



**DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
4 -JDF-4C-21, 22, 35, 39
3-JCRF-4C-06, 09
1-JBC-4C-22, 24, 35
4-JCF-3C-03; 4D-07
NCCHC Y-G-05

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

SUBJECT: Suicide Prevention and Intervention

POLICY NUMBER: DJJ 405.4

TOTAL PAGES: 7

EFFECTIVE DATE: October 3, 2023

APPROVAL: Vicki Reed, COMMISSIONER

I. POLICY

Youth shall be screened upon admission and continually monitored thereafter to assess the risk for self-harm or suicide and maintain physical safety. Staff shall be trained in the assessment, management, supervision, emergency procedures, documentation, and notification regarding suicidal behavior and physical safety. Because suicide attempts take many forms and youth attempt to use multiple methods and instruments, to enhance the safety and security of both the youth and staff, the room door will remain closed as indicated in the policy to ensure that the youth does not obtain a dangerous instrument outside of the room that would allow them to harm themselves or others.

II. APPLICABILITY

A. This policy shall apply to all youth development centers and detention centers.

B. *Limited Applicability for Group Homes and Day Treatment Programs*

This policy shall also govern the development of Standard Operating Procedures for Suicide Prevention and Intervention in group homes and day treatment programs.

III. DEFINITIONS

A. Refer to DJJPP 400.

B. "Level 1" means a high level observation with constant, uninterrupted supervision and is reserved for youths believed to be at high-risk for harm as determined by a licensed behavioral health professional ("LBHP").

C. "Level 2" means a moderate level observation and that the youth is deemed by a LBHP to not be actively suicidal but has expressed suicidal ideation or has a recent history of suicide and is exhibiting significant symptoms of mental illness.

D. "Safe cell" means a cell that has a stainless fixture sink/toilet combination with push button flush and faucet; a bed that has all bedposts or bars at the head and foot of the

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bed removed and the sharp edges covered; the fixtures or pipes that a youth may use to commit suicide are covered with steel or fine mesh; there is visibility to all areas of the cell; no functional electrical outlets or switch plates; and a camera in cell, if available.

- E. "Suicide attempt" means a conscious, deliberate, self-injurious act intended to take one's own life or commit suicide with a non-fatal outcome. The conscious and deliberate act intended to take one's own life or commit suicide may include injury by jumping, asphyxiation, laceration, overdose, hanging, drowning, firearm, and poisoning.

IV. PROCEDURES

A. Training

1. All staff shall receive pre-service training regarding how to use all risk assessment tools and the identification, interaction, and supervision of individuals at-risk for suicide. This training shall be reviewed annually by the Chief of Mental Health Services or designee for revisions that reflect updates in the research and best practices.
2. Suicide prevention and intervention training shall also be included as part of the annual in-service training for all staff.

B. Assessment Upon Admission

1. All youths shall be screened upon admission during intake for suicide potential as part of the mental health screening and mental health appraisal procedure.
2. Youths who are pregnant shall be provided both pre- and post-natal mental health services. All pregnant youths shall be screened for depression at regular intervals throughout the pregnancy. Any results indicating depression or suicidal ideation or intent shall initiate a referral to mental health services so a plan can be created to guide appropriate services or observation status.
3. Based on the initial screening, staff shall determine if the youth may join the general population, be referred for immediate evaluation by a LBHP, or be referred for immediate medical evaluation.
4. If indicated during the initial screening, the youth shall be placed on Level 1 (high level observation) until evaluated by the LBHP. Once evaluated, the LBHP shall determine the level of observation and develop a suicide care plan for the youth.
5. For a staffing shortage or a facility emergency, supervision of the youth on suicide observation shall take priority. The Superintendent shall be notified immediately of the need for additional staffing. A youth requiring inpatient psychiatric care shall be referred for hospitalization in accordance with DJJPP 405.1, 405.5, and 405.6.

C. Staff Responsibility

1. Juvenile detention centers, youth development centers, and group homes.

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- a. Any staff member that hears a youth verbalizing a desire or intent to commit suicide, observes a youth making an attempt at self-harm, receives information from the community of a youth's suicide risk, or otherwise believes a youth is at risk for suicide shall take immediate steps to ensure that the youth is continuously observed and prevented from self-harm until appropriate medical, mental health, or supervisory assistance is obtained in accordance with DJJPP 405.1, consistent with existing security procedures. The youth shall remain on continuous observation in a safe area or a safe cell, if available, until the youth's mental health status can be assessed by a LBHP.
 - b. Staff noting any behaviors indicative of potential suicide shall inform the Shift Supervisor. The Shift Supervisor shall notify the youth's counselor, the Treatment Director, LBHP, Superintendent, and medical staff.
 - c. The Superintendent or designee shall ensure that appropriate staff is properly informed of the status of each youth placed on suicide observation. The previous shift supervisor shall brief the incoming shift supervisor on the status of all youths on suicide observation.
 - d. A summary progress note shall be completed on all youths placed on suicide observation by the assigned staff each shift and for any unusual occurrences.
 - e. Suicide precautions may be lowered or discontinued only by a LBHP, Regional Psychologist, or the Chief of Mental Health Services.
2. Day Treatment Programs.
- a. Any staff member that hears a youth verbalizing a desire or intent to commit suicide shall place the youth on Level 2 fifteen (15) minute continuous observation and call the parent or caregiver for pick up and behavioral health care.
 - b. If a youth engages in self-harm or attempts suicide, staff shall call 911 or other emergency services and the youth shall be placed on Level 1 five (5) minute continuous watch.

D. Mental Health Assessment

1. All youths placed on a suicide observation shall be evaluated by a LBHP as soon as possible, but not later than 24 hours after the initiation of the observation.
2. Based on this evaluation, the LBHP shall determine the appropriate level of observation, which shall include either Level 1 (high level observation) or Level 2 (moderate level observation), and communicate to the superintendent and shift supervisor the level of observation monitoring required.
3. The LBHP shall monitor and assess the youth as needed and adjust the observation status as appropriate, not less than once every 24 hours. The observation status may only be adjusted or terminated by a LBHP, Regional Psychologist, or Chief of Mental Health Services.
4. While a youth is on suicide observation, mechanical restraints for mental health purposes may only be used as a last resort for periods in which the youth is physically engaging in self-destructive behavior.

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E. Observation Levels

1. Level 1 High-Level Observation

- a. i. Juvenile detention centers and youth development centers. The youth shall be assigned continuous supervision and placed in an area designated as safe or a safe cell if available. This continuous observation may be conducted by any staff. The door shall remain closed. Staff shall maintain a line of sight with the youth at all times and be ready to intervene rapidly in the event of an emergency. Staff shall not leave their post until relieved by other staff.
- ii. Group homes. The youth shall be assigned continuous supervision and placed in an area designated as safe. This continuous observation may be conducted by any staff. The door shall remain open and the observing staff shall remain within an arm's reach of the youth.
- b. If the cells or rooms used for observation at a facility are physically located next to one another, with an unobstructed view of both youths and their entire cells or rooms, one staff member may be assigned to observe two youths.
- c. Continuous supervision shall be required until determined by a LBHP or independently licensed mental health provider.
- d. The cell or room shall be searched and inspected and any harmful objects removed. Documentation of the search shall be entered into the suicide observation log.
- e. The bedding shall be removed and the youth shall be provided a suicide blanket.
- f. The youth shall be searched for possession of any potentially harmful objects. At a minimum, the search shall include a pat down, but circumstances may require a more thorough search. Documentation of the search shall be entered into the suicide observation log.
- g. If a youth has used clothing to make a suicide attempt, the youth's clothing may be removed and the youth placed in a suicide smock. If the situation requires staff to remove the youth's clothing, the staff shall be the same sex as the youth except for exigent circumstances.
- h. The youth shall be placed on "no sharps" precautions and finger food.
- i. The allowed property of the youth shall be determined at the discretion of the LBHP.
- j. Staff shall search the toilet and bathing areas for potentially harmful objects prior to use. When a youth is using the toilet or bathing area:
 - i. Same sex staff shall be standing nearby and maintain verbal contact with the youth.
 - ii. The door shall be left ajar for toileting if a toilet is not located in the youth's room.

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- iii. When showering, same sex staff shall hand the youth items as they are needed.
 - k. The youth shall be afforded education services using non-traditional instruction (NTI) packets.
 - l. Recreational activities shall be conducted in the room with the supervising staff. Upon approval from the LBHP, Regional Psychologist, or Psychiatrist, the supervising staff may permit the youth to engage in recreation outside of the room. Prior to placing the youth back in the room, the youth shall be searched.
 - m. Transfer to an acute psychiatric setting shall be considered.
 - n. A professional review of observation status shall be conducted every two (2) hours during waking hours by the Counselor or designee, LBHP or designee, the Superintendent, or Administrative Duty Officer.
- 2. Level 2 Moderate Level Observation
 - a. Searches as described under Level 1 (high level observation) shall be conducted.
 - b. The youth may be placed on the regular unit and participate in the normal routine.
 - c. Staff shall maintain a line of sight with the youth at all times and be ready to intervene rapidly in the event of an emergency.
 - d. Staff shall observe the youth for signs and symptoms of depression and signs of suicidal ideation. If the youth exhibits signs of psychiatric distress or decompensation, the staff shall place the youth on Level 1 (high level observation) and the youth shall be referred for a mental health evaluation.
 - e. The door to a room that is occupied by a youth on Level 2 (moderate level observation) may remain open during waking hours, but shall be closed during sleeping hours.
 - f. The youth may be placed on “no sharps” precautions and finger food.
 - g. The allowed property of the youth shall be determined at the discretion of the LBHP.
 - h. Same sex staff shall search the toilet and bathing areas for potentially harmful objects prior to use. When a youth is using the toilet or bathing area:
 - i. Same sex staff shall be standing nearby and maintain verbal contact with the youth.
 - ii. The door shall be left ajar for toileting.
 - iii. When showering, same sex staff shall hand the youth items as they are needed.

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- i. If the youth engages in self-harm or attempts suicide, the youth shall be placed on Level 1 (high level observation) until evaluated by a LBHP. Any staff may initiate moving a youth up to Level 1 (high level observation).
- j. A professional review of observation status shall be conducted every four (4) hours during waking hours by the Counselor or designee, LBHP or designee, the Superintendent, or Administrative Duty Officer.

F. Documentation

1. The suicide observation log shall be completed on all youths placed on suicide observation.
2. The LBHP shall respond as soon as possible upon notification of the observation request to conduct a face-to-face evaluation of the youth in an individual session in person or through telehealth. In exigent circumstances, the evaluation may be performed by telephone. A progress note shall be made in the youth's medical record with reference to the completed suicide consultation, any clinical intervention used to stabilize the youth, and the suicide care plan.
3. Reassessments or changes in observation status shall be completed by the LBHP, Regional Psychologist, or Chief of Mental Health Services and documented on the suicide care plan and a copy provided to medical staff to place in the medical record.
4. The LBHP shall make daily progress notes. A copy of the progress notes shall be provided to medical staff to place in the medical record of youths on suicide observation. Any changes in the property allowed or suicide care plan shall be included in the daily progress notes.
5. The discontinuation of or any changes in observation status shall be documented by the LBHP, Regional Psychologist, or Chief of Mental Health Services on the suicide care plan and in the medical record by medical staff.
6. Staff shall maintain the suicide observation log until the observation requirement is removed.
7. The Shift Supervisor shall sign the suicide observation log being used on their shift during the Shift Supervisor's rounds.
8. Observations shall be documented at staggered intervals of no more than five (5) minutes for Level 1 (high level observation) and fifteen (15) minutes for Level 2 (moderate level observation).
9. Observations during waking hours shall be an interactive contact.
10. Observations during sleeping hours shall be conducted to ensure the youth's health and welfare. The observations shall include the following:
 - a. The youth's presence is known;
 - b. The youth's head is uncovered;
 - c. No apparent item is secured around the youth's neck;
 - d. The youth is in no apparent distress;
 - e. There is no visual contraband in the youth's room; and

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- f. Any other observations that raise concern.
- 11. Staff shall accurately document all observations, including actual time the staff conducted the check on the youth. Information recorded shall include:
 - a. Checks of the youth conducted; including notation of bruises or other trauma markings.
 - b. The notation of behavioral observations and problems on the observation log. The LBHP shall notify the supervisor of any significant mental health or behavioral concerns and the supervisor shall immediately notify the superintendent or designee.
- 12. Suicide and suicide attempts shall be documented on an incident report in accordance with DJJPP Series 300 or Series 700. In the event of a completed suicide, reference DJJPP Series 100 (Death of a Youth) for procedural instructions.

G. Isolation

- 1. A youth who is suicidal may only be placed in or remain on isolation if they present an immediate assault risk to staff or other youth as evidenced by physical actions and other less restrictive interventions have failed or are not appropriate. Initial authorization shall be given by the facility LBHP or the Regional Psychologist in consultation with the Chief of Mental Health Services.
- 2. One-to-one supervision shall be required until a LBHP has conducted a mental health evaluation. Staff shall follow protocol for dealing with mental health emergencies and suicide intervention and prevention for a youth who has been placed in isolation and expresses suicidal ideation.
- 3. Authorization for continued confinement shall be obtained, every four (4) hours during waking hours, from the Superintendent, LBHP, and the Facilities Regional Administrator (FRA) immediately following the safe securing of the youth.
- 4. The Superintendent, LBHP, and the FRA shall determine when the isolation placement will be ended. Suicidal precautions shall continue until removed by a LBHP.

V. MONITORING MECHANISM

The Chief of Mental Health Services or designee, LBHPs, Division of Compliance, Division of Program Services, and the Division of Detention Services shall monitor this activity.