

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Program Services Division: Health Care Services <b>Rule: Suicide Alert for Medium Restriction Facilities</b>  ACA: 3-JCRF-4C-06, 4C-09 Statutes: N/A	<b>Effective Date: 4/15/15</b>  Page: 1 of 6  Replaces: GAP.380.9189, 12/1/09
--	---

**RULE**

(a) **Purpose.**

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

(b) **Applicability.**

- (1) This rule applies to all youth currently assigned to placement in medium restriction facilities operated by the Texas Juvenile Justice Department (TJJD).
- (2) Responsibilities assigned to mental health professionals (MHPs) in this rule apply only to MHPs employed by 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 an MHP. Only an MHP may make exceptions to the provision of regular programming, community access, housing placement, or clothing.
- (3) Rescue kits for use in medical emergencies are placed in designated locations within the facility 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.**

- (1) Upon a youth's admission to a medium restriction facility, a trained staff administers a health screening, which includes a review of the youth's file and questions relating to suicidal ideation and behavior. The results of the health screening are documented.
- (2) If a youth is identified during the screening as potentially at risk for suicide:
  - (A) the trained staff immediately notifies the facility administrator or designee;
  - (B) the facility administrator or designee contacts an MHP to conduct a suicide risk assessment; and
  - (C) the facility administrator or designee assigns a suicide observation level. If possible, the administrator consults with an MHP in determining the appropriate level.

(3) The suicide risk assessment must be completed as soon as possible, not to exceed 72 hours.

(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 seek medical attention if there is a medical emergency;
  - (B) verbally engage the youth;
  - (C) immediately notify the facility administrator or designee;
  - (D) provide constant observation unless the facility administrator or designee directs a higher observation level;
  - (E) document in the appropriate shift log that he/she notified the facility administrator or designee; and
  - (F) complete an incident report if suicidal behavior was involved.
- (2) Upon notification by a staff member, the facility administrator or designee begins a suicide observation log to document youth status checks.
- (3) Within one hour after notification, a trained designated staff initiates a suicide risk screening. The trained staff immediately communicates the results of the screening to the facility administrator or designee.
- (4) The facility administrator or designee assigns an observation level based on the results of the suicide screening. If possible, the administrator consults with an MHP in determining the appropriate level.
  - (A) For youth engaging in suicidal behavior, the administrator ensures the youth remains on one-to-one observation until an MHP conducts a face-to-face suicide risk assessment.
  - (B) For youth engaging in suicidal ideation only, the administrator ensures the youth remains on at least constant observation until an MHP conducts a face-to-face suicide risk assessment.
  - (C) Youth who are waiting for a suicide risk assessment are not allowed community access (e.g., community service, employment, academic attendance) unless TJJD staff supervise the youth on at least constant observation.
- (5) The facility administrator or designee contacts an MHP to conduct a face-to-face suicide risk assessment. The assessment must be completed within:
  - (A) four hours if the youth engaged in a suicide attempt; or
  - (B) as soon as possible, but not to exceed 72 hours, if the youth engaged in any other type of suicidal behavior or ideation.
- (6) If the time required for an MHP to conduct a suicide risk assessment is exceeded, the youth will be maintained on at least constant observation until he/she is assessed. If necessary, the facility administrator or designee may secure emergency psychiatric care to obtain an evaluation of the youth.

**(g) Actions Taken Upon Completion of Suicide Risk Assessment.****(1) Documentation Requirements.**

Upon completion of a suicide risk assessment, the MHP documents the results of the assessment, including any changes in the youth's observation level.

**(2) Notification of Assessment Results.**

(A) Upon completion of a suicide risk assessment, the MHP communicates the results of the assessment to the facility administrator or designee.

(B) If the youth is placed on suicide alert:

(i) the facility administrator or designee immediately notifies facility staff 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).

(C) If the youth is not placed on suicide alert, the facility administrator or designee notifies the referring staff that the youth was assessed and not placed on suicide alert.

**(3) Assignment of Staff to Monitor Youth.**

If the youth is placed on suicide alert, the facility administrator or designee assigns a specific staff member to monitor the youth and document status checks.

**(h) Supervision of Youth on Suicide Alert.**

(1) The facility administrator or designee coordinates a search of the youth's room and removes any potentially dangerous items.

(2) A suicide observation monitoring sheet must be in the possession of the monitoring staff member with direct supervisory responsibility for the youth at all times while the youth is on suicide alert.

(A) At no time may the youth possess the suicide observation sheet.

(B) Each time the youth is transferred to the supervision of another staff member, the receiving staff member must take possession of the observation sheet and document the transfer of supervision.

(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. When the youth is in the bathroom or shower, the monitoring staff must remain within six feet of the youth, and:

(A) observe at least a portion of the youth's body (i.e., head, feet, or other observable parts excluding genitalia); and/or

(B) maintain verbal contact.

- (5) Youth on suicide alert are not allowed access to off-site activities or appointments unless it is approved by the MHP in consultation with the facility administrator. In such cases, the youth must be supervised on at least constant observation.

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

- (1) An MHP prepares a written treatment plan for each youth on suicide alert, updating or revising the plan as necessary. The treatment plan includes:
  - (A) identification of the crisis stabilization issues to be addressed in ongoing assessment sessions;
  - (B) a plan of action to address these issues; and
  - (C) the degree of community restriction necessary to provide for the youth's safety.
- (2) The MHP consults with facility staff to recommend modifications to the youth's individual case plan based on issues identified in the treatment plan.
- (3) While the youth is on suicide alert, the MHP re-assesses the youth as needed, but at least once every two calendar days.
- (4) During each assessment, the MHP:
  - (A) reviews relevant suicide alert documentation and information;
  - (B) determines whether any changes should be made to the youth's observation level or other precautions; and
  - (C) documents any changes in the observation level, community restrictions, or other safety precautions.
- (5) Each time a change is made to the youth's observation level or other safety precautions, the facility administrator or designee ensures the changes are documented and facility staff are notified.
- (6) If the youth is receiving psychiatric services, the facility administrator or designee ensures the psychiatric provider is notified of the youth's placement on suicide alert and of any relevant information concerning the youth's treatment and supervision while on suicide alert.

(j) **Youth Who Cannot Be Safely Managed in Current Placement.**

- (1) If the facility administrator or MHP determines that a youth cannot be safely managed within the structure of the current placement due to behavior that indicates imminent risk of serious self-injury, the facility administrator or designee:
  - (A) ensures one-to-one observation for the youth until an emergency psychiatric placement is obtained;
  - (B) obtains emergency psychiatric placement in accordance with [§380.8771](#) of this title. For youth not on parole status, the administrator may also seek temporary admission to protective custody in a high restriction TJJD facility pending emergency psychiatric placement if none of the above placements are immediately available; and
  - (C) maintains communication with staff at the emergency placement to obtain current mental status information and assess the length and suitability of the current placement. If the emergency placement exceeds five days, the administrator must initiate alternate placement in a more secure facility.

- (2) For youth maintained on constant and/or one-to-one observation longer than seven days in a medium restriction facility, the facility administrator or designee must pursue an alternative placement with longer-term stabilization, clinical resources, and increased supervision.

(k) **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.
- (2) The facility administrator or designee notifies facility staff when a youth's observation level is reduced and when a youth is removed from suicide alert. The designated facility staff notifies the psychiatric provider of all such changes.
- (3) 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).

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

Prior to releasing or discharging a youth on suicide alert to a community placement (i.e., another non-secure placement or home placement), the youth's case manager contacts the MHP to ensure the following are completed:

- (1) provide the youth (or parent/guardian if youth is under age 18) with a referral for follow-up care;
- (2) coordinate with appropriate clinical staff to schedule a follow-up appointment;
- (3) identify emergency resources, if needed; and
- (4) forward mental health records to the receiving mental health provider upon request.

(m) **Training.**

- (1) All direct care staff receive initial training in suicide prevention and response during pre-service training, as well as annual updates during in-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) Staff designated to conduct suicide screenings receive training from an MHP regarding suicide alert policy, suicide indicators, and suicide screening.

(n) **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.06.73](#) for implementation requirements.