Suicide Assessment (Residential)

**Purpose:** The intent of the following policy is to ensure that youth who have been screened for suicide and are identified as at risk receive a full suicide assessment and are managed in a safe manner.

**Policy:** All admissions to the program are screened for suicide risk using the Florida Network approved five suicide risk questions.

Regardless of the procedures outlined below, if at any time from the point when a youth arrives at a shelter and any staff observes or believes a youth presents as an immediate threat to themselves or others, the youth will be placed on one-to-one supervision and staff will immediately call 911 and request assistance from law enforcement for a Baker Act and/or transportation for additional assessment. If law enforcement brought the youth to the shelter, staff should request that they stay to transport the youth to the crisis stabilization unit.

In addition, when staff observes any indicators (behaviors, actions, youth demeanor, conversations, etc.) subsequent to the youth’s admission into the program that may reflect an increased risk of suicide, a suicide risk screening may be performed. When indicated, an assessment of suicide risk must be completed by a licensed mental health professional or a non-licensed mental health professional within the time frames established by this policy.

Non-licensed clinical staff working in shelters completing Assessments of Suicide Risk under the supervision of a licensed clinical staff person must have documented 20 hours of training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. The non-licensed clinical staff person’s training hours must include administration of, at minimum, 5 one-to-one assessments of suicide risk or crisis assessments individually conducted on-site in the physical presence of a licensed professional. The training must be documented and maintained in the non-licensed clinical staff person’s file using the Documentation of Non-Licensed Mental Health Clinical Staff Person’s Training in Assessment of Suicide Risk form.

There must be written confirmation by the licensed professional supervising the non-licensed professional that this individual has received training and is competent to conduct Assessment of Suicide Risk under the direct supervision of the licensed professional. The written confirmation must be placed in the personnel file of the non-licensed clinical staff person, and must contain the date, signature, and license number of the licensed professional.

Youth whose screening indicates a risk of suicide are placed on one-to-one supervision or constant sight and sound supervision dictated by need, until a clinical assessment is completed by a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional.

At any time the youth has made suicide gestures or attempted suicide, the Program Supervisor shall be notified and informed what procedures have been put in place to ensure the youth’s protection. Any time there is a suicide attempt, the CDS CEO/COO, the Florida Network and DJJ shall be notified in accordance with DJJ Incident Reporting Policy.

**Definitions:**

**One-to-One Supervision** – This is the most intense level of supervision and will be used while waiting for the removal of the youth from the program by law enforcement or parent/legal guardian for the purpose of Baker Act consideration if necessary, or until an assessment is done.

This level of supervision will be used:

* For those youth whose behavior has escalated to making suicidal or homicidal statements or gestures, and/or stating a specific plan to carry out a suicide/homicide
* At the direction of the licensed mental health professional completing or the unlicensed mental health professional under the direct supervision of the licensed professional ***completing or*** approving the assessment

One staff member will remain within arm’s length of the youth at all times. Documentation should exist in the case file and/or log book as to why a same gender staff as the youth is notclinically appropriate. The staff must continually observe the youth’s demeanor, actions, conversations, and behavior. If this closeness to youth creates or heightens the youth’s statements of self-harm or harm to others, staff may give more space, not to exceed 5 feet.

During all activities, including sleeping, bathing, using restroom, eating, dressing, etc. the youth will be monitored in a way that preserves youth privacy as much as possible without jeopardizing the youth’s safety. Continuous sound supervision must be maintained at all times.

**Constant Sight and Sound Supervision** – is for youth who are identified as being at high risk of suicide but are not expressing current suicidal thoughts or threats.

A staff member must have continuous, unobstructed, and uninterrupted sight of the youth and be able to hear the youth at all times. This includes during all activities, including sleeping, bathing, using restroom, eating, dressing, etc. the youth will be monitored in a way that preserves youth privacy as much as possible without jeopardizing the youth’s safety. Continuous sound supervision must be maintained.

Constant supervision cannot be accomplished through video/audio surveillance. If video/audio surveillance is utilized, it can be used only to supplement physical observation by staff.

**Documentation of One-to-One Supervision and Constant Sight and Sound Supervision** - The staff(s) assigned to monitor the youth must document his/her observations of the youth’s behavior at intervals of 30 minutes or less (every 30 minutes for Constant Sight and Sound Supervision and every 15 minute for One-to-one Supervision) using either an Observation Log or the shelter daily log. Documentation should include time of day, behavioral observations, any warning signs observed and the observer’s initials. Documentation must be reviewed by supervisory staff (shift leader if other supervisory staff is not available) each shift. If using an Observation Log, once it is completed, it must be placed in the youths file.

Staff must also ensure that there is communication between shifts regarding youth who are on One-to-One Supervision and Constant Sight and Sound Supervision through alert systems and shelter log books.

**Procedure and/or Process:**

The Interface Intake Assessment NETMIS Form contains the following five questions and will be asked of each youth:

1. Have you recently been in a situation where you did not care whether you lived or died?

2. Have you felt continuously sad or hopeless to the point of wanting to die?

3. Do you feel that life is not worth living or wish you were dead?

4. Have you ever tried to harm or kill yourself?

5. Are you thinking of harming yourself or killing yourself right now or in the past two weeks? If yes, do you have a plan (specific method) to kill yourself?

If the youth answers yes to any of the five questions an assessment must be completed by a licensed professional or an unlicensed professional under the supervision of a licensed professional.

If a youth answers yes to question 2 and/or question 3 and/or 5 (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 questions 1, 3 and/or 5 (with no immediate method available to enact the Plan), or 4, 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

The assessment will occur

* No later than 24 hours after the screening, unless the following exception exists:
* EXCEPTION: If the screening occurs between 5 p.m. on Friday and 9 a/m. on Monday and there is no access to staff to conduct an assessment within 24 hours, the assessment must be done within 72 hours.

Supervision of youth after the completion of the suicide screening but before the assessment is completed

* If, prior to the completion of the assessment by the licensed professional, the youth:
	+ engages in suicidal/homicidal gestures,
	+ repeatedly states he/she wishes to harm themselves or others, and/or
	+ states a specific plan for suicide,

the youth will be placed on One-to-One Supervision and law enforcement should be contacted immediately for assistance with a Baker Act and/or transportation for additional assessment.

Youth awaiting an assessment by a licensed professional ***or an unlicensed professional under the supervision of a licensed professional.***

* will be placed on Constant Sight and Sound Supervision
* For youth identified as not at risk of suicide, after the suicide screening, no further assessment, referral or services are required. The youth may be placed in the general population for purposes of supervision and service delivery.

**Supervision of youth after completion of the suicide assessment:**

The level of supervision a youth receives must reflect his/her level of risk for suicide as determined by the suicide assessment completed by or under the supervision of the licensed professional. Risk level for suicide and the level of supervision may change during the course of the youth’s stay in the shelter. However, the level of supervision cannot be changed or reduced until a licensed professional, or a mental health professional receiving supervision by a licensed professional, has completed a further assessment.

**Supervision of Youth upon return from a Baker Act Facility:**

Youth will be placed on Constant Sight and Sound Supervision until an assessment of suicide risk can be completed by a licensed professional or an unlicensed professional under the supervision of a licensed professional to determine further supervision needs within 24 hours after the youth’s return to the shelter, unless the following exception exists:

* EXCEPTION: If the screening occurs between 5 PM on Friday and 9AM on Monday and there is no access to staff to conduct an assessment within 24 hours, the assessment must be done within 72 hours.

Two levels of supervision will be used for youth at risk for suicide based on the recommendation of the licensed professional, or a mental health professional receiving supervision by a licensed professional who may additionally seek consultation with a supervisor who may determine to maintain a higher level of supervision than is recommended.

* 1. One-to-One Supervision
	2. Constant Sight and Sound Supervision

Youth considered to be not at risk should receive normal supervision in the general population.

**Notification of Agency Official(s), Outside Authorities, and Parents/Guardians:**

At any time a youth has made suicide gestures or attempted suicide, the Program Supervisor shall be notified. Parents/guardians of the youth shall be notified and informed of what procedures have been put into place to ensure the youth’s protection. Any time there is a suicide attempt, the Executive Director/Chief Executive Officer, the Florida Network, and DJJ shall be notified in accordance with DJJ incident Reporting Policy.

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-1144 Mental Health, Substance Abuse and Suicide Risk Screening (Residential)

Florida Network Policy and Procedure Manual