



Transmittal Memo

TO: TJJD Staff
FROM: Executive Office, Policy and Standards Section
SUBJECT: GAP Transmittal
DATE: July 31, 2023

Please be advised that changes have been made to the General Administrative Policy (GAP) Manual. These changes will go into effect on **August 1, 2023**.

Summary of Changes

GAP.380.9187 Suicide Alert Definitions

- Increased how often staff must document the status of youth on one-to-one observation (i.e., at least once every *five* minutes, rather than 10).
- Increased how often staff must document the status of youth on constant observation during waking hours (i.e., staggered intervals not to exceed *five* minutes, rather than 10).
- Added that suicide risk screenings and assessments must be done either in person *or via remote computer service that allows both parties to see and hear one another*.
- Modified several definitions to:
 - list self-harming behavior separately from suicidal behavior; and
 - require *staggered intervals* for room checks and for documenting certain status checks (rather than a *not-to-exceed* time frame).
- Removed the prohibition on using close observation for youth in a crisis stabilization unit or security unit. Youth on close observation in these locations will require checks at staggered intervals not to exceed *five* minutes, rather than the standard 10-minute checks for close observation.
- Removed the requirement for staff to conduct an additional type of room check referred to as a constant motion check.
- Removed the listing of specific staff positions that must be trained to conduct a suicide risk screening.
- Replaced the term *Self-Injurious Behavior* with *Self-Harming Behavior*.
- Clarified that a life-threatening suicide attempt is one that a health care professional determines “would have *likely* resulted” (rather than “would have resulted”) in death except for circumstances beyond the youth’s control.
- Made changes in addition to those previously mentioned to the definitions of the following terms: *Designated Mental Health Professional, Rescue Kit, Suicidal Behavior, Suicidal Ideation, Suicide Alert, Suicide Observation Folder, One-to-One Observation, Constant Observation, and Suicide Risk Screening*.
- Added definitions for the following terms: *Completed Suicide, Staggered Intervals, Suicide-Resistant Clothing*.

GAP.380.9188 Suicide Alert for High-Restriction Facilities

GENERAL CHANGES

- Removed several references to which TJJD staff members are responsible for certain actions, such as family notifications, internal facility notifications, and transferring records.
- Removed the requirement for suicide risk assessments to be conducted face-to-face.
- Replaced “self-injurious behavior” and “self-injury” with either “self-harming behavior” or “suicidal and/or self-harming behavior,” as appropriate.

- Specified that certain screenings and assessments must be *initiated* (rather than conducted) within an identified time frame.
- Replaced references to *on-duty supervisor* and *duty officer* with *campus shift supervisor*.

INITIAL INTAKE

- Added that the designated mental health professional *reviews* (rather than signs) the suicide risk assessments conducted by other mental health professionals upon a youth's admission to TJJD.

ARRIVAL AT A FACILITY AFTER INITIAL INTAKE

- Added that, when a youth transfers from one high-restriction facility to another, a suicide risk screening is conducted by trained staff within one hour after arrival, which is separate from the suicide screening completed by nursing staff as part of the intrasystem health screening.
- Added that a suicide risk screening is conducted upon a youth's return after being away from TJJD's physical custody due to a significant life event, regardless of whether the absence was at least 48 hours.
- Clarified that the requirement for conducting a screening or assessment within one hour after an intrasystem transfer or return from an absence does not apply to youth who are already on suicide alert at the time of arrival.
- Added that, following a suicide risk screening performed due to intrasystem transfer or return from an absence:
 - the level of observation is determined by a mental health professional (rather than specifying that all youth identified as at risk for suicide are placed on at least constant observation); and
 - the suicide risk assessment is conducted *within an appropriate time frame, as established in agency procedures, based on the youth's assigned observation level and screening result* (rather than specifying within 4 hours for youth who are actively suicidal or engaged in a suicide attempt, 24 hours for youth who engaged in some other type of suicidal behavior or ideation, or seven days for youth not identified as being at risk).

RESPONDING TO YOUTH ACTIONS

- Clarified that staff must take the same immediate actions for a youth who has demonstrated self-harming behavior as for a youth who has demonstrated suicidal behavior.
- Removed a reference to which form is used to document that a staff member has notified the shift supervisor of a youth's behavior or ideation.
- Added that any type of suicidal behavior or ideation or self-harming behavior must be referred for a suicide screening by staff who observe the behavior.
- Added that the screening or assessment initiated within one hour after notification of a youth's suicidal or self-harming behavior or suicidal ideation is not required when deemed inappropriate due to a medical emergency.
- Added that, when a screening is conducted after a youth's suicidal or self-harming behavior or suicidal ideation, the suicide risk assessment is conducted *within an appropriate time frame, as established in agency procedures, based on the youth's assigned observation level and screening result* (rather than specifying within 4 hours for youth who are actively suicidal or engaged in a suicide attempt or 24 hours for youth who engaged in some other type of suicidal behavior).
- Added that youth who return to the facility after being taken to the emergency room are placed on *one-to-one observation* (rather than either constant or one-to-one observation) until assessed by a mental health professional.

AFTER A SUICIDE RISK ASSESSMENT

- Specified that, the *designated mental health professional* (rather than the mental health professional who assessed a youth) ensures the updated suicide alert list is distributed to staff.
- Clarified that the campus shift supervisor *ensures a staff member is assigned* (rather than assigns a staff member) to monitor a youth placed on suicide alert.

SUPERVISING YOUTH ON SUICIDE ALERT

- Added that, in addition to maintaining visual observation and documenting status, the staff member assigned to monitor a youth must follow any precautions set by the mental health professional.
- Clarified that, for youth on the constant observation level, the requirement to not let the youth out of the monitoring staff member's sight applies only during waking hours (these youth are on maximum five-minute checks during sleeping hours).
- Added breasts and buttocks to the list of body parts that staff are prohibited from observing when a youth is in the bathroom or shower and is also on one-to-one or constant observation.

- Added that a decision to use force to remove clothing after issuing suicide-resistant clothing requires a recommendation from a mental health professional and approval from the directors over treatment and facility operations or the directors' designees. Also added that when force is used to remove clothing, a mental health professional must evaluate the youth's need for trauma symptom care and ensure the care is provided if appropriate.

TREATMENT AND REASSESSMENT

- Clarified that the mental health professional consults with the youth's case manager, *as needed*, to recommend modifications to the youth's individual case plan.
- Clarified that mental health professionals review suicide risk assessments from other mental health professionals when assessing a youth currently placed on suicide alert.
- Clarified that the mental health professional's assessment does not need to be documented as a progress note.
- Added that, when changes are made to a youth's observation level or other safety precautions, *updated information regarding the youth* (rather than specifying an updated suicide alert list) is distributed to *designated* facility staff.
- Specified that, when information about youth on suicide alert is discussed during meetings between the psychology department and the psychiatric provider, *only youth who are on the psychiatric caseload are required to be discussed*.

OTHER PLACEMENT OPTIONS

- Removed information regarding criteria and referral for placement in the protective custody program, which is addressed in a separate policy.
- Clarified that emergency psychiatric placement may be pursued when it is determined a youth cannot be safely or appropriately managed *within TJJD custody* (rather than in protective custody).

TRANSFERRING YOUTH TO NEXT PLACEMENT WHILE ON SUICIDE ALERT

- Made the following changes for situations in which a youth on suicide alert will be transferred to another high-restriction facility:
 - added that *self-harming behavior* (not just suicidal behavior) is also included in the summary that is sent to the receiving facility;
 - removed requirements for a mental health professional at the sending facility to call the designated mental health professional at the receiving facility and to notify the health services administrator at the receiving facility;
 - clarified that a mental health professional at the receiving facility *initiates a suicide risk assessment* (rather than *meets with the youth*) within four hours after arrival;
 - added that a mental health professional at the receiving facility consults with the designated mental health professional *or a designee* regarding the plan for treatment and assessment.
- Added that, when a youth on suicide alert is moved to a less restrictive placement, the mental health professional communicates observation level and precautions to facility staff, if applicable.

REDUCING OBSERVATION LEVEL AND REMOVING YOUTH FROM SUICIDE ALERT

- Specified that, when a youth's observation level is lowered or a youth is removed from suicide alert, the psychiatric provider is notified *for youth who are on the psychiatric caseload*.

TRAINING

- Specified that staff who have *regular, direct* contact (rather than just *direct* contact) with youth receive initial and annual suicide prevention training.
- Added self-harming behavior to several components of the new-hire suicide prevention training.
- Added that the training received by staff who conduct suicide risk screenings is *annual* training.
- Added that all training described under the training heading within this policy is accompanied by a test or demonstration to establish competency in the subject matter.

OTHER CHANGES

- Added that using force to remove clothing shall be avoided whenever possible and used only as a last resort when a youth is physically engaging in suicidal and/or self-harming behavior.
- Removed a reference to notifying parents/guardians after a completed suicide, which is addressed in a separate policy.

GAP.380.9189 Suicide Alert for Medium-Restriction Facilities

GENERAL CHANGES

- Removed several references to which TJJD staff members are responsible for certain actions, such as family notifications and internal facility notifications.
- Removed the requirement for suicide risk assessments to be face-to-face.
- Added the following provisions for medium-restriction facilities that do not have a TJJD-employed mental health professional on staff and during times when a TJJD-employed mental health professional is not on call or on duty:
 - TJJD uses community resources such as local mental health authorities and psychiatric hospitals for clinical services;
 - TJJD will attempt to obtain guidance from the mental health professional regarding frequency of follow-up assessments and any enhanced precautions or supervision requirements, consistent with TJJD's observation levels when possible;
 - TJJD staff follow the guidance of the community mental health professional regarding precautions and supervision even when it differs from requirements in this policy; and
 - TJJD staff are authorized to seek additional direction from mental health professionals within TJJD or in the community at any time if there are concerns about the appropriateness of precautions or supervision level.

INTAKE SCREENING

- Added that youth are placed on *one-to-one observation* (rather than an observation level assigned by the facility administrator or designee) until assessed by a mental health professional if the intake screening identifies the youth as at risk for suicide.
- Clarified that the 72-hour time frame for conducting a suicide risk assessment after a youth is identified as at risk during an intake screening applies only when a TJJD-employed mental health professional is contacted to do the assessment.

RESPONDING TO YOUTH ACTIONS

- Clarified that staff must take the same immediate actions for a youth who has demonstrated self-harming behavior as for a youth who has demonstrated suicidal behavior.
- Added that staff must begin providing *one-to-one* observation (rather than constant observation unless the facility administrator/designee directs a higher level) when responding to suicidal or self-harming behavior or suicidal ideation.
- Added that the staff member who observes the youth's behavior or ideation is responsible for beginning the observation log (rather than the facility administrator or designee being responsible).
- Removed a reference to which form is used to document that a staff member has notified the facility administrator or designee of a youth's behavior or ideation.
- Clarified that the staff who observes the behavior or ideation refers the youth for a suicide screening.
- Added that a suicide risk screening is not required if a mental health professional initiates a suicide risk assessment within one hour after being notified of a youth's behavior or ideation.
- Added that it is the responsibility of the facility administrator or designee to ensure the youth is assessed by a mental health professional.
- Added that the screening or assessment within one hour after a youth's behavior or ideation is not required when deemed inappropriate due to a medical emergency.
- Removed the provision that directed the facility administrator or designee to assign the observation level following a screening.
- Added that, *in cases where a TJJD-employed mental health professional has been contacted*, the *mental health professional* assigns the observation level following a screening.
- Added that *one-to-one* observation (rather than *at least constant* observation) is required for a youth who is allowed to leave the facility while waiting for a suicide risk assessment.
- Added that youth who had been to the emergency room must be on one-to-one observation upon return to the facility until assessed by a mental health professional.

- Removed time frames for when a mental health professional must complete a suicide risk assessment. Added that, in facilities with a TJJJ-employed mental health professional who is on call or on duty, the assessment must be conducted within an appropriate time frame, as established in agency procedures, based on the youth's assigned observation level and screening result.
- Removed the provision that addressed cases where the time frame to conduct a suicide risk assessment has been exceeded.

AFTER A SUICIDE RISK ASSESSMENT

- Clarified that the documentation requirements following a suicide risk assessment apply to TJJJ-employed mental health professionals.
- Added that the facility administrator or designee ensures appropriate facility staff are notified of the results of an assessment.
- Added that the youth's case manager is also notified if the youth was assessed but not placed on suicide alert.

SUPERVISING YOUTH ON SUICIDE ALERT

- Added that, in addition to maintaining visual observation and documenting status, the staff member assigned to monitor a youth must follow any precautions set by the mental health professional.
- Clarified that, for youth on the constant observation level, the requirement to not let the youth out of the monitoring staff member's sight applies only during waking hours (these youth are on maximum five-minute checks during sleeping hours).
- Added breasts and buttocks to the list of body parts that staff are prohibited from observing when a youth is in the bathroom or shower and is also on one-to-one or constant observation.
- Removed the provision stating who may approve a youth on suicide alert to have access to off-site activities and added that such decisions must be approved on a case-by-case basis. Added that youth must be supervised on *one-to-one* observation (rather than at least constant observation) during any off-site activities.

TREATMENT AND REASSESSMENT

- Specified that the responsibilities concerning a treatment plan, modifications to the case plan, schedule for reassessment, and required components of each assessment apply only to TJJJ-employed mental health professionals.
- Specified that the requirement to notify a youth's psychiatric provider of the youth's placement on suicide alert and other related information applies only when the youth is receiving *routine* psychiatric services.

OTHER PLACEMENT OPTIONS

- Added that emergency psychiatric placement may be obtained at a TJJJ crisis stabilization unit or in a private psychiatric hospital; removed the provision stating that obtaining such placement must be in accordance with GAP.380.8771.
- Added the facility administrator *or designee* (rather than just the administrator) may seek temporary admission to the protective custody program in a high-restriction TJJJ facility for youth on institutional status.
- Removed the requirement for the facility administrator to initiate alternate placement in a more secure facility if the emergency psychiatric placement exceeds five days.

REDUCING OBSERVATION LEVEL AND REMOVING FROM SUICIDE ALERT

- Added that the suicide observation level may be lowered by no more than one level every 24 hours.
- Added that only youth on the lowest observation level may be removed from suicide alert.
- Added that TJJJ-employed mental health professionals must identify in the treatment plan any needed follow-up mental health services when a youth is removed from suicide alert.

RELEASE OR DISCHARGE OF YOUTH WHILE ON SUICIDE ALERT

- Removed a listing of which specific steps are taken by the mental health professional when a youth on suicide alert will be released or discharged. Added that the facility administrator or designee is responsible for ensuring a mental health professional has arranged for appropriate continuity of care in these situations, when possible.

TRAINING

- Specified that *staff who have regular, direct contact with youth* (rather than direct care staff) receive initial and annual suicide prevention training.

- Added self-harming behavior to several components of the new-hire suicide prevention training.
- Moved the reference to annual training to a separate item from the new-hire training, which clarifies that the listing of topics for new-hire training does not apply to the annual training.
- Added that the training received by staff who conduct suicide risk screenings is *annual* training.
- Added that all training described under the training heading within this rule shall be accompanied by a test or demonstration to establish competency in the subject matter.

OTHER CHANGES

- Removed wording that allowed only mental health professionals to make decisions about exceptions to regular programming, community access, housing, or clothing for youth determined to be at risk for suicide.
- Specified that *at least one* rescue kit (rather than multiple rescue kits) must be present in the facility.
- Removed a reference to notifying parents/guardians after a completed suicide, which is addressed in a separate policy.

GAP.380.9745 Protective Custody for Youth at Risk of Suicidal and/or Self-Harming Behavior

- Removed the requirement for the suicide risk assessments required by this rule to be conducted face-to-face.
- Clarified that one of the admission criteria is based on protection from *suicidal and/or self-harming behavior* (rather than solely *self-harm*).
- Clarified that the maximum stay in the protective custody program without director-level approval is *120 hours* (rather than 5 calendar days).
- Added that the director over facility operations or designee may approve an extension in the protective custody program beyond 120 hours *only after consultation with and agreement of the director over treatment or designee*.
- Added that, if it is determined that a youth is being held in this program in violation of policy, the *facility administrator and the designated mental health professional* (rather than the facility administrator or duty officer) must be immediately notified.
- Specified that, if the security dorm supervisor or designee determines that a youth is being held in the protective custody program in violation of policy, the youth must be *released from the program* (rather than returned to the general population) unless the *facility administrator finds that there was no violation* (rather than *unless the facility administrator or duty officer instructs otherwise*).
- Added that youth may challenge being placed in the program by filing a *grievance* (rather than an appeal) in accordance with the rule on grievances.
- Removed the requirement for the director of treatment or designee to consult with the designated mental health professional when reviewing the youth's appeal.