

LAW AND PUBLIC SAFETY

JUVENILE JUSTICE COMMISSION

Suicide Prevention

Proposed Repeals: N.J.A.C. 13:95-16

Proposed New Rules: N.J.A.C. 13:98

Authorized By: Executive Board of the Juvenile Justice Commission, by the Honorable Paula T. Dow, Attorney General and Chair, Deborah R. Edwards, Attorney General's Designee.

Authority: N.J.S.A. 2A:4A-43 and 60; 2C:39-6a(9); 9:17A-1 and 4; 30:4-27.2; 30:4-27.24; 30:4-82.4; 30:4-123.53a; 47:1A-1; 52:17B-170e(8), (9), (14) and (22); 52:17B-171; 52:17B-174, 52:17B-175; and 52:17B-176.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2011-168.

Submit written comments on or before September 30, 2011 to:

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New Jersey Juvenile Justice Commission
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The agency proposal follows:

Summary

The New Jersey Juvenile Justice Commission is proposing to repeal N.J.A.C. 13:95-16, a

subchapter that addresses suicide prevention in Commission secure facilities, and to replace it with a new chapter, N.J.A.C. 13:98, that will address suicide prevention at all Commission facilities.

The rules proposed to be repealed, N.J.A.C. 13:95-16, sets out guidelines for the identification, placement and monitoring of juveniles who reside in secure facilities and who are deemed to be at risk for suicide. It establishes a system for identifying and reporting potential suicidal behavior, for the placement and removal of at-risk juveniles in special observation status and for staff intervention to prevent a suicide attempt from succeeding. Procedures established by the rules proposed to be repealed address mental health interventions, the placing of at-risk juveniles in special observation status, daily status follow up and graduated levels of observation, dependent upon the facts and dangers of each individual case, as well as intervention procedures.

The proposed new rules, N.J.A.C. 13:98, addresses these issues for all Commission facilities and, in addition, sets out requirements for staff training, facility-specific suicide prevention plans, annual reviews of those plans, housing standards, transportation of potentially suicidal or suicidal juveniles and required notifications and debriefings.

Proposed N.J.A.C. 13:98-1 contains general provisions, including sections on purpose and scope, definitions, forms and confidentiality.

Proposed N.J.A.C. 13:98-2 addresses issues of suicide prevention planning and training. Each Commission facility must have a detailed suicide prevention plan approved by the Commission's Executive Director or designee that must be reviewed annually. Initial and annual refresher training is required for all direct care, mental health and medical staff, as well as for any other staff who have routine contact with juveniles. Direct care staff and other personnel designated to respond to health care emergencies must be trained to respond to emergency health-related situations in such response time as determined to be necessary and

appropriate by the Executive Director or designee. Suicide drills are required to be incorporated into all training.

Subchapter 3 sets out detailed intake screening and assessment requirements. All juveniles will receive a comprehensive mental health screening upon intake or transfer, which will include administration of a comprehensive suicide assessment tool. Juveniles identified as at-risk will be placed on special observation status and will receive mental health services and support appropriate for the circumstances.

Staff members are responsible for monitoring juveniles on an ongoing basis for suicidal behavior, suicidal ideation, self-injurious behavior and other defined at-risk behaviors. In order to maximize information sharing relevant to identifying and monitoring juveniles at risk for suicide, internal management procedures are required that facilitate effective communication among arresting, transporting and parole/probation officers, facility staff and family members.

Subchapter 4 presents requirements for monitoring and housing at-risk juveniles. A staff member or volunteer who, by reason of experience, education or observation of a juvenile, suspects that a juvenile may be at risk for suicidal behavior, is required to immediately notify supervisory or other designated personnel. Reporting staff must keep the juvenile in sight pending a determination of the necessary response, including level of supervision. The proposed rules explicitly require that any deliberation about whether to place a juvenile on special observation status must reflect the policy that it is always preferable to err on the side of safety.

Monitoring and oversight by a psychiatrist, psychologist or psychiatric advanced practice nurse is required for all critical decisions in the special observation status procedure, including placement in and continuation of special observation status, any change in the level of supervision in that special status, and the types of personal property, if any, a juvenile may have in his or her possession while on special observation status. Daily evaluation is required, along

with a daily written report while the juvenile remains in that status. A psychiatrist, psychologist or psychiatric advanced practice nurse must evaluate any juvenile on special observation status within 48 hours prior to any disciplinary hearing, and is to be consulted in any decision to release a juvenile from special observation status.

N.J.A.C. 13:98-5 sets out the requirements for intervention and for notification, including those to be carried out within individual facilities, among management units within the larger Commission, and to outside parties. Critical incident stress debriefings are to be available for all staff and juveniles who were involved in, present during or otherwise affected by a suicide or serious suicide attempt.

A formal incident investigation is required with respect to any suicide attempt or successful suicide by a juvenile. In addition, within 30 days of any suicide or suicide attempt, a morbidity or mortality review must be undertaken by an inter-disciplinary team if aggravating circumstances are present; those circumstances include an injury requiring skilled medical intervention or hospitalization; the use of force, including restraints; or any other factor deemed sufficiently serious by mental health personnel to warrant a professional review.

N.J.A.C. 13:98-6 requires that each facility have written post orders and internal management procedures necessary and appropriate to implement the provisions of the proposed chapter. These must be reviewed annually, and are subject to approval by the Executive Director or designee.

As the Commission has provided a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirement pursuant to N.J.A.C. 1:30-3.3(a)5.

Social Impact

The proposed new rules and repeals will have a positive social impact by providing for enhanced suicide risk identification, monitoring and protection for all juveniles residing in

Commission facilities and by ensuring that suicide prevention services are provided by trained personnel in accordance with Commission-approved suicide prevention plans.

Economic Impact

The proposed new rules and repeals will not result in any economic impact because additional funding is not necessary to implement these rules. The Commission will bear the cost of meeting and maintaining the requirements established by these rules through the budgetary process with monies allocated by the State.

Federal Standards Statement

The proposed new rules and repeals are not subject to any Federal standards or requirements. Therefore, a Federal standards analysis is not required.

Jobs Impact

The New Jersey Juvenile Justice Commission does not anticipate that the proposed new rules and repeals will result in the generation or loss of jobs in the State of New Jersey.

Agriculture Industry Impact

The proposed new rules and repeals will have no impact on the agriculture industry in New Jersey.

Regulatory Flexibility Statement

The proposed new rules and repeals do not impose reporting, recordkeeping or other compliance requirements on small businesses, as defined under the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. Therefore, a regulatory flexibility analysis is not required. The

proposed new rules impact juveniles assigned to any Commission facility and Commission employees, and have no affect on small businesses.

Smart Growth Impact

The Juvenile Justice Commission does not anticipate that the proposed new rules and repeals will have any impact on the achievement of smart growth or the implementation of the State Development and Redevelopment Plan.

Housing Affordability Impact Analysis

The proposed new rules and repeals will have an insignificant impact on affordable housing in New Jersey and there is an extreme unlikelihood that the rules would evoke a change in the average costs associated with housing because the proposed new rules and repeals concern only suicide prevention services for juveniles housed in Commission facilities.

Smart Growth Development Impact Analysis

The proposed new rules and repeals will not have an impact on smart growth and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey because the proposed new rules and repeals concern only suicide prevention services for juveniles housed in Commission facilities.

Full text of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 13:95-16.

Full text of the proposed new rules follows:

CHAPTER 98
SUICIDE PREVENTION

SUBCHAPTER 1. GENERAL PROVISIONS

13:98-1.1 Purpose and scope

(a) The primary policy objectives of this chapter are to prevent suicides among the juveniles under the care of the Commission, and to establish standards for the management of juveniles who reside in Commission facilities and who pose or may pose a suicide risk.

(b) Unless otherwise specified, the provisions of this chapter apply to all Commission facilities, as that term is defined in N.J.A.C. 13:98-1.2.

13:98-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

“Ambu-bag” means a hand-held device used to provide ventilation to a patient who is not breathing or who is breathing inadequately.

“At-risk behavior” means a pattern of behavior that indicates a heightened risk of suicide, including, but not limited to, any of the following behaviors:

1. Engaging or attempting to engage in behaviors with the potential for self-harm;
2. Direct or indirect verbal threats of suicide;
3. Writing about suicide or self-injurious behavior;
4. Talking about suicide or self-injurious behavior;
5. Making vague references to death;

6. Preoccupation with death and dying;
7. Expressions of hopelessness or helplessness;
8. A lack of impulse control in combination with documented mental illness;
9. Signs of depression, (for example, sad, tearful, lethargic, disinterested, decreased work or academic performance);
10. Signs of depression followed by appearing serene;
11. Appearing withdrawn with minimal responses;
12. Giving away meaningful belongings;
13. Dramatic shift from depressed to elated or from agitated to calm;
14. Increased and unnecessary risk-taking;
15. Neglect of hygiene or personal appearance; or
16. Change in sleeping patterns or eating habits.

“At-risk juvenile” means a juvenile who, under the totality of relevant circumstances, is deemed at-risk for suicide.

“Case Action Team” means the multi-disciplinary committee in Commission facilities responsible for development and monitoring of a juvenile’s individual case plan and providing input and recommendations regarding a juvenile’s status, privileges and sanctions.

“Close observation” means visual surveillance of a juvenile by staff in a secure facility that shall be conducted in person at staggered intervals not to exceed 15 minutes, and, in a community program, continuous visual supervision by a designated staff member assigned to the juvenile who keeps him or her within the immediate area and under continuous visual supervision.

“Commission” means the New Jersey Juvenile Justice Commission.

“Community program” means any substance abuse, assessment and treatment, transitional or similar residential program run by the Commission.

“Comprehensive suicide assessment” or “assessment” means a mental health screening to determine both whether a juvenile may be at risk for suicide and the extent to which further testing or assessments is indicated.

“Constant observation” means continuous, uninterrupted one-to-one staff surveillance of a juvenile that shall be conducted in person and in close proximity to the juvenile with a clear, unobstructed viewpoint at all times; for a juvenile residing in a community program, an assigned staff member shall remain within arm’s length of the juvenile, usually as an interim measure pending consultation with the Superintendent and, if needed, the arrival of an appropriate response team.

“Contraband” means any item introduced or found in the facility that is prohibited by the provisions of either N.J.A.C. 13:95-6 or 13:103-12, as applicable.

“Critical stress debriefing” means support and services available for all staff and juveniles who were involved in, present during or otherwise affected by a suicide or serious suicide attempt.

“Direct care staff” means Commission and contractor personnel who have routine direct programmatic contact with juveniles, and who have been designated as direct care staff by the Executive Director.

“Disciplinary hearing officer” means a Commission staff member designated to hear and adjudicate juvenile violations under the provisions of N.J.A.C. 13:101.

“Emergency rescue tool” means a special tool used to cut down a hanging juvenile.

“Executive Director” means the Executive Director of the Commission.

“Facility” means any secure facility or community program operated by the Commission.

“Juvenile” means any person residing in a Commission facility.

“Mental health special needs roster” means a formal list maintained by mental health services of juveniles in a secure facility who by virtue of emotional, psychological, behavioral or

developmental concerns require mental health services, including juveniles who have been placed on a special observation status due to suicide risk during their stay in a Commission facility.

“Morbidity or Mortality Review” means a non-punitive multidisciplinary team meeting that takes place within 30 days after a suicide or suicide attempt that results in the need for medical attention, for purposes of formulating recommendations for corrective actions that may be needed to prevent a similar incident from occurring in the future.

“Qualified staff” means staff members who meet all applicable qualifications and standards for performance of the duties in question.

“Psychiatric screening” means an evaluation at a designated screening center that is responsible for determining if therapeutic stabilization in a psychiatric hospital is indicated by a juvenile’s current mental status or level of risk for harm to himself or herself or others due to mental illness.

“Reportable event or situation” means an actual or attempted suicide by a juvenile, or a threat, gesture, statement or other action or information that identifies a juvenile as a possible suicide risk.

“Room restriction” means confining a juvenile for disciplinary or administrative reasons, either in the room in which he or she usually sleeps or in a room in a housing unit designated for that purpose.

“Secure facility” means any Commission facility that houses juveniles and employs custody personnel (N.J.S.A. 52:17B-174) to provide security.

“Self-injurious behavior/self harm” means any behavior that causes harm or may cause self harm, including, but not limited to, self-laceration, self-battering, self-mutilation, taking an overdose or exhibiting deliberate recklessness.

“Shift Coordinator” means the staff person, by whatever name or title, with lead

responsibility for overseeing operations during a tour of duty at a community program.

“Shift Supervisor” means the juvenile corrections officer responsible for the maintenance of security during a tour of duty in a secure facility.

“Special observation status” means an increased level of observation of a juvenile instituted in order to protect him or her from harm, and encompasses constant observation and close observation.

“Suicidal behavior” means suicide attempts, suicidal gestures, self-mutilations, intentional injury to self, developing a plan or strategy to commit suicide or any other overt action or thought indicating intent to injure or kill oneself.

“Suicidal ideation” means self-reported thoughts about committing suicide, including thoughts or fantasies of a desire to kill oneself that may be expressed verbally, in writing or in pictures.

“Suicide prevention plan” means a suicide prevention plan prepared and approved under the provisions of N.J.A.C. 13:98-2.

“Suicide resistant” means a product or feature that has been designed to significantly reduce the risk of a person using the product or feature in a suicide attempt.

“Temporary placement on special observation status” means the placement of a juvenile on an increased level of observation instituted in order to protect him or her from harm, pending an assessment and recommendations by a qualified mental health clinician.

13:98-1.3 Forms

(a) The following forms are related to suicide prevention (See also N.J.A.C. 13:95-1.4):

Form JJC ISF-1, Secure Care Intake Screening Form, Psychological Questioner Section
(See N.J.A.C. 13:98-3.1 and 3.2);

JJC CO-1 Notice of Special Observation Status (See N.J.A.C. 13:98-4.3);

- JJC CO-2 Notice of Change in Special Observation Status (See N.J.A.C. 13:98-4.5);
- JJC CO-3 Special Observation Status Monitoring Record (See N.J.A.C. 13:98-4.6);
- JJC CO-4 Daily Observation Status Monitoring Report (See N.J.A.C. 13:98-4.4);
- JJC CO-5 Release from Special Observation Status (See N.J.A.C. 13:98-4.9); and
- JJC CO-6 Disciplinary Report Form Mental Health Services (See N.J.A.C. 13:98-4.8);

13:98-1.4 Confidentiality of information relating to juveniles

(a) All records of the Commission pertaining to juveniles charged or adjudicated as a delinquent or found to be part of a juvenile-family crisis are confidential. All such records:

1. Shall be strictly safeguarded from public access;
2. May be released only in accordance with the provisions of N.J.S.A. 2A:4A-60; and
3. Shall not be subject to public inspection or copying pursuant to the Open Public

Records Act, N.J.S.A. 47:1A-1 et seq.

(b) Unless otherwise required by law, statements made by a juvenile in the course of any suicide prevention or mental health screening, and any reports or records created to report the results of such screening shall not be:

1. Disclosed to any party, including prosecutors and law enforcement personnel; and
2. Used in any investigation, or in any delinquency or criminal proceeding then pending

or subsequently initiated. (See N.J.S.A. 2A:4A-60.2)

(c) No report or record relating to mental health services provided to a juvenile prior to an adjudication of delinquency, or any other finding of guilt, shall be disclosed or released to a court unless and until after such an adjudication or finding occurs. (See N.J.S.A. 2A:4A-60.3)

SUBCHAPTER 2.

SUICIDE PREVENTION PLAN AND TRAINING

13:98-2.1 Facility suicide prevention plan

Each facility shall have a written suicide prevention plan, which shall be reviewed and approved annually by the Executive Director or designee.

13:98-2.2 Suicide prevention plan; required content

(a) A suicide prevention plan shall at a minimum address each of the following subject areas, in accordance with the provisions set forth in this subchapter:

1. Staff training;
2. Identification, screening and ongoing assessment of at-risk juveniles;
3. Procedures for communicating information relevant to identifying and monitoring juveniles at risk for suicide;
4. Housing;
5. Monitoring of at-risk juveniles;
6. Intervention and required notifications; and
7. Required reviews.

13:98-2.3 Training

(a) The Executive Director or designee shall implement initial and ongoing suicide prevention training for all direct care, mental health and medical staff, as well as for any other staff who have regular contact with juveniles, in such time increments as shall be determined by the Executive Director or designee to be necessary and appropriate. Such training, at a minimum, shall address the following:

1. Potential predisposing factors to suicide by juveniles;
2. The role of environment, including the correctional setting, in suicidal behavior;
3. Appropriate staff awareness about suicide and suicide risk;

4. Warning signs and symptoms of suicide;
5. Identification of suicide risk despite denials by a juvenile;
6. Periods of high suicide risk for juveniles;
7. Staff intervention, including use of an emergency rescue tool;
8. Liability issues associated with juvenile suicide;
9. Critical incident stress debriefing;
10. Facility architectural features, items of personal property and any other items that present a suicide concern;
11. A briefing as to recent suicides and/or suicide attempts among juveniles; and
12. The provisions of this chapter and the facility's suicide prevention plan as most recently updated.

(b) All direct care staff or, if applicable, those designated to respond to health care emergencies shall be trained to respond to emergency health-related situations within such response time as shall be determined by the Executive Director or designee to be necessary and appropriate.

(c) All direct care, mental health and medical staff, as well as any other staff who have routine contact with juveniles shall be trained and certified in both standard first aid and cardiopulmonary resuscitation (CPR), including the use and location of the automated external defibrillator (AED) and emergency response bags.

1. Certifications shall be maintained and refresher training provided as required by the certifying agency.

(d) All staff who have regular contact with juveniles shall receive annual training in the proper use of an emergency rescue tool.

(e) Suicide drills shall be incorporated into all training.

(f) The training curriculum shall be reviewed annually and updated as necessary to reflect

current information on suicide risk assessment and prevention in adolescents and young adults.

SUBCHAPTER 3. IDENTIFICATION AND ASSESSMENT OF AT-RISK JUVENILES; COMMUNICATION

13:98-3.1 Intake screening and assessment upon initial reception

(a) All juveniles shall receive a comprehensive suicide assessment within 24 hours of intake or transfer, as part of the health screening and any other immediate intake requirements. Juveniles shall remain within sight of staff and apart from the general population until the assessment process is complete.

1. The purpose of administering the comprehensive suicide assessment is to identify factors necessary to determine a juvenile's suicide risk level and threat to him- or herself.

2. When the assessment procedures indicate the presence or imminent risk of suicide and require an immediate response, the juvenile shall immediately be placed on special observation status pending a complete mental health assessment by a psychologist, psychiatrist or psychiatric advanced practice nurse or external psychiatric screening center within two hours.

(b) The following areas shall be identified and assessed as part of the comprehensive suicide assessment:

1. Observable signs of serious depression, including:
 - i. Unrelenting low mood;
 - ii. Pessimism;
 - iii. Hopelessness;
 - iv. Desperation;
 - v. Anxiety, psychic pain and inner tension;

- vi. Withdrawal;
 - vii. Sleep problems;
 - viii. Changes in appetite or weight; and
 - ix. Decreased concentration;
2. History of increased alcohol and or other drug use;
 3. Recent impulsiveness and taking unnecessary risks;
 4. Threatening suicide or expressing a strong wish to die;
 5. Making a plan involving:
 - i. Giving away prized possessions;
 - ii. Sudden or impulsive purchase of a firearm; or
 - iii. Obtaining other means of killing oneself such as poisons or medications;
 6. Unexpected rage, anger and/or agitation;
 7. Experiencing a recent loss;
 8. History of mental health treatment for suicidal behavior;
 9. Family history, close friends or associates engaging in suicidal behavior;
 10. Signs of trauma;
 11. Communication difficulties;
 12. Delusions;
 13. Hallucinations;
 14. Impaired level of consciousness;
 15. Evidence of self mutilation; and
 16. Disorganization.

(c) The screener shall also review available prior records to determine whether there is a history of prior suicidal ideations, behavior or other at-risk behavior.

(d) To the extent obtainable, the screener or other designated staff shall obtain information

as follows:

1. Inquiries to transporting, arresting and/or parole officers as to observed mental health status, behavior and suicide risk of the juvenile;

2. A review of the juvenile's history with the Commission, if any, including prior suicide precautions with respect to the juvenile if applicable; and

3. Records from any source concerning prior mental health or suicide risk.

(e) Designated staff shall be responsible for reviewing the information obtained during the comprehensive suicide assessment prior to placing the juvenile in the general population, and for notifying relevant staff of any indicators of potential mental health needs.

(f) Designated staff shall be responsible for reviewing the information provided as a result of the comprehensive suicide assessment and results prior to placing the juvenile in the general population, and notifying relevant staff of any indicators of potential mental health needs.

(g) Nurses and any other staff who may be designated to perform the comprehensive suicide assessment upon intake or transfer shall be trained as follows:

1. Training in the comprehensive suicide assessment shall be conducted by a psychologist, psychiatrist or psychiatric advanced practice nurse; and

2. Staff designated to administer the comprehensive suicide assessment shall be trained by personnel certified in:

i. Administration of the comprehensive suicide assessment;

ii. Use of all related forms; and

iii. Responses to juveniles whose results of the comprehensive suicide assessment suggest a risk of suicide or other mental health issue.

(h) No juvenile shall be routinely separated from the general population except for purposes of medical quarantine.

(i) In the event of a juvenile's refusal or inability to comply with the assessment process, or

in the event a juvenile exhibits violent or belligerent behavior, the juvenile shall be placed on special observation status pending completion of the assessment or review by a psychiatrist, psychologist or psychiatric advanced practice nurse.

(j) When a juvenile is received from either a Commission facility or other facility, the sending facility shall complete a transfer form that documents the medical, mental health and suicide risk needs of the juvenile.

(k) Each facility shall seek to obtain relevant information from a juvenile's parent or guardian and other agencies.

(l) At intake, juveniles shall be instructed to notify staff immediately at any time they feel like hurting themselves and if they witness or hear anything that leads them to believe that another juvenile is thinking of hurting him- or herself.

13:98-3.2 Post reception screenings and assessments

(a) Upon the completion of comprehensive suicide assessment required by N.J.A.C. 13:98-3.1, the following provisions shall apply:

1. A juvenile who exhibits any of the signs or behaviors listed below shall immediately be placed on special observation status, and within two hours of placement shall be referred to a psychologist, psychiatrist or psychiatric advanced practice nurse for an initial crisis evaluation:

- i. Suicide ideation;
- ii. Depression or anxiety; or
- iii. Any other sign or indication of an identified risk of suicide, bizarre or otherwise unusual behavior, of inability to function in the general population, of psychiatric decompensation and/or the presence of symptoms of mental illness;

2. In any event, all juveniles shall see a psychiatrist, psychologist or psychiatric advanced practice nurse for a comprehensive mental health review within 72 hours of initial

intake that includes a review of the results of the comprehensive suicide assessment required under N.J.A.C. 13:98-3.1, classification and health records and other pre-admission bio-psycho-social information for purposes of:

- i. Identifying juveniles with special developmental and mental health needs;
 - ii. Highlighting possible housing issues; and
 - iii. Generating treatment recommendations for each juvenile; and
3. If a juvenile evidences mental or emotional distress so acute as to require crisis intervention, the juvenile shall immediately be referred to a designated psychiatric screening center.

(b) The following supplemental provisions apply to juveniles at community programs:

1. Each community program shall implement written internal management procedures ensuring that screening results are reviewed prior to relinquishing one-to-one supervision and that relevant staff are informed of those juveniles who present risks associated with suicide, and of indicators of suicide risk and other mental health needs.
 - i. The Superintendent and/or designee is responsible to ensure that available information regarding any juvenile with prior suicide attempts, or a significant history of suicide threats or alarming behaviors is shared with staff prior to the juvenile's admission and throughout his or her placement based upon the juvenile's mental status;
 - ii. Each juvenile shall be assigned an on-site social worker/case manager who is responsible for tracking, managing and coordinating the flow of information and services regarding the juvenile;
 - iii. Upon intake, the case manager shall review all records to ensure follow through on referrals initiated in the secure care reception unit or prior to a probationer's admission; and

- iv. The case manager is responsible for gathering information from the juvenile, parent/guardian and collateral individuals and agencies, and ensuring relevant information is shared with staff.

13:98-3.3 Ongoing assessments

(a) All staff are responsible to monitor juveniles on an ongoing basis for suicidal behavior, suicidal ideation, self-injurious behavior and other at-risk behavior.

(b) All staff shall be instructed that a juvenile's threat to commit suicide or other reference to suicide, no matter how light hearted, idle or manipulative it may seem, must be taken seriously until he or she is properly assessed for suicide risk in coordination with a psychologist, psychiatrist or psychiatric advanced practice nurse.

(c) If a juvenile evidences mental or emotional distress so acute as to require crisis intervention, the juvenile shall immediately be referred to a designated psychiatric screening center.

(d) Juveniles who were placed in special observation status on account of suicide risk shall, upon release from such status, undergo a stabilization assessment by a psychiatrist, psychologist or psychiatric advanced practice nurse at intervals not to exceed five days, until such time as the juvenile has been determined by a psychiatrist, psychologist or psychiatric advanced practice nurse to have been stable for a period of 30 days.

(e) A comprehensive suicide assessment shall be completed for any juvenile who exhibits patterns of behavior or thought suggestive of suicide risk. Special attention shall be directed to juveniles who undergo adverse events including, but not limited to, the following situations:

1. Returning from court after a new adjudication;
2. Being informed of an extension of sentence or any other extension of time in custody;

3. A change in a more restrictive custody status, placement or assignment, or a loss of privileges;

4. Receiving adverse family or other news;

5. Suffering a significant humiliation or rejection;

6. Engaging in at-risk behavior; or

7. Being placed in room restriction, a restrictive program separate unit or in protective or temporary close custody.

(f) When a juvenile is on the mental health special needs roster, an immediate contact with a psychiatrist, psychologist or psychiatric advanced practice nurse shall take place, either on-site or through a telephone consult, to determine whether there are any contraindications to separation from the general population.

(g) All juveniles shall be interviewed by a psychiatrist, psychologist or psychiatric advanced practice nurse as soon as possible and in no event more than 24 hours after the placement on special observation status, or after placement in room restriction, any other restrictive program separate unit, protective or temporary close custody.

1. All juveniles shall be evaluated by a psychologist, psychiatrist or psychiatric advanced practice nurse every day the juvenile remains on that status to determine whether:

i. Separation is having a deleterious effect on his or her mental health;

ii. There are any changes in the signs/symptoms of the juvenile's diagnosed mental illness or signs of previously undiagnosed mental illness;

iii. There is any suicidal ideation or self-injurious behavior present; and/or

iv. There are any changes in the juvenile's ability to adapt to the placement.

2. If the psychiatrist, psychologist or psychiatric advanced practice nurse determines that continued separation is detrimental to the juvenile's mental health, the Superintendent shall transfer the juvenile to alternative housing consistent with reasonable security concerns.

(h) A juvenile returning to the Commission after having been psychiatrically hospitalized shall be evaluated by a psychiatrist, psychologist or psychiatric advanced practice nurse within 24 hours of his or her return, to assess his or her mental status, appropriate medication and housing needs.

13:98-3.4 Communication

(a) Facility post orders and internal management procedures, implemented under the provisions of N.J.A.C. 13:98-6.1, shall maximize the sharing of information relevant to identifying and monitoring juveniles at-risk for suicide.

1. Specific communications addressed shall include, at a minimum, those between and among arresting, transporting and parole/probation officers, facility staff, juveniles, family members and mental health providers.

i. All direct care staff must be informed regarding any potential safety or other significant concerns regarding a juvenile.

(b) The presence of any safety considerations regarding juveniles upon transfer between Commission facilities must be communicated to the administration of the receiving facility or program.

(c) When accepting a juvenile from a Commission or non-Commission facility, the receiving facility staff shall solicit from the transporting officer information material to determining the juvenile's current mental and physical condition, including information as to statements made by and behavior of the juvenile during transport.

(d) A multi-disciplinary meeting shall take place at least weekly, including custody, youth worker, education, medical and mental health staff, to discuss juveniles on special observation status and/or who are demonstrating at-risk behavior.

(e) Any suicidal behavior, suicidal ideation or self-injurious behavior must be reported

immediately to the Superintendent or designee. In addition:

1. An incident report shall be completed and submitted to the Superintendent or designee prior to the end of the shift on which the behavior or statement occurred; and
2. The Shift Supervisor or Shift Coordinator on duty during the shift on which the behavior or statement occurred shall fully brief his or her counterpart on the next succeeding shift of the incident.

SUBCHAPTER 4. MONITORING AND HOUSING OF AT-RISK JUVENILES

13:98-4.1 Reporting potential suicidal behavior

(a) Any staff person or volunteer who, by reason of experience, education or observation of a juvenile, suspects that a juvenile may be at-risk for suicidal behavior, shall immediately notify the highest-ranking custody supervisor on duty or a designated professional person, if in a secure facility, or the superintendent or Shift Coordinator, if in a community program.

1. The juvenile shall remain in sight of a staff member who has been informed of the suspicion pending immediate reporting and a determination of the necessary response including level of supervision.

2. Upon confirmation by the highest-ranking custody supervisor on duty, designated professional person, superintendent or Shift Coordinator, as applicable, the juvenile shall immediately be placed on the determined level of special observation status.

13:98-4.2 Decision-making criteria for placing a juvenile on special observation status and level of status

(a) In determining whether to place a juvenile on special observation status, decision-making shall be approached with caution, meaning that it is always preferable to err on the side

of safety. Factors to be considered include, but are not limited to:

1. The presence, or absence, of at-risk behavior;
2. Previous suicide attempts;
3. Personal or family history of suicide attempts; and/or
4. The presence of any of the factors listed in N.J.A.C. 13:98-3.3(e).

(b) Level of special observation status is determined by factors including, but not limited, to the following:

1. Close observation is for a juvenile who is not actively suicidal but who expresses suicidal ideation or has a recent prior history of self-destructive behavior and is now viewed as potentially suicidal. It is also for the juvenile who denies ideation or does not threaten suicide, but demonstrates other concerning behaviors.

2. Constant observation is reserved for a juvenile who is actively suicidal or deemed at imminent risk of suicide.

- i. Juveniles placed on constant observation shall always be downgraded to close observation for a reasonable period of time prior to being released from special observation status.

(c) Video monitoring may supplement any special observation level, but shall not substitute for the required personal observation.

13:98-4.3 Temporary placement on special observation status

(a) The following persons are authorized to order that a juvenile be placed on temporary special observation status:

1. A physician;
2. A psychiatrist, psychologist or psychiatric advanced practice nurse;
3. The highest-ranking custody supervisor on duty;

4. The Director of Custody Operation;
5. The Superintendent;
6. The Shift Coordinator; or
7. Other staff, as may be designated by the Superintendent.

(b) Within one hour of placement of a juvenile on special observation status, the following information shall be documented in a permanent log:

1. Date and time;
2. Juvenile's name;
3. Level of supervision;
4. Reason for special supervision status;
5. The staff member's name assigned to provide continuous visual supervision or close physical proximity; and
6. The identity of all persons who were contacted or consulted in connection with the placement.

(c) Form JJC CO-1, Notice of Special Observation Status, shall be completed by the staff person who ordered the initial placement of the juvenile on special observation status, and this notice shall be submitted to the Superintendent or designee for review and approval as soon as possible, but in any event within two hours of placement on special observation status.

(d) A copy of Form JJC CO-1 shall be forwarded by the staff person who ordered the initial placement of the juvenile on special observation status to the facility's Office of Classification for placement in the juvenile's classification file or case record, as applicable, and in the juvenile's health record.

13:98-4.4 Psychological/psychiatric review

- (a) A psychologist, psychiatrist or psychiatric advanced practice nurse, or if after regular

working hours, the on-call psychologist or psychiatrist, shall be notified immediately whenever a juvenile is placed on temporary special observation status, and shall be consulted with respect to all decisions regarding whether to place a juvenile into any special observation status.

(b) A psychologist, psychiatrist or psychiatric advanced practice nurse shall interview a juvenile as soon as practicable after placement on special observation status, but in no event later than 24 hours after such placement.

1. If required for an immediate emergency that occurs after hours, the facility's supervising psychologist or equivalent designee shall report to the facility within two hours.

(c) Juveniles on special observation status shall be evaluated daily by a psychiatrist, psychologist or psychiatric advance practice nurse.

1. Juveniles shall be considered for psychiatric screening at a designated screening center for psychiatric hospitalization if suicide potential persists.

(d) Form JJC CO-4, Daily Observation Status Monitoring Report, shall be completed by the psychiatrist, psychologist or psychiatric advance practice nurse after each visit. The original JJC CO-4 shall be filed in the juvenile's health record and a copy shall be placed in the juvenile's classification file or case record, as applicable.

13:98-4.5 Change in type of observation

(a) After the initial placement of a juvenile on special observation status, the psychiatrist, psychologist or psychiatric advanced practice nurse may change the type of observation of a juvenile, to or from close observation or constant observation by completing Form JJC CO-2, Notice of Change in Special Observation Status.

1. The original JJC CO-2 shall be filed in the juvenile's health record and a copy shall be placed in the juvenile's classification file or case record, as applicable. Copies shall also be forwarded to the Superintendent and, in a secure facility, to the shift commander.

(b) The recommendation for a change in observation status that involves a lower level of supervision shall be subject to review and prior approval by the Superintendent or designee.

13:98-4.6 Daily written report

(a) A staff member assigned to special observation duty shall complete a Form JJC CO-3, Special Observation Status Monitoring Record, no later than upon the conclusion of the shift being reported.

(b) The completed Form JJC CO-3 shall be submitted to the highest-ranking custody supervisor on duty at the conclusion of the shift, if in a secure facility, or to the Shift Coordinator, if in a community program. The shift commander or Shift Coordinator shall forward copies of the Form JJC CO-3 to:

1. The Superintendent;
2. In a secure facility, the Director of Custody Operations; and
3. A psychiatrist, psychologist or psychiatric advanced practice nurse.

(c) The original JJC CO-3 shall be placed in the juvenile's classification file or case record, as applicable, and a copy shall be placed in the juvenile's health record.

13:98-4.7 Personal property

(a) After consultation with a psychologist, psychiatrist or psychiatric advanced practice nurse, the highest ranking custody supervisor on duty at a secure facility, or the superintendent or designee at a community program, shall determine the items of personal property that a juvenile on special observation status is permitted to possess in his or her room.

(b) Potentially harmful items, such as belts, bed sheets, shoelaces, mirrors and laundry bags shall be removed from a suicidal juvenile's possession and his or her immediate control.

(c) The clothing of a juvenile residing in a secure facility may be removed as a last resort for

the minimum time necessary to insure the safety of the juvenile, other juveniles and staff.

1. If a juvenile's clothing is removed, a Commission-approved safety smock or other protective suicide resistant clothing shall be provided;

(d) Clothing shall not be removed from a juvenile residing in a community program.

(e) The room or other space where such a juvenile is held must allow for visual supervision of all parts of the room or space during all required checks.

13:98-4.8 Special psychological/psychiatric assessments required of juveniles on special observation status prior to discipline

(a) Within 48 hours of any scheduled hearing before a disciplinary hearing officer under the provisions of N.J.A.C. 13:101-6, a juvenile on special observation status shall be evaluated by a psychologist, psychiatrist or psychiatric advanced practice nurse to ascertain the appropriateness of proceeding with the hearing as scheduled.

1. The findings of the psychologist, psychiatrist or psychiatric advanced practice nurse shall be presented on Form JJC CO-6, Disciplinary Report Form Mental Health Services, which shall be submitted to the Superintendent or designee, and placed in the juvenile's health record.

2. The original JJC CO-6 shall be placed in the juvenile's classification file or case record, as applicable, and a copy shall be placed in the juvenile's health record.

13:98-4.9 Release from special observation status

(a) A psychiatrist, psychologist or psychiatric advanced practice nurse employed or retained by the Commission may recommend that the juvenile be released from special observation status by completing Form JJC CO-5, Release from Special Observation Status.

(b) The recommendation to release a juvenile from special observation status shall be subject to review and approval by the Superintendent or designee.

(c) At a secure facility, the highest-ranking custody supervisor on duty shall be notified by the Superintendent or designee of an order to release a juvenile from special observation status.

1. If the juvenile's release from special observation status involves a transfer of the juvenile and space is unavailable to accommodate an immediate transfer, the highest-ranking custody supervisor on duty shall determine the time the transfer will take place.

(d) The original of the Form JJC CO-5 shall be placed in the juvenile's classification file or case record, as applicable, and a copies shall be filed in the juvenile's health record and forwarded to the Superintendent and to shift commander or Shift Coordinator, as applicable.

13:98-4.10 Housing

(a) At-risk juveniles shall be housed appropriate to their special observation status, in consultation with a psychiatrist, psychologist or psychiatric advance practice nurse.

(b) If authorized by a psychiatrist, psychologist or psychiatric advanced practice nurse, a juvenile on special observation status may be permitted to continue to participate in regular programming while remaining in the continuous, direct supervision of staff.

(c) Except to the extent required otherwise by mental health staff, medical staff or the Superintendent or designee, juveniles in secure facilities on special observation status shall:

1. Be housed in a mental health unit or medical infirmary as a preferable alternative to separation; and/or

2. Receive regular privileges (for example, showers, visiting, recreation), commensurate with their security level.

(d) Juveniles on special observation status at community programs:

1. Shall receive regular privileges (for example, showers, phone calls, visiting), while remaining in continuous direct supervision of staff; and

2. May participate in off-grounds activities to the extent approved by a psychiatrist, psychologist or psychiatric advanced practice nurse.

(e) To the extent feasible, all juveniles not assigned to group dormitory housing shall be housed in suicide-resistant, protrusion-free rooms.

1. Every room must allow for visual supervision of all parts of the room during all required checks.

(f) Interaction between the juvenile and direct care staff, including medical and mental health staff, shall be maximized for any juvenile on special observation status.

(g) All secure facility housing units and community programs shall be equipped with an emergency response bag, including a first aid kit, one-way valve mask, pocket mask, microshield or face shield, emergency rescue tool and latex gloves.

1. The Superintendent shall ensure that sufficient staff is assigned to ensure daily that such equipment is in working order.

2. All staff that has regular contact with juveniles shall know the location of the emergency response bag and be trained in its use.

3. Emergency rescue tools shall be placed in a secured location that that is accessible to all direct care staff.

(h) Custody staff in secure facilities shall carry face shields and gloves on their belts.

(i) The medical emergency bag, for use by medical staff only, shall include an ambu-bag.

(j) To the extent feasible, access to potentially lethal substances, such as cleaning supplies, shall be restricted, and in any event shall be limited to situations where there is direct and continual supervision by staff.

(k) Unannounced searches of sleeping rooms and bathrooms shall take place to confiscate items considered contraband that present a risk of harm, for example, spray cans, razors.

13:98-4.11 Physical restraints

(a) Physical restraints may be used only by trained custody staff and only as a last resort for the minimum time necessary to insure the safety of the juvenile, other juveniles and staff, and shall never be used as punishment.

1. Nothing in this section shall prevent the routine use of mechanical restraints by law enforcement personnel in the ordinary course of transporting juveniles.

SUBCHAPTER 5. INTERVENTION AND REQUIRED NOTIFICATIONS

13:98-5.1 Procedures for intervention; attempt to commit suicide

(a) A staff member who becomes aware that a juvenile is attempting to commit suicide or has already committed suicide shall:

1. If in a secure facility, immediately call Center Control for emergency assistance or alert another staff member to call for emergency assistance.

i. Center Control shall advise the staff member on actions to take and shall send such additional supervisory, emergency, medical or other staff as deemed necessary.

ii. In circumstances where there is at least one custody staff member located in a protected position, another custody staff member shall enter the room to take the action that is necessary for the protection of the juvenile, including the use of lifesaving measures and the removal of any dangerous condition in connection with the suicide attempt.

iii. In circumstances where there is only one custody staff member assigned to a secured housing unit, that custody staff member shall enter the room to take action necessary and appropriate to prevent a suicide or injury to a juvenile, provided that doing so does not pose an undue risk to his or her own safety or to the safety of others. Factors that shall be considered when determining whether to enter the room include, but are not limited to:

- (1) The availability and location of back-up staff;
- (2) The staff present at location of incident;
- (3) The availability of keys;
- (4) The potential for hostage situations; and
- (5) The emergent nature of present circumstances; or

2. If in a community program, immediately alert the facility's medical personnel and Shift Coordinator, and call 911 for emergency medical treatment, if needed.

(b) When determining the action to take, security of the facility or program shall be a material concern.

(c) Staff shall never presume that a juvenile is deceased, and shall begin appropriate lifesaving measures as quickly as possible.

(d) The staff member shall continue lifesaving measures until being relieved by medical personnel unless the juvenile revives or recovers, the situation becomes unsafe or the staff member is physically incapable of continuing.

(e) As soon as is possible after becoming aware that a juvenile is attempting to commit suicide or has already committed suicide, the Superintendent or designee shall notify a psychiatrist, psychologist or psychiatric advanced practice nurse assigned to the facility.

(a) The highest ranking custody staff officer in a secure facility, and the Shift Coordinator in a community program, shall ensure unimpeded access to the location of the juvenile for prompt response.

(b) Commission facilities must have an approved policy regarding transporting a suicidal juvenile to medical and psychiatric screening facilities.

1. A juvenile held at a secure facility shall be transported in accordance with the provisions of N.J.A.C. 13:95-9.

2. A juvenile held at a community program shall be transported by staff only if the specific transport in question has been approved by a psychiatrist, psychologist or psychiatric advanced practice nurse.

i. The Shift Coordinator, or such other staff as may be designated by the Superintendent, shall arrange for staff to accompany ambulance transport to a medical or psychiatric screening facility.

ii. At least two staff members shall accompany a juvenile during any such transport, with at least one of the staff members within an arm's length of the juvenile at all times.

13:98-5.3 Required notifications

(a) Suicides and suicide attempts shall be reported under applicable Commission rules governing the reporting of an unusual incident or event.

(b) In addition to any other required notifications, upon the occurrence of a suicide or an attempted suicide that requires hospitalization, the Superintendent shall immediately notify the Executive Director or designee.

(c) The Executive Director or designee shall be responsible for notifying the parents or guardian of the juvenile.

13:98-5.4 Follow-up debriefing, investigation and morbidity or mortality review

(a) Critical incident stress debriefing shall be available for all staff and juveniles who were involved in, present during or otherwise affected by a suicide or serious suicide attempt.

(b) A formal incident investigation of any suicide attempt or successful suicide by a juvenile shall be undertaken as under applicable Commission rules governing the reporting of an unusual incident or event.

(c) Within 30 days of any suicide or suicide attempt, a morbidity or mortality review shall be undertaken if any of the following factors are present:

1. An injury requiring skilled medical intervention or hospitalization;
2. The use of force, including restraints; or
3. Any other factor deemed sufficiently serious by a psychiatrist, psychologist or psychiatric advanced practice nurse as to warrant a professional review.

(d) Any such morbidity or mortality review shall be undertaken by a multidisciplinary team that includes correctional, mental health and medical personnel, as well as both supervisory and line staff, and shall include critical inquiries of:

1. The presentation of the facts and circumstances and precipitating factors surrounding the incident;
2. Facility procedures relevant to the incident, including emergency response;
3. Relevant training received by staff involved in the incident;
4. Medical and mental health reports and services related to the victim;
5. Any identifiable factors that may have precipitated the incident;
6. Incident reports completed in connection with the incident; and
7. Recommendations, if any, for changes in the facility's suicide prevention plan, other policies, training, physical plant, medical or mental health services and operational procedures.

SUBCHAPTER 6. INTERNAL MANAGEMENT PROCEDURES

13:98-6.1 Written post orders and internal management procedures

(a) Each facility shall prepare written post orders and internal management procedures necessary and appropriate to implement the provisions of this chapter.

1. Such post orders and internal management procedures shall be reviewed annually, and shall be subject to approval by the Executive Director or designee.