



**Administrative Policies and Procedures: 19.1**

<b>Subject:</b>	<b>Suicide/Self Harm Prevention and Intervention in a Youth Development Center (YDC)</b>
<b>Authority:</b>	TCA 37-5-105(3),37-5-106
<b>Standards:</b>	ACA: 4-JCF-4D-07
<b>Application:</b>	All Department of Children's Services YDC Employees
<b>Policy Statement:</b>	
DCS will intervene, report, and protect youth in a YDC displaying suicidal or self-injurious behavior. Staff will seek assistance from licensed clinicians and/or crisis management services appropriately.	
<b>Purpose:</b>	
Provide guidelines to detect, prevent, and manage suicidal and self-harming behavior in youth placed in a Youth Development Center.	
<b>Procedures:</b>	
<b>A. Definitions</b>	<ol style="list-style-type: none"> <li>1. Deliberate Self-harm: Any behavior, verbalizations, or ideations that indicate a resident is suicidal or has intention of harming himself, such as:           <ol style="list-style-type: none"> <li>a) Any youth attempt to harm or kill oneself.</li> <li>b) Any youth threats or expression to harm or kill oneself.</li> <li>c) Any youth behaviors aimed at self-injury or other self-harm such as cutting, punching walls, maintaining objects used for self-harm, verbalizations or ideation of self-harm may also be used to explain the need to implement the procedures in this policy.</li> </ol> </li> <li>2. Level of Precaution: Level of Precaution refers to the specific level of supervision that a youth is to receive, such as Eyesight Supervision or Arm's Length Supervision.</li> <li>3. Eyesight Supervision: Continuous eyes-on supervision of a youth. Staff may have other duties; however, duties must not impede staff's ability to visually supervise youth and provide immediate response and intervention if required.</li> <li>4. Arm's Length Supervision: Continuous eyes-on supervision of a youth by a staff member with no other duty assignment. Staff must be within arm's length distance of the youth on precaution at all times, with the exception of when the</li> </ol>

	<p>youth is in his room. When the youth is in his room, the expectation is that staff are outside the door, maintaining continuous eyes-on supervision.</p>
<p><b>B. Suicide Prevention</b></p>	<ol style="list-style-type: none"> <li>1. The YDC provides annual Shield of Care training for all staff who have regular contact with youth, to include:             <ol style="list-style-type: none"> <li>a) Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors;</li> <li>b) Identifying the warning signs and symptoms of suicidal behavior;</li> <li>c) Responding to suicidal and depressed youth;</li> <li>d) Understanding any special housing, youth observations, and suicide watch-level procedures and requirements;</li> <li>e) Follow-up monitoring of youth who make suicide attempts;</li> <li>f) Improving communication between security and health care personnel; and,</li> <li>g) Understanding referral procedures;</li> </ol> </li> <li>2. The Shield of Care training consists of 7 hours of initial training followed by 2 hours of refresher training per year.</li> </ol>
<p><b>C. Identification, Referral, and Evaluation</b></p>	<p>Upon admission, staff refer youth for appropriate services as indicated, based on the information gathered in the following assessments:</p> <ol style="list-style-type: none"> <li>1. A CANS is completed at regular intervals on each youth and is kept up to date according to the timeline outlined in the <a href="#">CANS Case Protocol</a>.</li> <li>2. Nursing staff will administer the Columbia-Suicide Severity Rating Scale within 24 hours of admission for all youth to aid in determining the youth's current mental health status.</li> <li>3. Within two (2) business days a psychologist, mental health professional, or designated physician assesses all newly admitted youth. The assessment is documented and includes a history and current indications of suicide or self-harm.</li> </ol>
<p><b>D. Initiation of Precaution Level</b></p>	<ol style="list-style-type: none"> <li>1. If any youth is engaged in Deliberate Self-harm as defined in Section A, staff immediately render any necessary, life-saving intervention and take precautions to safeguard the youth from further harm.</li> <li>2. Eyesight Supervision or Arm's Length Supervision may be appropriate for youth who admit current thoughts of suicide, threaten or attempt suicide or engage in deliberate self-harm, or whose behaviors lead staff to have concerns about suicide or deliberate 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.</li> <li>3. Suicide and deliberate self-harm indications are documented and a consultation with a licensed mental health professional is conducted within twenty-four (24) hours.</li> <li>4. The Superintendent or designee may place a youth on Eyesight or Arm's Length Supervision pending consultation with a licensed mental health professional.</li> </ol>

	<ol style="list-style-type: none"> <li>5. For youth at imminent risk of harm to self or others or in an emergency situation with suicidal youth, staff will engage Crisis Management Services immediately for an assessment to determine psychiatric treatment needs.</li> <li>6. The licensed mental health professional determines whether the youth meets criteria to be on Eyesight or Arm’s Length Supervision and authorizes this in writing. Any changes of type of precaution the youth is placed on are also authorized in writing by the licensed mental health professional. The following are guidelines for the licensed mental health professional to select a level of precaution:             <ol style="list-style-type: none"> <li>a) Youth who are not actively suicidal, but express suicidal ideation (expressing a wish to die without a specific threat or plan) are placed on Eyesight Supervision.</li> <li>b) Youth with a recent history of Deliberate Self-Harming behavior may be appropriate for Eyesight Supervision.</li> <li>c) Youth who deny suicidal ideation but demonstrate other concerning behavior (through actions, circumstances, or recent history), indicating the potential for self-injury, are appropriate for Eyesight Supervision.</li> <li>d) Youth who are actively suicidal, either forming a specific plan or engaging in suicidal behavior, are appropriate for Arm’s Length Supervision.</li> </ol> </li> </ol>
<p><b>E. Communication</b></p>	<p>The YDC will develop a method of communication that involves the following:</p> <ol style="list-style-type: none"> <li>1. Shift supervisor ensures that appropriate direct care staff are properly informed of the status of each youth placed on Eyesight or Arm’s Length Supervision.</li> <li>2. Shift supervisor briefs the incoming shift supervisor regarding the status of all youth on Eyesight or Arm’s Length Supervision.</li> <li>3. Authorization for Eyesight or Arm’s Length Supervision or any changes in level of precaution are documented by facility mental health providers and distributed to appropriate staff, including facility mental health providers.</li> <li>4. Parents are notified of youth on Eyesight or Arm’s Length Supervision within twenty-four (24) hours of precaution being initiated. The superintendent or designee selects an individual to contact the parent on a case-by-case basis.</li> </ol>
<p><b>F. Safe Environment</b></p>	<ol style="list-style-type: none"> <li>1. In creating a safe environment for youth on Eyesight or Arm’s Length Supervision, the following is taken into consideration:             <ol style="list-style-type: none"> <li>a) An environment is selected that maximizes staff interactions with the youth.</li> <li>b) Youth on Eyesight or Arm’s Length Supervision are integrated into the general population when it is safe to do so. For example, when the general population goes to school or the cafeteria, the youth on Eyesight or Arm’s Length Supervision goes to school and the cafeteria also, if possible. If the general population is in their rooms for shower time, the youth on Eyesight or Arm’s Length Supervision is in his room also.</li> <li>c) Physical restraint and seclusion may be used only in an emergency when the child/youth, due to his/her current behavior, poses an imminent risk of</li> </ol> </li> </ol>

	<p>harm to himself/herself or others. Staff adhere to Policy <a href="#">19.11, Use of Physical Restraint and Seclusion</a> at all times.</p> <p>d) Staff ensure that youth on Eyesight or Arm’s Length Supervision can be seen and are observed at all times while sleeping.</p> <p>2. Rooms designated to house youth on Arm’s Length Supervision are as suicide-resistant as is reasonably possible, including:</p> <p>a) Rooms are free from obvious protrusions and provide full visibility to staff outside the room,</p> <p>b) Rooms do not have live electrical switches or outlets, clothing hooks, or any other object that provides an easy anchoring device for hanging,</p> <p>c) Rooms have tamper-proof light fixtures, smoke detectors, and air vents that are protrusion-free,</p> <p>d) Rooms contain a window large enough to allow a view adequate to observe unsafe behavior, and</p> <p>e) A rescue tool is available in case of emergency.</p>
<p><b>G. Levels of Observation, Follow-up, Treatment Planning</b></p>	<p>1. Eyesight Supervision</p> <p>Staff ensure that youth on Eyesight Supervision receive continuous eyes-on supervision. Staff may have other duties; however, duties must not impede staff’s ability to visually supervise youth and provide immediate response and intervention if required.</p> <p>2. Arm’s Length Supervision</p> <p>Staff ensure that youth on Arm’s Length Supervision receive continuous eyes-on supervision of a youth by a staff member with no other duty assignment. Staff are to be within arm’s length distance of the youth on precaution at all times.</p> <p>3. Staff ensure that youth on Eyesight or Arm’s Length Supervision receive the following services:</p> <p>a) Contact and interaction with mental health staff on a daily basis.</p> <p>b) A review of precaution status by the licensed mental health professional every twenty-four (24) hours. All professional recommendations are documented and followed.</p> <p>c) The contract mental health provider creates an individualized safety plan and service plan within one business day for any youth on Eyesight or Arm’s Length Supervision to include warning signs, symptoms, and the circumstances under which the risk for suicide is likely to recur, ways to avoid the suicidal thoughts, and actions that youth and staff take if the suicidal thoughts recur.</p> <p>4. Youth receive medication management services according to the following:</p> <p>a) Youth on Arm’s Length Supervision are evaluated by the contract medication provider within one calendar week after being placed on observation, unless the Licensed Mental Health Professional recommends otherwise.</p>

	<ul style="list-style-type: none"> <li>b) Youth on Eyesight Supervision are evaluated by the contract medication provider if recommended by the Licensed Mental Health Professional.</li> <li>c) If a youth is recommended for a visit with the contract medication provider per a) and b), this takes place even if the youth has been removed from precaution by the time of the appointment.</li> </ul> <p>5. Youth on Eyesight or Arm’s Length Supervision may engage in regular program activities with the following exceptions:</p> <ul style="list-style-type: none"> <li>a) Youth may be prohibited from reporting to paid or unpaid work assignments while on Eyesight or Arm’s Length Supervision.</li> <li>b) Youth may be prohibited from swimming or other potentially risky activities while on Eyesight or Arm’s Length Supervision.</li> <li>c) Youth may be prohibited from vocational training while on Eyesight or Arm’s Length Supervision if the training involves work with potentially risky objects.</li> </ul> <p>6. Youth on Eyesight or Arm’s Length Supervision may be prohibited from having the following, at the discretion of the licensed mental health clinician:</p> <ul style="list-style-type: none"> <li>a) Pencils, ballpoint pens, or other sharp writing utensils.</li> <li>b) Extra clothing, belts, shoestrings, necklaces, or other clothing items that could pose a risk to the youth.</li> <li>c) Radio cords or ear buds.</li> <li>d) Any other items that the team feels could be harmful to the youth.</li> </ul>
<p><b>H. Searches</b></p>	<p>Staff wishing to conduct a search on a youth who is on Eyesight or Arm’s Length Supervision adhere to Policy <a href="#">31.4, Search Procedures</a>.</p>
<p><b>I. Documentation</b></p>	<ul style="list-style-type: none"> <li>1. Staff document the following information for youth who are on Eyesight or Arm’s Length Supervision:             <ul style="list-style-type: none"> <li>a) Date/time youth was placed on Eyesight or Arm’s Length Supervision.</li> <li>b) Form <b>CS-1109, Suicide Monitoring Cover Sheet/Log for a YDC</b>.</li> <li>c) Notes indicating dates and times when youth was seen by mental health professional.</li> <li>d) Date/time youth was removed from Eyesight or Arm’s Length Supervision, including information about who authorized this.</li> </ul> </li> <li>2. The documentation is kept in a way such as to ensure the following:             <ul style="list-style-type: none"> <li>a) Documentation is accessible to staff who interact with the youth throughout the day, for instance, new workers at each shift and school personnel.</li> <li>b) The documentation is placed in the youth’s file at the YDC when it is complete.</li> </ul> </li> </ul>

<p><b>J. Removing youth from Eyesight or Arm’s Length Supervision</b></p>	<p>Staff remove a youth from Eyesight or Arm’s Length Supervision status only after this has been recommended in writing by a licensed mental health professional.</p>
<p><b>K. Procedures for Death or Near Death</b></p>	<p>Staff immediately reference Policy <a href="#"><u>20.27 Child Death/Near-Death Rapid Response</u></a> in the case of a death or near-death.</p>

<p><b>Forms:</b></p>	<p><a href="#"><u>CS-1104, Columbia Suicide Severity Rating Scale</u></a>  <a href="#"><u>CS-1109 Suicide Monitoring Cover Sheet/Log for a YDC</u></a></p>
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<p><b>Collateral documents:</b></p>	<p><a href="#"><u>CANS Case Protocol</u></a>  <a href="#"><u>19.11, Use of Physical Restraint and Seclusion</u></a>  <a href="#"><u>31.4, Search Procedures</u></a>  <a href="#"><u>20.27, Child Death/Near Death Rapid Response</u></a></p>
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<p><b>Glossary:</b></p>	
<p><b>Term</b></p>	<p><b>Definition</b></p>
<p><b>Youth Development Center (YDC)</b></p>	<p>A state run hardware secure facility under the supervision and control of the Commissioner of Children’s Services that houses children who have been adjudicated delinquent and who meet the criteria as established by the Department for placement at such facility.</p>