

**DIVISION OF MENTAL HEALTH SERVICES**

**ADMINISTRATIVE BULLETIN 3:17**

**SUBJECT: Privileges of Special Status Patients**

**I. Purpose:**

The purpose of this policy is to insure that hospital staff conduct an appropriate risk/benefit assessment and evaluate public safety issues when Special Status patients are given privileges.

With the increased admission of persons convicted/charged with sex offenses and individuals who have been adjudicated "Not Guilty By Reason of Insanity", Incompetent to Stand Trial, or who have other serious criminal charges, the regional psychiatric hospitals have had to take greater security measures and to consider the risks associated with allowing these patients to have privileges or to go off grounds. While the hospitals have clinical review procedures for Special Status Patients and treatment teams have been provided with criteria to make determinations about these patients' privilege levels, these criteria have been generally limited to patients' current mental condition and recent behavior. Patients' past behavior contributes significant risk factors that increase their potential for harm, notwithstanding their clinical presentations, and a thorough risk-benefit analysis of decisions to recommend or grant increased privileges requires a weighing of these risk factors.

**II. Legal Authority:**

N.J.A.C. 10:36

**III. Policy:**

It is the policy of the Division of Mental Health Services to require that all individuals admitted to state psychiatric hospitals at risk for violent or anti-social behavior be adequately supervised so that they are not a danger to themselves or others, including the general public. In addition to an assessment of current mental condition and recent behavior, treatment teams shall conduct a careful risk-benefit assessment before making requests for changes in the privilege levels of Special Status patients, including a careful review of individual risk factors for potentially violent and/or criminal behaviors.

**IV. Scope:**

This bulletin applies to all patients whose privileges are subject to approval by the Special Status Patient Review Committee at each of the hospitals operated by the Division.

**V. Procedures:****A. Review of Risk Factors in the Patient's Clinical History**

1. When admitting a Special Status patient, the treatment team will determine whether they have received all the records of his/her past treatment, including treatment that the patient received while incarcerated, as well as any available records regarding sentencing or past criminal behavior.
2. If the treatment team has not received the clinical documentation or the criminal records that it needs for its comprehensive evaluation of the patient, it shall formally request that the sending facility, county prosecutor or other legal authority make these records available to them.
3. When readmitting Special Status patients, the treatment team shall receive the Risk Management/Incident Profile, which lists all of the incidents that these patients were involved in during their prior hospitalization.
4. Risk factors for behavior that is potentially harmful or that poses a security concern shall be described in the individual patient assessments conducted by the treatment team members. When the treatment team meets to develop the comprehensive treatment plan, it shall identify risk factors on the Problems/Strengths list and describe these in the treatment team note.

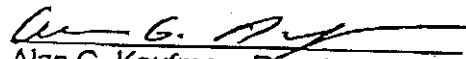
**B. Risk-Benefit Assessments for Privileging**

1. When making a recommendation or determination of a Special Status patient's level of privilege, the treatment team shall assess both the risks and the benefits of the levels under consideration. This assessment requires weighing the potential for harm to the patient and others as a result of decreased supervision against any potential gains from participation in treatment and rehabilitation programming. In their evaluation of potential harm, treatment teams shall utilize criteria that considers the patient's mental condition and risk factors that are developed from an evaluation of the past behavior of the patient.
2. When making a determination for Level I, the treatment team shall consider the following guidelines:
  - a. Mental condition criteria that include, but are not limited to:
    - suicide/homicidal ideation or behaviors
    - severe impulse control problems
    - imminent arson risk
    - severe confusion or disorientation as to be unable to adjust to unfamiliar surroundings
    - grossly psychotic symptoms or the presence of a severe mood disorder
    - high elopement/walkaway risk as indicated by verbal intent and/or recent behavior

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- b. Risk factors related to homicidal/suicidal behavior, which include:
    - i. past history of violent or homicidal behavior and
    - ii. past suicide attempts and their lethality.
  - c. Physical condition factors which may include the need for bed rest and the presence of acute medical problems.
3. When making a determination for Level II, the treatment team shall consider the following guidelines:
- a. Mental condition criteria that include, but are not limited to,:
    - the absence of a high suicide risk
    - elopement/walkaway
    - medical or assault risk
    - the ability to follow general directions and attend on-ward therapies and programs on a regular basis
    - psychiatric symptoms or mood disturbances that do not create an imminent risk of harm
    - mild confusion and disorientation that does not interfere with the ability to adapt to unfamiliar surroundings and
    - the ability to control impulses except when severely stressed
  - b. In addition to the factors associated with Level I, risk factors for Level II related to elopement and/or criminal behavior, which include:
    - i. past history of attempts to elope or walkaway from the hospital;
    - ii. past history of criminal behavior; and
    - iii. past history of violent behavior directed towards others.
  - c. Physical condition factors which may include: non- or partially ambulatory patients at risk of accidental self-harm (e.g. by falling); and patients with medical problems requiring constant evaluation.
4. When making a determination for Level III, treatment teams shall consider the following guidelines:
- a. Mental condition criteria that include, but are not limited to,:
    - the absence of psychiatric symptoms and a mood disturbance or, if residual symptoms are still present, the patient does not act in response to them
    - oriented in all spheres and fully aware of surroundings
    - cooperative with established plan and schedule of activities
    - appropriate on and off ward behavior resulting in no precautions for a certain number of days or weeks which is set by treatment team
    - minimal elopement/walkaway risk
    - able to control impulses when severely stressed and; if recent behavior includes substance abuse risk, is willing to agree to a search upon return if team determines it is necessary.

- b. In addition to the factors associated with Levels I and II, additional risk factors for Level III related to potential harm to other patients from unsupervised contact on the grounds of the hospital, which include:
    - i. past history of antisocial behavior, and
    - ii. past history of sexual impulse disorders.
  - c. Physical condition factors which may include ambulatory patients and non-ambulatory patients who are able to use wheelchairs or other adaptive equipment safely and medical problems requiring only intermittent staff evaluation.
5. When making a determination for Level IV, the treatment team shall consider the following guidelines:
- a. Mental condition criteria that include, but are not limited to,:
    - no recent instances of substance abuse
    - oriented to and capable of utilizing community or transportation services
    - exhibits sound judgement under reasonable conditions; and
    - exhibits accountability and responsibility through adherence to treatment plan program schedule.
  - b. In addition to the factors associated with Levels I, II and III, additional risk factors for Level IV related to potential harm to the patient, to other patients, and/or to the local community should he/she elope, which include:
    - i. past history of alcohol and substance abuse or of treatment non-compliance, and
    - ii. past history of violence, threats towards identifiable third parties.
  - c. There are no additional physical condition factors.

  
 Alan G. Kaufman, Director

9/20/96  
 Date