

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Program Services Division: Health Care Services Rule: Suicide Alert for High Restriction Facilities ACA: 4-JCF-4B-06, 4D-07 Statutes: N/A	Effective Date: 4/15/15 Page: 1 of 9 Replaces: GAP.380.9188, 12/1/09
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RULE

(a) **Purpose.**

This rule establishes procedures for identification, assessment, treatment, and protection of youth in high restriction facilities that may be at risk for suicide.

(b) **Applicability.**

This rule applies to all youth currently assigned to placement in high restriction facilities operated by the Texas Juvenile Justice Department (TJJD).

(c) **Definitions.**

Definitions pertaining to this rule are under [§380.9187](#) of this title.

(d) **General Provisions.**

- (1) Treatment for youth determined to be at risk for suicide is provided within the least restrictive environment necessary to ensure safety.
- (2) Youth determined to be at risk for suicide participate in regular programming to the extent possible, as determined by a mental health professional (MHP). Only an MHP may make exceptions to the provision of regular programming, housing placement, or clothing.
- (3) Designated staff carry rescue kits at all times while on duty for use in the event of a medical emergency caused by a suicide attempt. Rescue kits are also placed in designated buildings or areas of the campus that are not accessible to youth.
- (4) As soon as possible, but not to exceed two hours, after a suicide or a suicide attempt, the facility administrator or designee notifies the youth's parent or guardian (with the youth's consent if the youth is age 18 or older).

(e) **Intake Screening and Assessment.**

(1) **Upon Initial Admission to TJJD.**

- (A) Upon arrival to a TJJD orientation and assessment unit, designated intake staff keep youth within direct line-of-sight supervision until the youth is screened or assessed for suicide risk.
- (B) Within one hour after the youth's arrival to a TJJD orientation and assessment unit, an MHP conducts an initial mental health screening and documents the results.
- (C) If the youth is identified by the MHP as potentially at risk for suicide, the MHP immediately conducts a suicide risk assessment.
- (D) Within 14 days after arrival at the orientation and assessment unit, all youth receive a comprehensive mental health evaluation conducted by an MHP. The mental health evaluation will include a suicide risk assessment if one has not already been completed.

- (E) The suicide risk assessment completed upon initial admission includes:
 - (i) a mental status exam;
 - (ii) a review of all mental health and medical records submitted from the courts, county juvenile detention facilities, or any other medical or mental health provider, to include any assessments by MHPs relating to prior suicide alerts during confinement;
 - (iii) a review of all other available screenings and assessments; and
 - (iv) referrals for follow-up treatment or further assessment, as indicated.
 - (F) The designated mental health professional (DMHP) signs the suicide risk assessment, acknowledging his/her review.
- (2) **Upon Admission at a Subsequent Placement (Intrasystem Transfers).**
- (A) Upon arrival of a youth who is not currently on suicide alert, a nurse completes an intrasystem health screening, including questions relating to suicidal ideation and behavior.
 - (B) If the youth is identified by the screening as potentially at risk for suicide:
 - (i) the nurse immediately refers the youth to an MHP for completion of a suicide risk assessment; and
 - (ii) the youth is immediately placed on constant observation unless the MHP directs a higher observation level.
 - (C) An MHP conducts a suicide risk assessment within:
 - (i) four hours after the screening if the MHP determines the youth engaged in a suicide attempt or is actively suicidal;
 - (ii) 24 hours after the screening if the MHP determines the youth does not appear to be actively suicidal but engaged in some other type of suicidal behavior or ideation; or
 - (iii) seven calendar days after the screening if the MHP determines the youth does not appear to be at risk for suicide.
 - (D) The suicide risk assessment conducted upon a youth's intrasystem transfer includes:
 - (i) a mental status exam;
 - (ii) a review of the youth's masterfile and medical record, as indicated;
 - (iii) referrals for follow-up treatment or further assessment, as indicated;
 - (iv) a determination of whether to place the youth on suicide alert, assignment of an observation level, and designation of appropriate precautions; and
 - (v) a review by the DMHP of the assessment.
- (3) **Upon Return to TJJD.**
- (A) Within one hour after a youth's arrival at a high restriction facility following a period of at least 48 hours spent out of TJJD's physical custody (e.g., revocation of parole, return from bench warrant):

- (i) a trained designated staff member initiates a suicide risk screening; or
 - (ii) an MHP initiates a suicide risk assessment.
- (B) The youth is kept within direct line-of-sight supervision until the youth is screened or assessed.
- (C) If a screening is conducted:
 - (i) the trained designated staff member immediately contacts an MHP to communicate the results of the screening; and
 - (ii) if the youth is identified by the screening as being at risk for suicide:
 - (I) the youth is immediately placed on constant observation unless the MHP directs a higher observation level; and
 - (II) an MHP conducts a suicide risk assessment within:
 - (-a-) four hours after the screening if the MHP determines the youth engaged in a suicide attempt or is actively suicidal; or
 - (-b-) 24 hours after the screening if the MHP determines the youth does not appear to be actively suicidal but engaged in some other type of suicidal behavior or ideation; or
 - (iii) if the youth is not identified by the screening as being at risk for suicide, the MHP conducts a suicide risk assessment within seven calendar days after the screening.
- (D) The suicide risk assessment conducted upon a youth's return to a TJJD facility includes:
 - (i) a mental status exam;
 - (ii) a review of the youth's masterfile and medical record, as indicated;
 - (iii) referrals for follow-up treatment or further assessment, as indicated;
 - (iv) a determination of whether to place the youth on suicide alert, assignment of an observation level, and designation of appropriate precautions; and
 - (v) a review by the DMHP of the assessment.
- (f) **Responding to Suicidal Behavior or Ideation.**
 - (1) If any staff member has reason to believe that a youth has demonstrated suicidal behavior or ideation, the employee must:
 - (A) immediately use the rescue kit if appropriate and seek medical attention if there is a medical emergency;
 - (B) verbally engage the youth;
 - (C) provide constant observation unless an MHP directs a higher observation level;
 - (D) begin a suicide observation log to document youth status checks;
 - (E) immediately notify the on-duty supervisor or the duty officer;
 - (F) document in the dorm/shift log that he/she notified the on-duty supervisor or duty officer; and
 - (G) complete an incident report if suicidal behavior was involved.

- (2) As soon as possible, but no later than one hour after notification, the on-duty supervisor or duty officer ensures:
 - (A) a trained designated staff member initiates a suicide risk screening; or
 - (B) an MHP conducts a suicide risk assessment.
- (3) If a screening is conducted:
 - (A) the trained designated staff member immediately communicates the results of the screening to the MHP;
 - (B) if the youth **is not** transported to the emergency room, an MHP conducts a face-to-face suicide risk assessment within:
 - (i) four hours after the screening if the MHP determines the youth engaged in a suicide attempt or is actively suicidal; or
 - (ii) 24 hours after the screening if the MHP determines the youth did not engage in a suicide attempt and does not appear to be actively suicidal, but engaged in some other type of suicidal behavior or ideation; or
 - (C) if the youth **is** transported to the emergency room:
 - (i) the MHP decides, before the youth returns from the emergency room, whether the youth will be placed on constant or one-to-one observation upon his/her return to the facility; and
 - (ii) the MHP conducts a face-to-face suicide risk assessment within four hours after the youth's return to the facility.
- (5) The suicide risk assessment conducted in response to suicidal behavior or ideation includes:
 - (A) a mental status exam;
 - (B) a review of the youth's masterfile and medical record, as indicated;
 - (C) referrals for follow-up treatment or further assessment, as indicated;
 - (D) a determination of whether to place the youth on suicide alert, assignment of an observation level, and designation of appropriate precautions; and
 - (E) a review by the DMHP of the assessment.
- (6) Whenever possible, suicide risk screenings and assessments are conducted in a confidential setting.
- (g) **Actions Taken Upon Completion of Suicide Risk Assessment.**
 - (1) **Documentation Requirements.**
 - (A) Upon completion of a suicide risk assessment, the MHP documents the results of the assessment, including any changes in the youth's observation level.
 - (B) If the youth is placed on suicide alert, the MHP ensures that the youth's name is placed on the facility's suicide alert list and the updated list is distributed to facility staff.

(2) Notification of Assessment Results.

- (A) If the youth is placed on suicide alert:
- (i) the MHP immediately notifies infirmary staff, the youth's case manager, dorm staff, and the on-duty supervisor of the youth's observation level and any additional instructions; and
 - (ii) the youth's case manager notifies the youth's parent or guardian as soon as possible after the youth is placed on suicide alert (with the youth's consent if the youth is age 18 or older).
- (B) If the youth is not placed on suicide alert, the MHP notifies the referring staff and the youth's case manager that the youth was assessed but not placed on suicide alert.

(3) Assignment of Staff to Monitor Youth.

If the youth is placed on suicide alert, the on-duty supervisor assigns a specific staff member to monitor the youth and carry the suicide observation folder.

(h) Supervision of Youth on Suicide Alert.

- (1) Unless the youth is already placed in a suicide-resistant room, the on-duty supervisor or trained designated staff coordinates a search of the youth's room or personal area and removes any potentially dangerous items.
- (2) The suicide observation folder must be in the possession of the monitoring staff member at all times while the youth is on suicide alert.
 - (A) At no time may the youth possess the suicide observation folder.
 - (B) Each time the youth is transferred to the supervision of another staff member, the receiving staff member must take possession of the folder and document the transfer of supervision in the folder.
- (3) As required by the youth's assigned suicide observation level, the monitoring staff member must:
 - (A) maintain direct visual observation of the youth; and
 - (B) document the youth's status at the required interval.
- (4) For youth assigned to one-to-one or constant observation, the monitoring staff member must not leave the youth unattended or let the youth out of his/her sight.
 - (A) When the youth is in the bathroom or shower, the monitoring staff must remain within six feet of the youth, and:
 - (i) observe at least a portion of the youth's body (i.e., head, feet, or other observable parts excluding genitalia); and/or
 - (ii) maintain verbal contact.
 - (B) When the youth is engaged in regular programming (e.g., education, group counseling, recreation, etc.), the monitoring staff will accompany the youth to the activity and remain within the required distance (i.e., six or 12 feet). If the youth cannot be maintained within the required distance without disrupting the program, the MHP must be consulted to consider possible modifications to the youth's supervision plan or scheduled routine to ensure that the youth can be appropriately monitored.

- (5) Removal of a youth's clothing and issuance of suicide-resistant clothing, as well as cancellation of programming and routine privileges, will be avoided whenever possible and only used as a last resort for periods during which the youth is physically engaging in self-injurious behavior. Decisions regarding issuance of suicide-resistant clothing and restrictions in programming and/or routine privileges may be made only by the MHP. A decision to conduct a strip search if criteria in [§380.9709](#) of this title are met may be made only in consultation with the MHP.
- (6) Unless approved by the DMHP in consultation with the facility administrator, youth on suicide alert are not allowed access to off-campus activities or non-medical appointments. Decisions regarding off-campus medical appointments are made by medical staff.

(i) **Treatment and Reassessment of Youth on Suicide Alert.**

- (1) An MHP develops a written treatment plan (or revises an existing care plan) that includes treatment goals and specific interventions designed to address and reduce suicidal ideation and threats, self-injurious behavior, and suicidal threats perceived to be based upon attention-seeking or manipulative behavior. The treatment plan describes:
 - (A) signs, symptoms, and circumstances under which the risk for suicide or other self-injurious behavior is likely to recur;
 - (B) how recurrence of suicidal and other self-injurious behavior can be avoided; and
 - (C) actions the youth and staff can take if the suicidal and other self-injurious behavior does occur.
- (2) The MHP consults with the youth's case manager to recommend modifications to the youth's individual case plan based on issues identified in the treatment plan. The MHP consults with direct care staff regarding the youth's progress.
- (3) While the youth is on suicide alert, the MHP assesses the youth at least once every 48 hours, unless the youth is placed on one-to-one observation, in which case the MHP assesses the youth at least once every 24 hours.
- (4) For each assessment, the MHP:
 - (A) reviews the contents of the suicide observation folder, as well as progress notes from other MHPs as applicable;
 - (B) determines whether any changes should be made to the youth's observation level or other precautions, in consultation with the DMHP;
 - (C) documents any changes in the observation level or other safety precautions in the suicide observation folder; and
 - (D) documents the assessment as a progress note that provides a sufficient description of the youth's emotional status, observed behavior, recommended observation level, justification for decision, and any special instructions for staff.
- (5) Each time a change is made to the youth's observation level or other safety precautions, the MHP notifies direct care staff and ensures an updated suicide alert list is distributed to facility staff, including infirmary staff.
- (6) During routine meetings between the psychology department and the psychiatric provider, the DMHP or designee discusses information concerning youth on suicide alert with the psychiatric provider.

(j) Protective Custody or Emergency Psychiatric Placement.

- (1) If an MHP, in consultation with the DMHP, determines that the youth is a serious and immediate danger to himself/herself and cannot be safely managed in the living unit, the MHP may initiate placement in a suicide-resistant room by referring the youth to the protective custody program in accordance with [§380.9745](#) of this title. All treatment, re-assessment, and observation requirements established in this rule will continue to apply while the youth is assigned to protective custody, unless otherwise noted in §380.9745 of this title.
- (2) If the DMHP or psychiatric provider determines that the youth is in serious and imminent risk of self-injury and cannot be safely or appropriately managed in protective custody, the DMHP or psychiatric provider may seek emergency psychiatric placement in accordance with [§380.8771](#) of this title. The youth will be placed on one-to-one observation until received at the emergency placement.

(k) Intrasystem Transfer of Youth on Suicide Alert.

- (1) Prior to transferring a youth on suicide alert to another high restriction facility:
 - (A) within 24 hours prior to transfer, the MHP at the sending facility:
 - (i) sends a summary of the youth's suicidal behavior, assessments, and treatment to the DMHP and facility administrator or designee at the receiving facility and any transitional facilities en route to the receiving facility;
 - (ii) calls the DMHP at the receiving and any transitional facilities to communicate the observation level of the youth and any other pertinent information; and
 - (iii) notifies the health services administrator at the sending facility, who will communicate the observation level of the youth and any other pertinent information to the receiving facility's infirmary; and
 - (B) direct care staff at the sending facility provide the suicide observation folder to the transporting staff.
- (2) An MHP at the receiving facility:
 - (A) as soon as possible, but no later than four hours after the youth's arrival, reviews the transfer summary and meets with the youth;
 - (B) notifies direct care and nursing staff of the youth's suicide observation level prior to assignment of the youth to a dorm/living unit;
 - (C) places the youth on the facility's suicide alert list;
 - (D) ensures the suicide observation log is provided to the staff assigned to monitor the youth;
 - (E) consults with the DMHP regarding the plan for treatment and assessment.

(l) Release or Discharge of Youth on Suicide Alert.

- (1) Prior to releasing or discharging a youth on suicide alert to a community placement (medium restriction or home placement), the MHP:
 - (A) provides the youth (or parent/guardian if the youth is under age 18) with a referral for follow-up care;
 - (B) coordinates with appropriate clinical staff to schedule a follow-up appointment;
 - (C) identifies emergency resources, if needed; and
 - (D) notifies the youth's parole officer, as applicable.
- (2) The MHP sends mental health records to the receiving mental health provider upon request.

(m) Reduction of Observation Level and Removal from Suicide Alert.

- (1) The level of observation for a youth on suicide alert may be modified or discontinued only after a face-to-face assessment by an MHP, in consultation with the DMHP.
- (2) The MHP may reduce the youth's suicide observation level by no more than one level every 24 hours, unless otherwise approved by the DMHP on a case-by-case basis.
- (3) Only an MHP or the DMHP may authorize removal of a youth's name from the suicide alert list. Only youth on the lowest available observation level may be removed from suicide alert.
- (4) The MHP notifies appropriate staff when a youth's observation level is reduced and when a youth is removed from suicide alert. Infirmiry staff notify the psychiatric provider of all such changes.
- (5) The youth's case manager notifies the youth's parent or guardian when the youth is removed from suicide alert (with the youth's consent if the youth is age 18 or older).
- (6) Upon removal from suicide alert, the MHP identifies in the treatment plan any needed follow-up mental health services.

(n) Training.

- (1) All staff who have direct contact with youth (including security, direct care, nursing, mental health, and education staff) receive initial training in suicide prevention and response during pre-service training. Training addresses topics including, but not limited to:
 - (A) identifying the warning signs and symptoms of suicidal behavior;
 - (B) high-risk periods for suicide;
 - (C) juvenile suicide research, to include the demographic and cultural parameters of suicidal behavior, incidence, and precipitating factors;
 - (D) responding to suicidal and depressed youth;
 - (E) communication between correctional and health care personnel;
 - (F) referral procedures;
 - (G) housing, observation, and suicide alert procedures; and
 - (H) follow-up monitoring of youth who engage in suicidal behavior or ideation.
- (2) All personnel who have direct contact with youth receive annual suicide prevention training.
- (3) Staff designated to conduct suicide screenings receive training from an MHP regarding suicide alert policy, suicide indicators, and suicide screening.

(o) Post-Incident Debriefing and Analysis.

- (1) After a suicide or a life-threatening suicide attempt, the facility administrator or designee coordinates a debriefing with appropriate facility staff as soon as possible after the situation has been stabilized, in accordance with agency procedures.
- (2) After a suicide, the executive director or designee may dispatch a critical incident support team to provide counseling for youth and staff, coordination of facility activities, and assistance with follow-up care.

- (3) After a suicide, the medical director conducts a morbidity and mortality review in coordination with appropriate clinical staff. The medical director may conduct a morbidity and mortality review after a life-threatening suicide attempt.
- (4) After a suicide or a life-threatening suicide attempt, a critical incident review is convened to determine if the incident reveals system-wide deficiencies and to recommend improvements to agency policies, operational procedures, the physical plant, and/or training requirements.
- (5) In the event of a suicide, all actions, notifications, and reports required under [§385.9951](#) of this title must be completed.

See [CMS.06.71](#) for implementation procedures.