Suicide Assessment (Non-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.

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.

Youth whose screening indicates a risk of suicide should receive constant supervision until a clinical assessment of suicide risk 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.

**Procedure and/or Process:**

The Intake Assessment NETMIS form for Family Action 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 like 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 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 the youth should be kept under constant supervision and an assessment of suicide risk must be completed immediately by a licensed professional or an unlicensed professional under the supervision of a licensed professional and the parents and supervisor should be notified of the results. However if the appropriate staff is not available , the parent/guardian must be notified that suicide risk findings were disclosed during the screening and that an assessment of suicide risk should be completed as soon as possible by a licensed professional or an unlicensed professional under the direct supervision of a licensed professional. This notification of the parent/guardian should be documented in the youth’s case file and signed by the parent/guardian, if the parent/guardian is present during the screening. If the parent/guardian cannot be contacted, all efforts to contact them should be documented in the case file. If the parent/guardian is notified by telephone a written follow up notification should be sent by certified mail. Information on resources available in the community for further assessment shall be provided. If the screening was completed on school property during school hours, the appropriate school authorities should also be notified. If at any point during or after the screening staff believes or the youth presents as an immediate threat to themselves or others, staff will immediately call 911 and/or follow Baker Act procedures. The results of the screening must be reviewed and signed by the supervisor and placed in the youth’s case file.

When a youth has received an assessment of suicide risk and has been determined to be in need of Baker Act consideration the parent or guardian and supervisor should be immediately notified.

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