



DEPARTMENT OF
JUVENILE SERVICES

POLICY

POLICY: Suicide Prevention and Intervention
NUMBER: BH-211-21
APPLICABLE TO: DJS Operated or Licensed Residential Facilities employees

APPROVED: _____
Sam Abed, Secretary

DATE: 6/17/2021

I. POLICY

Each residential facility shall abide by the established suicide prevention procedures for performing intake, screening, identifying, intervening and supervising suicide-prone youth and the procedures for notification of the death of a youth, staff or visitor in a DJS facility. All staff with responsibility for supervising youth shall receive annual training on suicide prevention and intervention.

II. AUTHORITY

- A. Md. Code, Human Services Article § 9-902, 9-203, 9-204, 9-205 and 9-218
- B. Md. Code, Health - General Article §4-403
- C. COMAR 14.31.06.13.K
- D. COMAR 10.01.16.04
- E. American Correctional Association (ACA) Standards, 4-JCF-3C-03, 4-JCF-4C-43 and 4-JCF-4D-07

III. DIRECTIVES/POLICIES RESCINDED

Suicide Prevention and Intervention, BH-203-18

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

I. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
Revised policy (BH-203-18) issued. Procedures revised: <ul style="list-style-type: none"> • Suicide watch levels reduced to two, SWL I and SWL II. • All observations shall be documented a minimum of six times per hour at staggered intervals. • Shift Commanders are required to establish a suicide watch folder for each incident of one to one supervision or suicide watch. • Behavior health and medical staff are mandated to complete suicide prevention and intervention training at ELT, and in-service annually. 	7/20/18
Procedures (BH-203-18) revised: <ul style="list-style-type: none"> • In Section H., to ensure staff CLOSE the Suicide Alert entered into ASSIST instead of REMOVING the Suicide Alert when the youth is removed from a suicide watch; and • In section C., to ensure third party reporting. 	3/4/19
Old Policy (BH-203-18) rescinded. New policy (BH-211-20) issued. Procedures revised: <ul style="list-style-type: none"> • Revised definitions for Qualified Behavioral Health Professional, Suicide Attempt, Suicide Ideation, and Suicide Watch Level. • Added procedure requiring the QBHP to assess to determine whether to place a youth on SWL I or SWL II when a youth is returned to the facility following an off-grounds referral for an acute psychiatric condition. • Added new requirement to forward the guarded care plan to other behavioral health staff when a youth is maintained on SWL II for 48 hours. • Added requirement to coordinate with behavioral health supervisor when determining if the youth should be sent to a hospital for a psychiatric evaluation. • Added requirement that the QBHP shall notify the Director of BH, the BH Manager and the Medical Director of any youth requiring off-grounds psychiatric care. • Added requirement that a youth on suicide watch must be on a SWL for 24 hours before being reassessed for a potential decrease to another level. • Added requirement that youth shall be assessed by a QBHP within 30 minutes when the QBHP is onsite and within 24 hours if the QBHP is offsite • Added requirement that the Director of BH or designee shall conduct a follow-up consultation every 72 hours with a youth on SWL II. 	2/18/21



PROCEDURES

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NUMBER: BH-211-21
APPLICABLE TO: DJS Operated or Licensed Residential Facilities employees

APPROVED: [Signature] REVISION DATE: 3/4/2021
Wallis Norman, Deputy Secretary

APPROVED: [Signature] REVISION DATE: 2-17-2021
Laura Estupinan-Kane, PhD., Director of Behavior Health

APPROVED: [Signature] REVISION DATE: 02/19/2021
Keva S. Jackson, MSN, MHA, Executive Director of Clinical Services

I. PURPOSE

To provide procedures for the development of suicide-prevention programming at each DJS residential facility. The procedures include guidelines for performing screening at admission, identifying and supervising suicide-prone youth, behavioral health interventions, and responding to the death of a youth, staff, or visitor. Staff annual training requirements are identified. Procedures for the notification of death of a youth, staff, or visitor are enumerated.

II. DEFINITIONS

Admissions Officer means the designated employee trained in facility procedures for admitting a new youth into a facility.

Assessment means a face-to-face interview (which may include a live video conference) with a youth conducted by a Qualified Behavior Health Professional or other behavior health staff under the supervision of a qualified mental health professional.

Behavioral Health Screen means the instrument administered by health trained staff to newly admitted youth to obtain history and information related to mental health, substance use and other risk factors.

Facility Initial Reception Referral Screening Tool (FIRRST) means a Department approved assessment instrument used for screening to determine if a youth requires emergent care for medical, mental health or substance abuse conditions.

Health Care Practitioner means clinicians licensed to diagnose and treat patients to include, physicians, dentists, psychiatrists, podiatrists, optometrists, nurse practitioners, nurse midwives and physician assistants.

Health Care Professional means staff who perform clinical duties to include psychologists, nurses, social workers, professional counselors, dietitians, and emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.

Health Trained Staff are staff designated to serve as an Admissions Officer who are trained by a Health Care Professional and/or a Qualified Behavioral Health Professional and appropriately supervised to carry out specific duties such as conducting youth screenings at admissions.

Massachusetts Youth Screening Instrument (MAYSI)-2nd edition is a screening measure to assess a youth's mental health needs, to include substance abuse, trauma related problems, and suicidal ideation.

Qualified Behavioral Health Professional (QBHP) means staff who perform clinical duties in accordance with their professional scope of training and maintain applicable licensing, registration, certification and regulatory requirements. For the purposes of this policy, this includes ONLY licensed behavioral health staff and registered Psychology Associates.

Substance Abuse Subtle Screening Inventory for Adolescents (SASSI-A2) is a screening measure that helps identify youth who have a high probability of having a substance use disorder.

Self-Injurious Behavior means an action taken by an individual to harm oneself without an intent to commit suicide (non-life threatening self-mutilation, e.g., cutting, scratching his/her wrist, or performing some other injury to his/her body.)

Suicide means the death of an individual resulting from an intentional self-inflicted act.

Suicide Attempt means an act committed with at least some wish to die. There does not have to be any injury or harm resulting from action taken, just the potential for injury or harm.

Suicidal Ideation means expressed thoughts of wanting to end one's life.

Suicide Risk means the likelihood of a suicide attempt based on factors such as a history of suicide attempts, as well as the nature, frequency, and intensity of suicidal ideation.

Suicide Watch Level (SWL) means a level of suicide prevention action utilized to prevent, monitor and manage a youth exhibiting suicidal ideation or psychotic symptoms or engaging in a suicide attempt or self-injurious behavior.

Thought Disorder means a severe disruption in thinking, perception, emotion and behavior; for example: altered sense of self, delusions, hallucinations, or other thoughts that do not appear reality-based.

III.

PROCEDURES

A. General Procedures

1. Two-levels of suicide watch have been established to provide for supervision, intervention, and prevention for youth at risk of suicide.
2. Each facility shall develop Facility Operating Procedures (FOP) in accordance with the DJS Suicide Prevention and Intervention Policy and Procedure. The FOP shall be reviewed and approved by the Superintendent, Behavioral Health (BH) Supervisor, and the Health Administrator. **Annually**, the FOP shall be reviewed, updated and signed. The Superintendent shall send a copy of the FOP to the Director of Behavioral Health, Executive Director for Residential Services, and the Executive Director of Clinical Services.
3. The **Crisis Behavioral Health Referral Form (Appendix 1)** shall be used to document and communicate interventions to address youth in crisis.
4. **One to One Supervision** - Direct care staff that observe unusual behaviors must immediately notify the Shift Commander who shall place the youth on *one to one supervision*.
 - a. One to one supervision requires direct care staff to supervise by positioning themselves within five feet of a youth during waking hours.
 - b. When the youth showers or uses the bathroom staff shall be positioned where they can see the youth's head and/or feet while permitting privacy.
 - c. During sleeping hours or anytime the youth is in his or her room the door shall remain open with staff positioned at the door to maintain a direct line of sight and sound supervision.
 - d. The youth shall be supervised by staff of the same gender unless otherwise approved by the Superintendent.
5. Direct care staff shall complete a pat down search of all youth placed on **one to one supervision** in accordance with the *Searches of Youth, Employees and Visitors Policy*. Youth must be relieved of any objects, materials, shoelaces, belts, etc., which may be used for self-injury or suicide.
6. Direct care staff shall complete a thorough search of a youth's room prior to the youth entering the room after initiation of one to one supervision. All articles (to include sheets and pillow cases) shall be removed from a youth's room with the exception of a *mattress, pillow and blanket*. The mattress, pillow and blanket may be removed if directed by the Shift Commander or Behavioral Health Staff due to safety concerns.

7. Youth requiring one to one supervision may also be moved to another unit or transferred to another facility when deemed necessary for the youth's safety in accordance with facility and departmental administrative approval procedures.
8. Direct care staff shall document observations of youth on **one to one supervision** on the **Suicide Watch Observation Form (Appendix 2)**. Observations shall be documented **at least six times per hour** at staggered intervals **not to exceed ten minutes**. Staff will rotate the one to one supervision post every **four (4) hours**. Staff shall clearly document the change of supervision on the observation forms.
9. Direct Care and nursing staff shall be trained in standard first aid and cardiopulmonary resuscitation (CPR).
10. All medical centers shall have on hand an emergency response bag containing first aid response supplies that shall be inventoried and stocked monthly by nursing personnel.
11. The Superintendent shall ensure that a cut down tool is available in every living unit. All direct care staff and supervisors shall be trained in the use of the cut-down tool and supervisors shall carry a cut down tool on their person while on duty.

B. Admissions Screening and Assessment

1. In accordance with the *Admissions and Release of Youth in DJS Facilities Policy* the Admission's Officer shall administer the Youth Admission Questionnaire and the Facility Initial Reception Referral Screening Tool (FIRRST) to determine if the youth has any emergency medical, mental health or substance abuse conditions that would render admission unsafe. If any conditions are identified, a nurse shall evaluate the youth using the Pre-Admission Medical Assessment Form. If a youth screens positive on the Youth Admission Questionnaire or FIRRST and the Pre-Admission Medical Assessment Form, and is in need of emergent care, admission shall be denied. In such circumstances, the youth shall not be admitted until after receiving written notice of medical care and stabilization provided by a health care practitioner or Qualified Behavioral Health Professional (QBHP).
2. The Admission's Officer shall administer the MAYSI-2, SASSI-A2 and the Behavioral Health Screen, within two (2) hours of a youth's admission through a face-to-face interview in a private and quiet setting.
3. If a youth scores in the "caution or warning" range on the suicide ideation (SI), or Thought Disorder (TD) scale of the MAYSI-2, the Admission's Officer shall notify the Shift Commander and the youth shall be placed on one-to-one supervision. The Shift Commander shall notify the QBHP on-site or on-call by phone and the youth shall remain on one to one supervision until the QBHP makes the appropriate suicide watch level determination following a face-to-face assessment.
4. A QBHP shall review the outcomes of each youth's admission screening tools. A QBHP will complete a behavioral health assessment within 7

calendar days of the youth's admission.

5. Youth transferred from one DJS facility to another on a Suicide Watch Level (SWL) shall remain on that level a minimum of 24 hours and shall be assessed by a QBHP within 30 minutes of arrival when the QBHP is onsite and within 24 hours if the QBHP is offsite. The QBHP will document the face to face assessment and the findings along with clinical interventions on the **Crisis Behavioral Health Referral Form (Appendix 1)** and distributed it to the Superintendent, Assistant Superintendent, Shift Commander, youth's assigned living unit, Case Manager Supervisor, Case Manager, Principal, and the medical center. The QBHP shall document the assessment in the youth's health record as soon as possible and prior to the end of the shift. The QBHP at the receiving facility shall contact the QBHP at the sending facility no later than the next calendar day for any additional information or details on managing the youth.

C. Intervention and Prevention

1. If a youth attempts suicide, expresses suicidal ideation verbally or in writing, demonstrates behaviors such as self-injurious behavior, or other unusual behavior, direct care staff or any other staff who has knowledge of such behaviors shall **immediately** notify the Shift Commander who shall place the youth on **one to one supervision**.
2. Third parties, including fellow youth, family members, attorneys, and court officials shall be permitted to report suicidal risk on behalf of a youth both verbally or in writing to facility staff. Staff taking the information from the third party shall **immediately** notify the Shift Commander who shall place the youth **on one to one supervision**. The staff will complete the **Crisis Behavioral Health Referral Form (Appendix 1)** and give the completed form to the Shift Commander.
3. The Shift Commander shall immediately notify the QBHP. If the QBHP is on site, a face-to-face assessment must occur within **30 minutes** of notice. When a QBHP is not on site, the Shift Commander shall immediately contact the on-call QBHP by phone. The on-call QBHP shall respond to the Shift Commander by phone within **one hour** of being contacted and shall meet with the youth face-to-face **within 24 hours** of notification. The Shift Commander shall document the notification and the QBHP intervention instructions on the **Crisis Behavioral Health Referral Form (Appendix 1)**. This form shall be completed in all instances of a crisis referral, whether the QBHP is on or off site.
4. The youth shall remain on one to one supervision until the QBHP completes a face-to-face assessment.
5. In all instances, the Shift Commander shall *ensure immediate communication and implementation of interventions* as instructed by the QBHP. The Shift Commander shall document the interventions in the **unit logbook** and the **facility logbook** in RED ink.
6. The QBHP shall distribute the completed Crisis Behavioral Health Referral Form to the Shift Commander, Superintendent, Assistant

Superintendent, other behavioral health staff, Case Manager Supervisor and Facility Case Manager, the youth's assigned living unit, Principal and the medical department. The original shall be placed in the youth's health record.

7. Direct care staff shall brief the oncoming shift by providing the names of all youth on suicide watch, their levels, behavior history and intervention.
8. The QBHP, Nurse, or Health Care Practitioner shall refer the youth to a hospital or mental health facility if required to meet the youth's safety, clinical management, and/or treatment needs.
9. The QBHP shall communicate with the hospital or mental health placement to monitor the youth's adjustment. The QBHP shall communicate the youth's adjustment to the facility case manager, treatment team, and the youth's parent/guardian/custodian.
10. When a youth is referred off grounds for an acute psychiatric condition, upon return to DJS custody the youth **shall be placed on one to one supervision**. If the QBHP is on site at the time of the youth's return, a face-to-face assessment must occur within **30 minutes** of the youth's return. When no QBHP is on site, the Shift Commander shall immediately contact the on-call QBHP by phone. The QBHP shall respond by phone within one hour of being contacted and shall meet with the youth face-to-face **within 24 hours** of notification.
11. The QBHP shall assess the youth face-to-face to determine whether to place the youth on Suicide Watch Level I (SWL I) or Suicide Watch Level II (SWL II) in accordance with procedures outlined in Section E. 1 and E. 2, respectively, of this policy.
12. While on a suicide watch level youth shall be provided with the same programming as all other youth, including education, recreation, therapeutic groups and all regularly scheduled activities, unless specifically restricted by the QBHP.

D. Behavioral Health Documentation

1. The QBHP shall document the completion of all face to face crisis behavioral health assessments on the **Crisis Behavioral Health Referral Form (Appendix 1)** and shall immediately copy and distribute the form to the Superintendent, Assistant Superintendent, Shift Commander, Case Manager Supervisor, Case Manager, youth's assigned living unit, other behavioral health staff, Principal, and the medical center.
2. The QBHP conducting the suicide risk assessment must also enter a summary of the assessment findings and any actions to be taken in the youth's health record. The summary of the initial assessment must include at a **minimum**:
 - a. date and time of the clinical interview;
 - b. circumstances or events necessitating the risk assessment;
 - c. description of the information sources (other than the youth) used to inform the assessment process (e.g., MAYSI-2, staff interviews, medical records where applicable, or incident reports, etc.);

- d. findings of the presence, severity, and frequency of the youth's wish to die, thoughts of wanting to commit suicide, plan to commit suicide, and **reasons** for the wish to die or suicidal thoughts (per youth's self-report and/or the clinician's professional opinion);
 - e. strength or "intensity" of any suicidal ideation (i.e., extent to which the youth has difficulty controlling his/her suicidal thoughts);
 - f. whether the youth meets criteria for assignment to a suicide watch level and, if so, which level;
 - g. description of the specific counseling or treatment interventions (e.g., cognitive-behavior therapy, grief counseling, psychotropic medication referral, etc.) that will be implemented to reduce the youth's suicide risk; and
 - h. any special instructions or guidelines to be followed by direct care staff responsible for monitoring/observing a youth on suicide watch.
3. For every follow-up session, the responsible QBHP must **minimally** include the following information in the youth's health record:
- a. date and time of the follow-up session;
 - b. the status/change in the youth's wish to die or suicidal ideation since the date and time of the last assessment or follow-up;
 - c. the youth's response (positive or negative) to counseling or treatment interventions initiated;
 - d. the discovery of any new information relevant to the youth's suicide risk or mental health status/needs;
 - e. changes in the specific counseling and treatment interventions developed for the youth; and
 - f. whether (and why) the youth's suicide watch observation instructions and/or level status should be continued, changed or discontinued.
4. If a youth is maintained on SWL II for **48 hours**, the QBHP shall develop a guarded care plan within the next 24 hours to identify the youth's triggers and any preventative efforts. When practical the plan shall be developed in coordination with the treatment team. The plan shall be provided to the Superintendent, Assistant Superintendents, Shift Commander, Behavioral Health staff, Case Manager Supervisor, Case Manager, and direct care staff.

E. Suicide Watch Levels

1. Suicide Watch Level I (SWL I)

Youth who have expressed suicidal ideation or have demonstrated other behaviors of concern, which may include withdrawal, tearfulness, depressed or agitated behavior, and other similar behaviors indicating the potential for injury to self may be placed on SWL I by a QBHP.

- a. Observation and Monitoring
 - 1) Direct care staff shall complete a pat down search of all

youth in accordance with the *Searches of Youth, Employees and Visitors Policy*. Youth must be relieved of any objects, materials, shoelaces, belts, etc., which may be used for self-injury or suicide. *Removal of a youth's garments covering the upper and/or lower portions of their bodies is strictly forbidden as a suicide safety precaution. If youth cannot be maintained safely while clothed, they should be referred to the local emergency room for an evaluation.*

- 2) Staff shall complete a thorough search of a youth's room prior to the youth entering the room after initiation of suicide watch. All articles (to include sheets and pillow cases) shall be removed from a youth's room with the exception of a *mattress, pillow and blanket*. The mattress, pillow and blanket may be removed if directed by the Shift Commander or Behavioral Health Staff.
- 3) Observations and documentation of youth on SWL I during waking and sleeping hours must be completed **a minimum of six times per hour at staggered intervals not to exceed 10 minutes.**
- 4) Observations shall be documented by direct care staff on the **Suicide Watch Observation Form (Appendix 1)**. Positive and negative behaviors shall be documented (*e.g.*, changes in sleeping, eating, activity, expression of affect, interactions with staff and peers, etc.)
- 5) Direct care staff will rotate the post to observe youth every **four (4) hours**. Staff shall clearly document the change of supervision on the observation forms.
- 6) Direct care staff shall verbally communicate between shifts the names of youth on suicide watch, their levels, behavior history and interventions. This information shall also be documented in the unit log.
- 7) The QBHP shall assess the youth **at least once every two calendar days** (more frequently if clinically indicated) while on a SWL I. The QBHP shall review the suicide watch observation forms, assess the youth's danger to self, and monitor the youth's suicide risk status to determine if the suicide watch level should be changed. The QBHP shall provide counseling and therapy as appropriate.
- 8) If the youth's behavior suggests or the youth reports recent drug dependence, withdrawal, or intoxication, the nurse shall be notified. The nurse shall contact the physician or nurse practitioner to determine if a urine toxicology screen should be completed. The nurse shall follow the orders given by the physician or nurse practitioner.
- 9) Appropriate documentation shall be made in the youth's health record of completing an assessment, consultation or

intervention by the responsible QBHP, Nurse, or other Health Care Professional as soon as possible or no later than the end of the shift.

2. Suicide Watch Level II (SWL II)

This is the most intensive and restrictive suicide prevention level. SWL II is assigned when a youth makes a suicide attempt or engages in self-injurious behaviors, expresses hopelessness, anxiety, or depression, and/or has been clinically assessed to be at a high-risk for self-injury.

a. Observation and Monitoring

- 1) Direct care staff shall complete a pat down search of all youth placed on SWL II in accordance with the *Searches of Youth, Employees and Visitors Policy and Procedures*. Youth must be relieved of any objects, materials, shoelaces, belts, etc., which may be used for self-injury or suicide. *Removal of a youth's garments covering the upper and/or lower portions of their bodies is strictly forbidden as a suicide safety precaution. If a youth cannot be maintained safely while clothed, the youth should be referred to the emergency room for an evaluation.*
- 2) Staff shall complete a thorough search of a youth's room prior to the youth entering the room after initiation of suicide watch. All articles (to include sheets and pillow cases) shall be removed from a youth's room with the exception of a *mattress, pillow and blanket*. The mattress, pillow and blanket may be removed if directed by the Shift Commander or Behavioral Health Staff.
- 3) Youth assigned to SWL II **shall be placed on one-to-one supervision**. The assigned staff shall be **positioned within five feet of the youth** during waking hours. When the youth showers or uses the bathroom the staff shall be positioned to **observe the youth's head and/or feet** while permitting privacy. The youth shall be supervised by staff of the same gender, unless otherwise approved by the Superintendent.
- 4) During sleeping hours or anytime the youth is in his or her room the door shall **remain open** with staff positioned at the door to maintain a direct line of sight and sound supervision.
- 5) Suicide Watch Level II youth must be continuously **observed** and *documentation* of observations during waking and sleeping hours must be completed **a minimum of six times per hour at staggered intervals not to exceed 10 minutes**.

- 6) Observations of all youth assigned to SWL II or one to one supervision shall be documented on the **Suicide Watch Observation Form (Appendix 1)**. Positive and negative behaviors shall be documented (*e.g.*, youth sleeping, reading, listening to music, saying he “feels sad,” eating, etc.)
- 7) Direct care staff will rotate the post to observe youth every **four (4) hours**. Staff shall clearly document the change of supervision on the observation forms.
- 8) Direct care staff shall verbally communicate between shifts the names of youth on suicide watch, their level, behavior history and interventions.
- 9) The QBHP shall assess the youth **face-to-face daily** and provide therapeutic interventions in order to place the youth on the least restrictive watch as appropriate.
- 10) If the youth’s behavior suggests or the youth reports drug dependence, withdrawal, or intoxication, the nurse shall be notified. The nurse shall contact the physician or nurse practitioner to determine if a urine toxicology screen should be completed. The nurse shall follow the orders given by the physician or nurse practitioner.
- 11) A Nurse or Health Care Practitioner shall assess the youth if indicated for other physical health conditions.
- 12) The QBHP, Nurse, or Health Care Practitioner shall make appropriate documentation in the youth’s health record of completing an assessment, consultation or intervention as soon as possible or no later than the end of the shift.
- 13) Only the QBHP, Nurse, or Health Care Practitioner, in coordination with the Behavioral Health Supervisor, shall determine if the youth should be sent to a hospital for a psychiatric evaluation and possible treatment. If no QBHP, Nurse, or Health Care Practitioner is available in-person, the on-call clinician in consultation with the Shift Commander and Behavioral Health Supervisor shall make this determination.
- 14) The QBHP shall notify the Director of BH, the BH Manager, and the Medical Director of any youth requiring off-grounds psychiatric care.

F. Direct Care Staff Observation and Documentation

1. If staff observe any unusual behavior they shall immediately notify the Shift Commander who shall immediately notify the QBHP. Unusual behaviors may include:
 - a. self-injurious behavior (*e.g.* scratching self, banging head);
 - b. hallucinating (sees things that are not present, reports of hearing voices);

- c. talking incoherently;
 - d. taking off clothes,
 - e. smearing feces;
 - f. laughing inappropriately;
 - g. trembling, shaking; and/or
 - h. crying.
2. *The Shift Commander shall make a minimum of **three** observations per shift of all youth on one to one or suicide watch supervision and shall review Suicide Watch Observations Forms to ensure compliance with supervision and documentation requirements. The Shift Commander shall document observations and reviews on the Suicide Watch Observations Forms.*
 3. Direct care staff shall forward completed Suicide Watch Observation Forms to the Shift Commander at the end of each shift.
 4. The Shift Commander shall establish a suicide watch folder for each youth placed on a suicide watch level or one-to-one supervision. The folder shall be used to collect all documents related to the incident. These documents shall be made available to the assigned therapist for review daily. The folder shall include:
 - a. Completed original Suicide Watch Observation Forms;
 - b. A copy of the Incident Report; and a copy of the
 - c. Crisis Behavioral Health Referral Form.
 5. When the youth is removed from a suicide watch or is removed from the facility, the Shift Commander shall place the final copies of the Suicide Watch Observation Forms in the folder created for the incident. Copies of the forms shall be forwarded to the Superintendent's office for placement with the incident report. The originals shall be picked up by the assigned QBHP for placement in the youth's health record.
 6. The Shift Commander shall ensure completion of an incident report, in accordance with the *Incident Reporting- Residential Facilities and Community Operations Policy*, for all incidents of suicidal behavior or expressed suicidal ideation **within two hours of the incident's occurrence**, and prior to the end of the shift.

G. Responding to a Suicide Attempt or Suspected Suicide

1. Any staff responding to a suicide attempt or suspected suicide shall immediately provide assistance to the youth and immediately call for assistance from the **Shift Commander and the Nurse on duty**. The nurse shall immediately respond to the area and bring the **emergency response bag**.
2. If the youth is unresponsive or otherwise requires emergent care, staff shall call 911, Emergency Medical Services immediately.
3. Upon entering the area, staff shall *never* presume that the victim is dead, but shall immediately initiate life-saving measures, first aid, and/or CPR. All life-saving measures, first aid, and/or CPR shall be continued by staff until relieved by the Nurse or EMS.

4. The Shift Commander shall ensure that all other youth are removed from the area and that the Nurse or other medical staff and EMS personnel have unimpeded access to the area in order to provide prompt medical services.
5. Staff will preserve the scene of the emergency as much as possible. Staff's first priority shall always be to provide immediate life-saving measures to the victim; however, scene preservation shall receive secondary priority.
6. Each facility shall be equipped with one or more AEDs at designated locations to provide support during an emergency. All staff shall be aware of the location of AEDS. The AEDs are maintained and checked by nursing staff. All somatic health staff, as well as direct care staff shall be trained in its use.
7. The Health Administrator shall develop procedures to ensure that all equipment utilized in the response to medical emergencies (*e.g.*, oxygen tank, AED, etc.) are regularly inspected and in proper working order.

H. Initiating, Increasing, Decreasing, and Discontinuing Suicide Watch Levels

1. Only a QBHP can initiate, increase, decrease, or discontinue a suicide watch level following assessment. All changes in the youth's status shall be documented and distributed using the Crisis Behavior Health Referral Form (see Section D).
2. Only a QBHP, Nurse or Health Care Practitioner may determine if a youth should be referred off grounds for emergency evaluation or psychiatric hospitalization.
3. A youth must be on a suicide watch level for at least 24 hours before the youth can be assessed by a QBHP for a potential decrease in suicide watch level.
4. Following a face-to-face assessment by the QBHP, a youth placed on SWL II may only be reduced to a SWL I and must remain on SWL I for at least 24 hours. A youth on SWL I may only be removed from suicide watch after at least 24 hours on SWL I and a reassessment by a QBHP.
5. Youth discontinued from a SWL shall be followed-up **within 24 hours** and reassessed by the QBHP. Thereafter, the youth shall be evaluated a **minimum of twice weekly** until such follow up is clinically determined and documented, with rationale, to be no longer necessary.
6. If a direct care staff observes a youth who is already on a SWL exhibiting **increased risk behavior**, the Shift Commander shall be notified and the youth shall be placed on one-to-one continuous supervision. The Shift Commander shall notify the QBHP who shall complete a face-to-face assessment of the youth within **30 minutes if on-site or within 24 hours** (or sooner when clinically indicated) **if off site**.
7. When a youth remains on SWL II for **72 hours**, the QBHP shall refer the case to the Director of Behavioral Health or designee to determine if the youth should be referred off-grounds for further assessment.
8. A follow-up consultation with the QBHP shall be conducted by the Director of Behavioral Health or designee every 72 hours if the youth remains on SWL II.

9. The QBHP or designee shall enter an alert into ASSIST when a youth is placed on suicide watch and **close** the alert when the youth is removed from suicide watch.

I. Suicide Watch Daily Report

1. The Behavioral Health Supervisor or designee assigned at each facility shall complete the **Suicide Watch Daily Report Form (Appendix 3)** by the end of each shift. The form shall be distributed to the Superintendent, Assistant Superintendent(s), Shift Commander, CMS Supervisor, Case Manager, the youth's living unit, Nurse, and the Principal.
2. The Behavioral Health Supervisor or designee at each facility shall send a daily email report to the Director of Behavioral Health and/or designee to report the number of youth on suicide watch. If any youth are on suicide watch, a completed **Suicide Watch Daily Report Form (Appendix 3)** shall be attached.

J. Release to Community

The QBHP shall communicate the youth's ongoing behavioral health needs for continued care, evaluation, and treatment in writing to the youth's Treatment Team for inclusion in the youth's discharge and re-entry plan. In the case of an unplanned release, the QBHP shall notify the Community CMS by phone and email of the youth's suicide status and recommendations for follow-up care.

K. Transportation

When transportation of a youth on suicide watch becomes necessary the following shall be implemented:

1. The Shift Commander shall assign a driver and one staff to be seated in the rear of the van when transporting one youth to maintain continuous supervision. If multiple youth are being transported with a youth on suicide watch a third staff shall be assigned and be seated in the rear of the van with the youth.
2. Staff seated in the rear with the youth shall not carry writing pins or other items that may be a security risk to the youth and staff.
3. Staff shall document a summary of observations on the **Suicide Watch Observation Form (Appendix 1)** upon arrival at the destination. Staff shall complete all Suicide Watch Observation Forms and forward to the Shift Commander. If the youth is being transferred to another DJS facility the observation forms shall be forwarded to the Shift Commander at the receiving facility.

L. Notification of Death of a Youth, Staff, or Visitor

1. **In the event of a suspected death of a youth** at a DJS facility, the staff shall immediately notify the Nurse and the Shift Commander. In all instances, 911, Emergency Medical Services shall be immediately contacted.
2. The Shift Commander shall notify the Superintendent who shall notify the Executive Director of Residential Services. The Executive Director of

Residential Services will notify the Executive Director of Clinical Services, and Deputy Secretary for Operations, who shall notify the DJS Secretary.

3. The Shift Commander shall contact Maryland State Police who will notify the medical examiner/coroner and the State's Attorney for the jurisdiction in which the person died. *The Shift Commander shall confirm the notifications with the State Police.*
4. The Shift Commander shall secure the incident area pending investigation and collection of evidence by Maryland State Police.
5. The Medical Examiner is responsible for notifying the local Child Fatality Review Team.
6. The Superintendent shall notify the youth's parent, guardian or custodian.
7. **In the event of a suspected death of a staff or visitor** at a DJS facility, the Shift Commander shall follow steps 1 thru 5. The Superintendent shall notify the next of kin. In the event of a death of a visitor at a DJS facility when the next of kin is not present, the police shall be responsible for notifying or contacting family members.
8. DJS staff shall complete an incident report **on any death in the facility** in accordance with the *Incident Reporting- Residential Facilities and Community Operations Policy*.
9. The Superintendent shall ensure the critical incident debriefing takes place in accordance with this policy.

M. Critical Incident Debriefing

1. The Superintendent will hold a debriefing after an emergency situation with department heads to include security and behavioral health and somatic health supervisors. The debriefing process shall include, but is not limited to, a review of:
 - a. the staff and youth actions during the incident;
 - b. the incident's impact on staff and youth;
 - c. corrective actions, as appropriate; and
 - d. plans for improvement to avoid future incidents.
2. The Superintendent shall provide minutes from the debriefing session summary report of corrective actions to the Executive Director of Residential Services, Director of Behavioral Health, and the Health Administrator.
3. The Superintendent will hold a two week follow-up debriefing to review the validity and appropriateness of all policies, plans, and information used during the critical incident and immediately after.
4. Behavioral Health staff will provide clinical support for youth. The Office of Human Resources shall coordinate resources for staff through the Employee Assistance Program as requested.

N. Training

1. Mandated, behavioral health, and somatic health staff who have regular direct contact with youth shall complete suicide prevention education and

awareness in entry level training, and staff shall complete an approved annual refresher training course. The training will include at least the following:

- a. Identifying the warning signs and symptoms of suicidal behavior;
 - b. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors;
 - c. Responding to suicidal and depressed youth;
 - d. Improving communication between facility and behavior health/somatic health staff;
 - e. Understanding referral procedures;
 - f. Understanding any special housing, observation procedures, and suicide watch-level procedures and requirements; and
 - g. Follow up monitoring of youth who make a suicide attempt.
2. Mandated staff are certified in Youth Mental Health First Aid at the time of hire and complete required yearly in-service training in mental health awareness and suicide prevention. All Admission Officers and other designated staff shall complete training on how to conduct a physical observation of a youth and how to administer and score DJS approved screening tools (*e.g.*, FIRRST and MAYSI-2).
 3. The DJS Professional Training and Education Unit will maintain appropriate records documenting this training.

O. Record Retention

Somatic and Behavioral Health records pertaining to youth shall be retained until the youth attains the age of majority plus 3 years or for 7 years after the last record or report is made, whichever is longer, unless the parent or guardian of the youth is notified.

IV. RESPONSIBILITY

Superintendents are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

All exceptions to these procedures must be approved by the Deputy Secretary for Operations.

VI. LOCAL OPERATING PROCEDURES REQUIRED

Yes

VII. DIRECTIVES/POLICIES REFERENCED

1. Incident Reporting- Residential Facilities and Community Operations Policy
2. Admissions and Release of Youth in DJS Facilities Policy
3. Searches of Youth, Employees and Visitors Policy
4. Supervision and Movement Policy

VIII.

APPENDICES

1. Crisis Behavioral Health Referral Form
2. Suicide Watch Observation Form
3. Suicide Watch Daily Report Form



DJS POLICY AND STANDARD OPERATING PROCEDURES Statement of Receipt and Acknowledgment of Review

POLICY: Suicide Prevention and Intervention

NUMBER: BH-211-21

APPLICABLE TO: DJS Operated or Licensed Residential Facilities employees

REVISED: February 18, 2021

I have received and reviewed a copy (electronic or paper) of the above titled policy.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

***SEND THE ELECTRONICALLY SIGNED COPY TO YOUR SUPERVISOR FOR
PLACEMENT IN YOUR PERSONNEL FILE.***

CRISIS Behavioral Health Referral Form

Youth's Name: _____		Facility: _____	
D.O.B.: _____		Unit: _____	
Shift Commander/Designee Name: _____			
Notification Date: _____		Notification Time: _____ <input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	
Behavioral Health Clinician's Name: _____		<input type="checkbox"/> Phone <input type="checkbox"/> In Person	
1. Reason for Notification/Referral (Check all that apply):			
<input type="checkbox"/> Self-injurious Behavior	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Restraint	
<input type="checkbox"/> Homicidal Ideation	<input type="checkbox"/> Flagged on MAYSI	<input type="checkbox"/> Suicidal Ideation	
<input type="checkbox"/> Hearing voices, hallucinations	<input type="checkbox"/> Sexual Abuse/Contact by staff	<input type="checkbox"/> Suicide Attempt	
<input type="checkbox"/> Death	<input type="checkbox"/> Sexual Abuse/Contact by youth	<input type="checkbox"/> Substance Abuse Detoxification	
<input type="checkbox"/> Other (<i>Provide explanation below</i>) _____			
2. Behavioral Health Clinician's Recommendations, Instructions and/or Comments. (note if any attachments)			
Received from: _____		Date: _____	Time: <input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>
Print Name of Behavioral Health Clinician		Shift Commander/Designee:	
BEHAVIORAL HEALTH CLINICIAN'S FACE-TO-FACE FOLLOW-UP			
Assessment & Interventions: _____		Suicide Watch: <input type="checkbox"/> Level I <input type="checkbox"/> Level II	
		<input type="checkbox"/> Discontinued <input type="checkbox"/> N/A	
Behavioral Health Clinician: _____		_____	
<i>Print Name</i>		<i>Signature</i>	
Date: _____		Time: _____ <input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	
Copy:			
Living Unit (LU)	Superintendent	Assistant Superintendent	Shift Commander
Principal	Case Manager Supervisor	Case Manager	Medical Department
Youth Health Record	Youth File		

