

Chapter: Rules for State-Operated Programs and Facilities	Effective Date: 4/15/15
Subchapter: Program Services	
Division: Health Care Services	Page: 1 of 3
Rule: Suicide Alert Definitions	Replaces: GAP.380.9187, 12/1/09
ACA: 4-JCF-4D-07 3-JCRF-4C-06	
Statutes: N/A	

(a) **Purpose.**

This rule establishes definitions of terms used in the Texas Juvenile Justice Department's (TJJD's) suicide prevention policies as set forth in [§§380.9188](#), [380.9189](#), and [380.9190](#) of this title.

(b) **Definitions.**

- (1) **Constant Motion Check**--a type of room check in which a staff member walks through the housing unit in an irregular pattern at random intervals to prevent youth from "timing" room checks. Constant motion checks are performed in addition to regular room checks and documented on the regular room check log.
- (2) **Critical Incident Review**--a review conducted by a multi-disciplinary team designed to critically review the circumstances surrounding a death or serious incident and to recommend corrective action where necessary. The critical incident review may consider information such as incident reports, training/personnel records, policies/procedures, other relevant documents, facility practices, any non-confidential information resulting from a morbidity and mortality review, and any other information the review team determines is necessary for a comprehensive review.
- (3) **Critical Incident Support Team**--a team used to provide support to youth, employees, and families involved in or adversely affected by the death of a TJJD youth or staff member.
- (4) **Designated Mental Health Professional (DMHP)**--a doctoral-level psychologist who has primary responsibility and accountability for the evaluation, monitoring, and treatment of youth referred for suicide risk in high restriction facilities. In the absence of a doctoral-level psychologist, an MHP may be appointed to serve as the acting DMHP with the approval of the central office director over treatment services.
- (5) **Mental Health Professional (MHP)**--a doctoral-level psychologist, masters-level mental health specialist, licensed professional counselor, licensed psychological associate, or licensed clinical social worker.
- (6) **Morbidity and Mortality Review**--an assessment of the overall clinical care provided and the circumstances leading up to a death or certain serious medical incidents. Its purpose is to identify program strengths and opportunities for improvement in clinical care.
- (7) **Protective Custody**--a temporary program in high restriction facilities designed for the placement of youth who cannot be safely managed in the current dorm/living unit due to risk of self-harm, as determined by an MHP after a face-to-face assessment.
- (8) **Psychiatric Provider**--a:
 - (A) Texas-licensed psychiatrist; or
 - (B) Texas-licensed physician assistant or psychiatric nurse practitioner acting under the authorization of a psychiatrist.

- (9) **Rescue Kit**--an emergency medical treatment kit carried by designated employees or placed in designated secure locations that contains items such as a CPR pocket mask, latex gloves, and a tool capable of cutting ligatures.
- (10) **Suicidal Behavior**--includes suicide attempts, suicidal gestures, intentional self-injurious behavior, or development of a plan or strategy for committing suicide. Suicidal behavior generally involves some overt action or clear indication of the development of a specific plan or strategy to injure or kill oneself.
- (A) **Life-Threatening Suicide Attempt**--a suicide attempt that a health care professional determines would have resulted in death except for circumstances beyond the youth's control.
- (B) **Suicide Attempt**--an act apparently intended to end one's life. A suicide attempt is a type of suicidal behavior.
- (C) **Self-Injurious Behavior**--behavior that causes harm, such as self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness. Self-injurious behavior is considered a type of suicidal behavior for reporting purposes.
- (11) **Suicidal Ideation**--thoughts of engaging in suicide-related behavior. This means a youth expresses thoughts or fantasies about committing suicide or expresses a desire to kill himself/herself, but lacks a specific plan or strategy to carry it out. Suicidal ideation is not considered a type of suicidal behavior for reporting purposes.
- (12) **Suicide Alert**--a status that begins following a face-to-face suicide risk assessment by an MHP, indicating that a youth is at risk to attempt suicide or self-injury and is in need of increased supervision.
- (13) **Suicide Observation Folder**--a folder containing suicide observation logs/check sheets and any other pertinent information as determined by an MHP. The staff directly responsible for monitoring the youth will possess the folder at all times while the youth is on suicide alert.
- (14) **Suicide Observation Level**--levels of observation determined by an MHP to provide enhanced supervision for youth who are awaiting a suicide risk assessment or placed on suicide alert. General criteria for determining the appropriate level of observation are provided in subparagraphs (A) - (C) of this paragraph, however the MHP may assign any level of observation deemed appropriate under the circumstances based on his/her clinical judgment.
- (A) **One-to-One Observation** is generally considered appropriate for a youth who is actively suicidal, either by threatening or engaging in self-injury, and who may require emergency psychiatric placement. One-to-one observation includes the following:
- (i) Assigned staff may not have any other concurrent duties.
- (ii) Assigned staff remains within six feet of the youth and maintains continuous, direct visual observation of the youth at all times, including while the youth is in his/her room or while the youth is sleeping.
- (iii) Assigned staff documents the youth's status at least once every ten minutes.
- (iv) Assigned staff must be formally relieved by another staff or by the discontinuation of the one-to-one status.
- (v) Doors to individual rooms remain unlocked, except when a youth presents an imminent danger to staff due to aggressive behavior. Procedures for obtaining approval to lock the door for such behavior are set forth in [§380.9745](#) of this title.

- (B) **Constant Observation** is generally considered the appropriate level of observation for a youth who is actively suicidal, either by threatening or engaging in self-injury, but does not appear to require emergency psychiatric placement. Constant observation includes the following:
- (i) During waking hours, the youth is within 12 feet and within sight of assigned staff at all times. Staff may have concurrent duties if the duties do not interfere with observation of the youth. The assigned staff documents the youth's status at least once every ten minutes (or every five minutes if the youth is placed in a security unit or a crisis stabilization unit).
 - (ii) During sleeping hours, assigned staff observes and documents youth's status at least once every five minutes and performs constant motion checks at least once every hour.
 - (iii) For youth in a security unit or crisis stabilization unit, doors to individual rooms remain locked.
- (C) **Close Observation** is generally considered the appropriate level of observation for a youth who is not actively suicidal and would be considered a lower risk for suicide but expresses suicidal ideation and/or has a recent history of self-injurious behavior. In addition, close observation would be appropriate for a youth who denies suicidal ideation or does not threaten suicide, but demonstrates other concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-injury. Close observation includes the following:
- (i) Assigned staff observes and documents the youth's status at least once every ten minutes and performs constant motion checks at least once every hour. The staff is generally involved in concurrent duties that do not interfere with required observation of the youth.
 - (ii) This level of observation may not be applied to youth who are placed in a security unit or a crisis stabilization unit.
- (15) **Suicide-Resistant Room**--a room that provides a safe environment and has no obvious materials/possessions that can be used in self-injurious behavior or any item that may be used for hanging. The room is free of all obvious protrusions and any items that provide an easy anchoring device for hanging. Lighting is tamper-proof and there are no switches or electrical outlets in the room. The door of the room has a heavy-gauge, clear panel that provides staff an unobstructed view of the room.
- (16) **Suicide Risk Assessment**--a standardized, face-to-face assessment by an MHP that contains specific lines of inquiry regarding suicide risk, a mental status examination, and clinical observations and recommendations.
- (17) **Suicide Risk Screening**--a standardized, face-to-face interview by an MHP or by a trained designated staff in consultation with an MHP to determine the appropriate suicide observation level until a suicide risk assessment is conducted.
- (18) **Trained Designated Staff**--staff trained to conduct a suicide risk screening. In TJJD programs this will include at least the following staff: superintendent, assistant superintendent, administrative duty officer, dorm supervisor, case manager, on-duty supervisor, placement coordinator, principal, and juvenile correctional officer V or VI.
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