standards: 7-122D, 7-125D, 8-306
Application:	To All Department of Children's Services Employees, Contract Mental Health Professionals, and Contract Agency Employees.
Policy Statement:	
The Department of Children's Services and contract agency Family Service Worker shall identify and/or monitor suicidal or self-injurious youth in a timely, prompt manner, intervene and consult with licensed clinicians appropriately.	
Purpose:	
To ensure the safety of children in the care of the Department of Children's Services when the potential for suicide and/or self-harm exists.	
Procedures:	
A. Family Service Worker's Responsibilities	<p>Family Service Worker's responsibilities regarding children/youth placed in out-of-home placements that exhibit suicidal/self harm behaviors are as follows:</p> <ol style="list-style-type: none"> 1. Upon entry into custody, information about a child/youth's history of mental/behavior problems, previous evaluations and current treatment shall be documented in form CS-0543, Well-Being Information and History as well as the Family Functional Assessment and used in the development of permanency plans, individual program plans, or other treatment plans. 2. The Family Service Worker or placement specialist must verbally (with appropriate documentation) advise the receiving facility of the child/youth's suicidal /self harm history. 3. If a child/youth is currently engaged in suicidal/self-injurious behaviors, the Family Service Worker shall refer the child/youth to an appropriately licensed physician, or designated mental health professional for evaluation. If there are indications of imminent risk, contact the designated crisis unit or transport the child/youth to the nearest emergency room for evaluation.

<p>B. Responsibilities of YDCs and contract agency staff</p>	<p>Youth development centers (YDCs) and contract facilities shall respond to suicidal/self injurious youth as follows:</p> <ol style="list-style-type: none"> 1. Newly admitted youth in YDCs shall be given the Reason For Living Scale and the Pediatric Symptoms Checklist by classification to aid in determining the youth’s current mental health status. 2. Newly admitted youth characterized by suicide/self harm risk as defined by the Reason For Living Scale must be placed on a suicide management plan as described in <i>section C.</i> of this policy. 3. A designated physician or mental health professional must assess all youth entering YDC’s and contract facilities. The assessment must include a history and current indications of suicide or self harm. 4. Any warnings or indications of suicide/self harm at any time during placement in an YDC or contract facility must be placed on a suicide management plan as described in Section C. of this policy. 5. Suicidal/self harm indications must be documented and a consultation with a designated mental health professional must be promptly arranged within twenty-four (24) hours. Youth must be kept under “suicide watch” status pending the mental health evaluation.
<p>C. Determination of status and intervention</p>	<p>Each youth development center and private provider must develop a local suicide/self harm behavior management procedure. The procedure is to be reviewed and approved by the facility’s administrator, medical officer and/or designated mental health professional. The local procedure must address suicidal/self harm management for youth according to the following interventions:</p> <ol style="list-style-type: none"> a) For a child/youth placed in a contract facility or YDC, the on site Superintendent or contract facility manager shall determine whether the youth meets “Suicide Watch” criteria. b) Management strategies of self harm issues will be determined by the designated mental health professional in consultation with the ranking treatment staff member at the facility. c) Suicide watch shall be appropriate for youth who admits current thoughts of suicide, threatens or attempts suicide or self-harm or whose behaviors lead staff to concerns about suicide or self-harm. Knowledge of these behaviors or ideas may be gained from observation, youth’s self report, or information reported by others about the youth. Youth self-report may include a plan for suicide. Staff shall document any such plans discussed or discovered. d) Youth on “Suicide Watch” status are required to sleep in an area that allows continuous visual observation by staff. They may be allowed to continue normal daily routines as long as continuous visual contact is maintained. Designated staff must make themselves available to talk with the youth. They must also document observations on required forms. e) Youth determined to be “suicidal” by a designated mental health professional may require one-on-one supervision, seclusion or restraint to prevent self harm (Refer to DCS Policies- 27.2 Use of Seclusion, 27.3 Use

	<p>of Physical Restraint, 27.35 Use of Mechanical Restraints For Youth Development Centers (DOE) and 27.1 Use of Mechanical Restraints ;The DCS Provider Policy Manual).</p> <ul style="list-style-type: none"> f) Youth who require less than one-on-one supervision may benefit from varied behavioral management options, as recommended by the designated mental health professional. Continuous visual supervision shall be maintained. Youth must be required to sleep in areas that allow direct, visual and verbal contact by staff. g) As ordered by a designated mental health professional, staff may restrict access by youth to bedclothes, eating utensils, furniture and other personal effects that might be utilized in a self- injurious manner. Staff must recognize that use of a restrictive setting may be emotionally isolating for these youth and must attempt to reduce these effects through increased contact of a supportive nature. h) The “suicide watch” status must be reviewed every twenty-four (24) hours by a designated mental health professional pending the determination of status removal. Contract agencies shall follow review procedures as identified in this policy and the DCS Provider Policy Manual. All professional recommendations must be documented and followed as provided by the designated mental health professional. i) Removal or changes in suicidal status must be ordered in writing by the designated mental health professional. On-site Superintendents may place a youth on “Suicide Watch” status pending consultation with the designated mental health professional described in Section D of this policy.
<p>D. Suicide Management</p>	<p>1. Youth Development Centers</p> <ul style="list-style-type: none"> a) If any child/youth is engaged in suicidal or other self-injurious behavior, it is the duty of the staff to immediately render any necessary, life-saving intervention and to take precautions to safeguard child/youth from further harm. b) In emergency situations with suicidal youth, staff must notify the on-site Superintendent (treatment, security, responsible contract agency personnel) of all apparent suicide/self harms situations without delay, even if staff is unsure of the severity of the threat. After notification, documentation shall be made in the appropriate facility record(s), i.e. log, case notes, incident report. c) Suicidal/self harm indications must be documented and a consultation with a designated mental health professional must be promptly arranged within twenty-four (24) hours. Youth must be kept under “suicide watch” status pending the mental health evaluation. d) After the designated mental health professional has evaluated the child/youth, and it is determined that the child/youth is suffering from a psychiatric disorder and at imminent risk of harm to self or others, the designated clinician must complete a <i>Certificate of need for emergency involuntary admission (TCA 33-6-4)</i> documenting that the child/youth is mentally ill and in need of involuntary care and treatment which cannot be provided by DCS and which can be provided at an

	<p>appropriately accredited and licensed psychiatric hospital.</p> <p>e) Once the <i>Certificate of Need</i> is completed, the superintendent/designee shall immediately transfer the youth to an appropriate psychiatric hospital.</p> <p>f) Emergency mental health referrals and transfers for youth in YDCs shall be followed according to DCS policy 19.4. Emergency Mental Health Referrals and Transfers for Youth in DCS Youth Development Centers and form CS-0065, Formal Letter of Transfer completed.</p> <p>2. Contract Facilities and Resource Homes:</p> <p>a) In urgent situations, the designated crisis unit shall respond and emergency medical services will be obtained.</p> <p>b) If any child/youth is engaged in suicidal or other self-injurious behavior, it is the duty of the staff to immediately render any necessary, life-saving intervention and to take precautions to safeguard child/youth from further harm.</p> <p>c) The designated crisis unit shall be contacted. If there is a delay in The Family Service Worker shall notify the parent/legal guardians if TPR has not occurred of a transfer to an acute psychiatric facility and status of the child/youth until appropriate intervention has been accomplished.</p>
<p>E. Staff Training and Development</p>	<p>All DCS and contract staff that directly supervises youth must have at a minimum, pre-service and annual training in the identification, treatment and handling of youth at risk for suicide or self-harm.</p>

<p>Forms:</p>	<p>CS-0065 Formal Letter of Transfer Collateral Documents</p>
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<p>Collateral documents:</p>	<p>Reason For Living Scale Pediatric Symptoms Checklists</p>
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