Mental Health, Substance Abuse, and Suicide Risk Screening (Residential)

**Purpose:** The intent of the following policy is to ensure that youth are screened at admission for mental health (including suicide risk) and substance abuse problems and, when indicated, a referral for treatment is initiated.

**Policy:** All admissions to the program are screened for mental health (which includes suicide risk) and substance abuse problems during the initial admission process.

* If at any time after, or during, the intake or screening process, or prior to an intake commencing, if any staff observes or believes a youth presents an immediate threat to themselves or others, the intake/screening process should be discontinued and the youth should be placed on one-to-one supervision and staff should immediately call 911 for law enforcement assistance for a Baker Act and/or transportation for additional assessment.
* If the screening tool indicates a need for further assessment, there must be a documented referral to a qualified mental health professional or service provider or a qualified substance abuse professional or service provider for further assessment.
* Youth whose screening indicates a risk of suicide are placed on one-to-one supervision or constant sight and sound supervision as dictated by their need until a clinical assessment of suicide risk is completed.
* Shelters are equipped with a knife for life as a lifesaving tool and all staff are aware of where it can be found in the event it is needed.

**Procedure and/or Process:**

Upon admission, each youth is provided with an initial medical, mental health, substance abuse, and suicide risk screening. The screening includes:

* Current medications for mental/physical health
* Staff observations regarding participant behavior/statements
* Current or past substance abuse problems and/or treatment
* Current or past mental health problems and/or treatment
* Current suicidal ideation and any history of suicidality or desire to harm others

The initial suicide risk screening consists of ***5*** questions. A “yes” answer to any of the five (5) questions requires a full suicide assessment conducted by a licensed mental professional or a non-licensed mentalhealth professional under the supervision of a licensed professional within 24 hours. If the screening occurs 5:00 p.m. on Friday and 9:00 a.m. on Monday and there is no access to staff to conduct an assessment within 24 hours, the assessment must be completed the morning of the first business day.

If a youth answers yes to question 2 and/or question 3 (with an immediate method to enact the Plan) One-to-One Supervision shall be provided until an assessment is completed. If a youth answers yes to question 3 and the specific plan includes an available means that could create an immediate danger, the youth shall be provided One-to-One Supervision until an assessment is completed.

If a youth answers yes to questions 1, 3(with no immediate method available to enact the Plan), 4 or 5, the youth shall be placed on Constant Sight and Sound Supervision until an assessment can be completed.

Staff should initial each of the following actions when it is completed on the Intake Assessment NETMIS Form and note any other actions taken in the designated area.

* Place participant on One-to-One Supervision or Constant Sight and Sound Supervision as indicated.
* Begin Observation Log
* Complete Youth Safety Agreement
* Alert a supervisor of participant’s status.
* Alert the licensed professional or unlicensed professional of the need for an assessment to occur within 24 hours.
* Contact Parent/ Legal guardian and inform them of the participant’s status.
* Document in the program Log Book
* Document in the Participant File

**If the youth answers “no” to all 5 questions**, the youth is determined to be at no risk for suicide and the youth is to be handled as a part of the general shelter population.

**Youth Safety Agreement**

The Youth Safety Agreement shall be completed with each youth when any risk has been identified in the screening process or whenever a safety risk (suicide, homicide, or assault) is stated, observed, or indicated through gestures or verbal statements at any time while the youth is in the program. This agreement contains information about the youth’s rights and responsibilities related to their personal safety and the safety of others. The safety agreement should include, at minimum, the following elements: (1) Identifying warning signs of suicide crisis; (2) Internal coping strategies; (3) Social supports that can distract from the current crisis; (4) Contact information for these social supports; (5) Contact information for health care services; and (6) Reducing access to lethal means. The youth and staff both sign and date the agreement, which is then placed in the youth’s permanent case file.

In the event a youth fails or refuses to complete the Youth Safety Agreement, the suicide risk should be considered high and the youth must be placed on one-to-one supervision and law enforcement should be contacted for assistance with a Baker Act and/or transportation for additional assessment.

If the youth appears intoxicated or under the influence during the admission process, the staff will immediately attempt to contact the parents/guardians for transport to a detoxification unit or the emergency room. Call 911 and/or involve law enforcement if necessary.

For related information see:

P-1119 Medical and Mental Health Alert Process

P-1152 Mental Health, Substance Abuse, and Suicide Risk Screening (Non-Residential)

P-1247 Suicide Assessment

Florida Network Policy and Procedure Manual