

Draft 8/23/22

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

(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~~, and 380.9745 of this chapter ~~[title]~~.

(b) **Definitions.**

(1) **Completed Suicide**--a death resulting from deliberate actions to harm oneself.

~~[(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 ~~[high-restriction]~~ facilities. In the absence of a doctoral-level psychologist, a licensed mental health professional [an MHP] may be appointed to serve as the designated mental health professional [acting DMHP] with the approval of the Central Office ~~[central office]~~ director over treatment services.

(5) **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.

~~[(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 ~~[high-restriction]~~ facilities designed for the placement of youth who cannot be safely managed in the current dorm or living ~~[dorm/living]~~ unit due to risk of suicidal and/or self-harming behavior [self-harm], as determined by a mental health professional ~~[an MHP after a face-to-face assessment]~~.

~~(9)~~~~(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.

~~(10)~~~~(9)~~ **Rescue Kit**--~~[an] emergency medical items [treatment kit carried by designated employees or placed in designated secure locations that contains items] such as a CPR pocket mask, disposable [latex] gloves, and a tool capable of cutting ligatures.~~

~~(11)~~ **Self-Harming Behavior**--~~behavior that causes harm, such as self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness. Self-harming behavior is not considered a type of suicidal behavior, unless designated as such by a mental health professional.~~

~~(12)~~ **Staggered Intervals**--~~periods of time that are irregular and unpredictable.~~

~~(13)~~~~(40)~~ **Suicidal Behavior**--~~includes suicide attempts [, suicidal gestures, intentional self-injurious behavior,] or taking deliberate action toward carrying out [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 oneself or to cause one's own death [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.]~~

~~(14)~~~~(44)~~ **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 commit suicide [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].~~

~~(15)~~~~(42)~~ **Suicide Alert**--a status that begins following a ~~[face-to-face]~~ suicide risk assessment by a mental health professional ~~[an MHP]~~, indicating that a youth is at risk to attempt suicide or self-harming behavior ~~[self-injury]~~ and requires ~~[is in need of]~~ increased supervision and/or precautions designed to limit the risk.

~~(16)~~ **Suicide Attempt**--~~an act apparently intended to end one's life. A suicide attempt is a type of suicidal behavior.~~

~~(17)~~~~(43)~~ **Suicide Observation Folder**--a folder containing completed and/or active suicide observation logs/check sheets and any other pertinent information as determined by a mental health professional ~~[an MHP. The staff directly responsible for monitoring the youth will possess the folder at all times while the youth is on suicide alert].~~

~~(18)~~~~(44)~~ **Suicide Observation Level**--levels of observation determined by a mental health professional ~~[an MHP]~~ to provide enhanced supervision for youth who are awaiting a suicide risk assessment or who have been placed on suicide alert. General criteria for determining the appropriate level of observation are provided in subparagraphs (A) – (C) of this paragraph, however the mental health professional ~~[MHP]~~ may assign any level of observation deemed appropriate under the circumstances based on the professional's ~~[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 suicidal and/or self-harming behavior [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 the youth's [his/her] room or while the youth is sleeping.
  - (iii) Assigned staff documents the youth's status at least once every five [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 suicidal and/or self-harming behavior [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 staggered intervals not to exceed every five minutes [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 the youth's status at staggered intervals not to exceed [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 suicidal and/or self-harming [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-harm [self-injury]. With close [Close] observation, the assigned staff is generally involved in concurrent duties that do not interfere with required observation of the youth. The frequency of checks for youth on close observation is as follows [includes the following]:
- (i) for youth in a security unit or crisis stabilization unit, assigned staff observes and documents the youth's status at staggered intervals not to exceed every five minutes; and
  - (ii) [+] for all other youth, assigned [Assigned] staff observes and documents the youth's status at staggered intervals not to exceed 10 minutes [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.~~

- (19) **Suicide-Resistant Clothing**--tear-resistant, single-piece attire designed to promote a youth's safety while still providing warmth and coverage.
- (20)~~(15)~~ **Suicide-Resistant Room**--a room that provides a safe environment and has no obvious materials or possessions [materials/possessions] that can be used in suicidal and/or self-harming [self-injurious] behavior or any item that can [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.
- (21)~~(16)~~ **Suicide Risk Assessment**--a standardized [, face-to-face] assessment by a mental health professional [an MHP] that:
- (A) is conducted in-person or via remote computer service that allows both parties to see and hear one another; and
  - (B) contains specific lines of inquiry regarding suicide risk, a mental status examination, and clinical observations and recommendations.
- (22)~~(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. The screening is conducted in-person or via remote computer service that allows both parties to see and hear one another.
- (23)~~(18)~~ **Trained Designated Staff Member**--a staff **member** 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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Draft 8/23/22

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Program Services Division: Health Care Services <b>Rule: Suicide Alert for <u>High-Restriction</u> [High-Restriction] Facilities</b>  [ACA: <del>4</del> JCF 4B-06, 4D-07] [Statutes: <del>N/A</del> ]	<b>Effective Date: [4/15/15]</b>  Page: 1 of 10  Replaces: GAP.380.9188, <u>4/15/15</u> [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 [high-restriction] facilities who [that] may be at risk for suicide.

### (b) Applicability.

This rule applies to all youth currently placed in high-restriction [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 chapter [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 a mental health professional [an-MHP] may make exceptions to the provision of regular programming, housing placement, or clothing.
- (3) Using force to remove clothing shall be avoided whenever possible and used only as a last resort when the youth is physically engaging in suicidal and/or self-harming behavior.
- (4)[(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.
- (5)[(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 is notified (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, a mental health professional initiates [an-MHP-conducts] an initial mental health screening and documents the results.

- (C) If the mental health professional identifies the youth ~~[is identified by the MHP]~~ as potentially at risk for suicide, the mental health professional ~~[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 a mental health professional ~~[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, at a minimum:
- (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 mental health professionals ~~[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 reviews ~~[(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 designated mental health professional DMHP of the assessment.]~~

~~(2)~~~~(3)~~ Upon Arrival at a TJJD Facility after Intake ~~[Return to TJJD]~~.

- (A) Except for youth who are on suicide alert at the time of arrival, the following actions must occur within ~~[Within]~~ one hour after a youth's arrival at a high-restriction ~~[high-restriction]~~ facility following an intrasystem transfer, any period of time spent out of TJJD's physical custody due to a significant life event, or a period of at least 48 hours spent out of TJJD's physical custody for any reason ~~[(e.g., revocation of parole, return from bench warrant)]~~:
- (i) a trained designated staff member initiates a suicide risk screening; or
  - (ii) a mental health professional ~~[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 a mental health professional ~~[an MHP]~~ to assign an observation level, if appropriate, based on ~~[communicate the]~~ results of the screening; and
  - ~~[(ii) — if the youth is identified by the screening as being at risk for suicide;]~~
  - ~~(ii)~~~~(+)~~ the youth is immediately placed on the observation level directed by the mental health professional ~~[constant observation unless the MHP directs a higher observation level]~~; and
  - ~~(iii) — the mental health professional conducts a suicide risk assessment within an appropriate time frame, as established in agency procedures. Procedures will assign time frames based on the youth's assigned observation level and screening result.~~
- ~~[(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 arrival at ~~[return to]~~ a TJJD facility includes, at a minimum:
- (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, and if placed, designation of the appropriate [assignment-of-an] observation level[;] and other safety [designation-of-appropriate] precautions; and
- (v) a review by the designated mental health professional [DMHP] of the assessment.

**(3) Additional Screening by Infirmary for Intrasystem Transfers.**

(A) Upon arrival of a youth from another high-restriction TJJD facility, a nurse completes an intrasystem health screening, including questions relating to suicidal ideation and suicidal behavior.

(B) If the youth is identified by the screening as potentially at risk for suicide, the nurse immediately contacts a mental health professional and communicates the results of the screening.

**(f) Responding to Suicidal Ideation, Self-Harming Behavior, or Suicidal Behavior ~~[or Ideation].~~**

(1) A [if-any] staff member who has reason to believe that a youth has verbalized suicidal ideation or demonstrated self-harming or 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 a mental health professional [an MHP] directs a higher observation level;
- (D) begin a suicide observation log to document [youth] status checks of the youth;
- (E) immediately notify the campus shift supervisor and document the notification; and [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]~~
- ~~[(F)][(G)] refer the youth for a suicide screening [complete an incident report if suicidal behavior was involved].~~

(2) As soon as possible, but no later than one hour after notification, the campus shift supervisor [on-duty supervisor or duty officer] ensures[;]

- ~~[(A)] a trained designated staff member initiates a suicide risk screening[;]~~ or
- ~~[(B)] a mental health professional initiates [an MHP conducts] a suicide risk assessment. This screening or assessment is not required when deemed inappropriate due to a medical emergency.~~

(3) If a screening is conducted:

(A) the trained designated staff member immediately contacts a mental health professional to assign an observation level based on results of the screening; and [communicates the results of the screening to the MHP;]

(B) the mental health professional conducts a suicide risk assessment within an appropriate time frame, as established in agency procedures. Procedures will assign time frames based on the youth's assigned observation level and screening result.

~~[(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]~~

~~(4)(C)~~ If ~~[(#)]~~ the youth is transported to the emergency room:

~~(A)(i)~~ upon return to the facility, ~~[the MHP decides, before the youth returns from the emergency room, whether]~~ the youth ~~is~~ ~~[will be]~~ placed on ~~[constant or]~~ one-to-one observation until assessed by a mental health professional ~~[upon his/her return to the facility];~~ and

~~(B)(ii)~~ a mental health professional initiates ~~[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, and if placed, designation of the appropriate [assignment of an] observation level~~[,] and other safety [designation of appropriate] precautions;~~ and
- (E) a review by the designated mental health professional [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 mental health professional [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 mental health professional [MHP] ensures ~~[that]~~ the youth's name is placed on the facility's suicide alert list. The designated mental health professional ensures [and] the updated list is distributed to facility staff.

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

- (A) If the youth is placed on suicide alert:
  - (i) as soon as possible, [the MHP immediately notifies] infirmiry staff, the youth's case manager, staff responsible for supervising the youth, [dorm staff,] and the campus shift supervisor are notified [on-duty supervisor] of the youth's observation level, other safety precautions, and any additional instructions; and
  - (ii) ~~[the youth's case manager notifies]~~ the youth's parent or guardian is notified 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 mental health professional [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 campus shift ~~[on-duty]~~ supervisor ensures ~~[assigns]~~ a specific staff member is assigned 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 campus shift ~~[on-duty]~~ supervisor or trained designated staff member 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 and other safety precautions assigned to the youth, the monitoring staff member must:
  - (A) maintain direct visual observation of the youth; ~~[and]~~
  - (B) document the youth's status at the required interval; ~~and[-]~~
  - (C) follow any precautions set by the mental health professional.
- (4) The ~~[For youth assigned to one-to-one or constant observation, the]~~ monitoring staff member must not leave a youth assigned to one-to-one observation ~~[the youth]~~ unattended or let the youth out of the staff member's ~~[his/her]~~ sight.
- (5) During waking hours, the monitoring staff must not leave a youth assigned to constant observation unattended or let the youth out of the staff member's sight.
- (6)~~[(A)]~~ Any time a ~~[When the]~~ youth on one-to-one or constant observation 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, breasts, and buttocks); and/or
  - (B)~~[(#)]~~ maintain verbal contact.
- (7)~~[(B)]~~ When a ~~[the]~~ youth on one-to-one or constant observation is engaged in regular programming (e.g., education, group sessions ~~[counseling]~~, recreation~~[-etc.]~~), the monitoring staff will accompany the youth to the activity and remain within the required distance (i.e., 6 ~~[six]~~ or 12 feet). If the youth cannot be maintained within the required distance without disrupting the program, a mental health professional ~~[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.
- (8)~~[(5)]~~ Issuing suicide-resistant clothing and removing ~~[Removal of]~~ a youth's clothing [and issuance of suicide-resistant clothing], as well as canceled ~~[cancellation of]~~ programming and routine privileges, will be avoided whenever possible and ~~[only]~~ used only as a last resort for periods during which the youth is physically engaging in suicidal and/or self-harming ~~[self-injurious]~~ behavior.
  - (A) Decisions regarding issuance of suicide-resistant clothing and restrictions in programming and/or routine privileges may be made only by a mental health professional ~~[the MHP]~~.

(B) A decision to conduct a strip search if criteria in §380.9709 of this chapter ~~[title]~~ are met may be made only in consultation with a mental health professional ~~[the MHP]~~.

(C) A decision to use force in order to remove a youth's regular clothing after a youth has been issued suicide-resistant clothing may occur only upon the recommendation of a mental health professional and with the approval of the directors over treatment and facility operations or the directors' designees.

~~(9)~~~~(6)~~ Unless approved by the designated mental health professional ~~[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) A mental health professional ~~[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, suicidal and/or self-harming ~~[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-harming ~~[self-injurious]~~ behavior is likely to reoccur ~~[recur]~~;
  - (B) how reoccurrence ~~[recurrence]~~ of suicidal and other self-harming ~~[self-injurious]~~ behavior can be avoided; and
  - (C) actions the youth and staff can take if the suicidal and other self-harming ~~[self-injurious]~~ behavior does occur.
- (2) The mental health professional ~~[MHP]~~ consults with the youth's case manager, as needed, to recommend modifications to the youth's individual case plan based on issues identified in the treatment plan. The mental health professional ~~[MHP]~~ consults with staff responsible for supervising the youth ~~[direct care staff]~~ regarding the youth's progress.
- (3) While the youth is on suicide alert, a mental health professional ~~[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 mental health professional ~~[MHP]~~ assesses the youth at least once every 24 hours.
- (4) For each assessment, the mental health professional ~~[MHP]~~:
  - (A) reviews the contents of the suicide observation folder, as well as suicide risk assessments and progress notes from other mental health professionals ~~[MHPs]~~ as applicable;
  - (B) determines whether any changes should be made to the youth's observation level or other safety precautions, in consultation with the designated mental health professional ~~[DMHP]~~;
  - (C) documents any changes in the observation level or other safety precautions in the suicide observation folder; and
  - (D) documents the assessment, including ~~[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, staff responsible for supervising the youth are notified ~~[the MHP notifies direct care staff]~~ and ensures

~~an~~ updated information regarding the youth [suicide-alert list] is distributed to designated facility staff, including infirmary staff.

- (6) During routine meetings between the psychology department and the psychiatric provider, the designated mental health professional [DMHP] or designee discusses information concerning youth on suicide alert who are on the psychiatric caseload [with the psychiatric provider].

(j) **Protective Custody or Emergency Psychiatric Placement.**

- (1) Youth who cannot be safely managed in their assigned living units may be referred for placement in a suicide-resistant room in the protective custody program, in accordance with §380.9745 of this chapter. [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, reassessment [re-assessment], and observation requirements established in this rule will continue to apply while a [the] youth is assigned to protective custody~~[,]~~ unless otherwise noted in §380.9745 of this chapter [title].
- (2) If the designated mental health professional [DMHP] or psychiatric provider determines that a [the] youth is in serious and imminent risk of suicidal and/or self-harming behavior [self-injury] and cannot be safely or appropriately managed within TJJD [in-protective] custody, the designated mental health professional [DMHP] or psychiatric provider may seek emergency psychiatric placement in accordance with §380.8771 of this chapter [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 TJJD [high-restriction] facility:
- (A) within 24 hours prior to transfer, a mental health professional [the MHP] at the sending facility~~[-]~~
- ~~[(i)]~~ sends a summary of the youth's suicidal and/or self-harming behavior, assessments, and treatment to the designated mental health professional [DMHP] and facility administrator or their designees [designee] at the receiving facility and any stopover [transitional] facilities en route to the receiving facility; and
- ~~[(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) staff assigned to monitor the youth [direct care staff] at the sending facility provide the suicide observation folder to the transporting staff.
- (2) A mental health professional [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 initiates a suicide risk assessment [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;
- ~~[(B)]~~~~[(C)]~~ places the youth on the facility's suicide alert list;

~~(C)~~~~(D)~~ ensures the suicide observation log is provided to the staff assigned to monitor the youth; and

~~(D)~~~~(E)~~ consults with the designated mental health professional or designee ~~[DMHP]~~ regarding the plan for treatment and assessment.

(3) Before the youth is moved to the assigned dorm or living unit at the receiving facility, staff responsible for supervising the youth and nursing staff are notified of the youth's suicide observation level.

(l) **Moving a [Release or Discharge of] Youth on Suicide Alert to a Less Restrictive Placement.**

(1) Prior to moving ~~[releasing or discharging]~~ a youth on suicide alert to a less restrictive ~~[community]~~ placement (i.e., medium-restriction facility ~~[medium-restriction]~~ or home placement), the mental health professional ~~[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) communicates observation level and precautions to facility staff, if applicable;

~~(D)~~~~(G)~~ identifies emergency resources, if needed; and

~~(E)~~~~(D)~~ notifies the youth's parole officer, if [as] applicable.

(2) Mental ~~[The MHP sends mental]~~ health records are sent to the receiving mental health provider upon request.

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

(1) The ~~[level of]~~ observation level for a youth on suicide alert may be lowered ~~[modified]~~ or discontinued only after a suicide risk ~~[face-to-face]~~ assessment by a mental health professional ~~[an MHP]~~, in consultation with the designated mental health professional ~~[DMHP]~~.

(2) A mental health professional ~~[The MHP]~~ may lower a ~~[reduce the]~~ youth's suicide observation level by no more than one level every 24 hours~~;~~ unless otherwise approved by the designated mental health professional ~~[DMHP]~~ on a case-by-case basis.

(3) Only a mental health professional ~~[an MHP]~~ or the designated mental health professional ~~[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 mental health professional ~~[MHP]~~ notifies appropriate staff when a youth's observation level is lowered ~~[reduced]~~ and when a youth is removed from suicide alert. Infirmiry staff notify the psychiatric provider of all such changes for youth on the psychiatric caseload.

(5) The youth's ~~[case manager notifies the youth's]~~ parent or guardian is notified 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 mental health professional ~~[MHP]~~ identifies in the treatment plan any needed follow-up mental health services.

(n) **Training.**

(1) All staff who have regular, direct contact with youth (including, but not limited to, security, direct care, nursing, mental health, and education staff) receive initial training in suicide prevention and

response during new-hire [pre-service] training. Training addresses topics including, but not limited to:

- (A) identifying the warning signs and symptoms of suicidal and/or self-harming behavior;
- (B) high-risk periods for suicidal and/or self-harming behavior [suicide];
- (C) juvenile suicide research, to include the demographic and cultural parameters of suicidal behavior, incidence, and precipitating factors;
- (D) responding to suicidal youth and [depressed] youth experiencing mental health symptoms;
- (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, self-harming behavior, and/or suicidal [or] ideation.

(2) All staff [personnel] who have regular, direct contact with youth receive annual suicide prevention training.

(3) Staff designated to conduct suicide screenings receive training from a mental health professional [an MHP] regarding suicide alert policy, suicide indicators, and suicide screening.

(o) **Post-Incident Debriefing and Analysis.**

(1) After a completed 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 completed 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 completed 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 completed 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 completed suicide, all actions, notifications, and reports required under §385.9951 of this chapter [title] must be completed.

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See CMS.06.71 for implementation procedures.

8/24/22 Draft

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Program Services Division: Health Care Services <b>Rule: Suicide Alert for <u>Medium-Restriction</u> [<del>Medium Restriction</del>] Facilities</b>  [ACA: <del>3 JCRF 4C 06, 4C 09</del> ] [Statutes: <del>N/A</del> ]	<b>Effective Date: [4/1/15]</b>  Page: 1 of 7  Replaces: GAP.380.9189, <u>4/1/15</u> [ <del>12/1/09</del> ]
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## RULE

### (a) Purpose.

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

### (b) Applicability.

- (1) This rule applies to all youth currently placed in medium-restriction [~~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 mental health professionals [~~MHPs~~] employed by TJJD.
- ~~(3) For facilities that do not have a mental health professional employed by TJJD and during periods when a TJJD-employed mental health professional is not on call or on duty:~~
  - ~~(A) TJJD uses community resources such as local mental health authorities and psychiatric hospitals for all required clinical services;~~
  - ~~(B) TJJD staff will attempt to obtain guidance from the mental health professional regarding any enhanced precautions or supervision requirements (consistent with §380.9187 of this chapter when possible) and frequency of follow-up assessments. TJJD staff follow the guidance and instructions provided by the community mental health professional regarding precautions and supervision for youth even when such differ from this rule; and~~
  - ~~(C) TJJD staff are authorized to seek additional instruction, guidance, or assessments from mental health professionals within TJJD or in the community at any time if there are concerns about the appropriateness of precautions or required supervision level.~~

### (c) Definitions.

Definitions pertaining to this rule are under §380.9187 of this chapter [~~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) A rescue kit [~~Rescue kits~~] for use in medical emergencies is [~~are~~] placed in at least one designated location [~~locations~~] within the facility that is [~~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 is notified (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 ~~[medium-restriction]~~ facility, a trained designated staff member ~~conducts~~ 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 staff member who conducted the screening ~~[trained staff]~~ immediately notifies the facility administrator or designee;
- (B) the facility administrator or designee contacts a mental health professional ~~[an MHP]~~ to conduct a suicide risk assessment; and
- (C) the youth is placed on the one-to-one suicide observation level until assessed by a mental health professional. ~~[the facility administrator or designee assigns a suicide observation level. If possible, the administrator consults with an MHP in determining the appropriate level.]~~
- (3) If a TJJJ-employed mental health professional is contacted to conduct the suicide risk assessment, the ~~[The suicide risk]~~ assessment must be completed as soon as possible, not to exceed 72 hours.

(f) **Responding to Suicidal Ideation, Self-Harming Behavior, or Suicidal Behavior ~~[or Ideation]~~.**

- (1) A ~~[If any]~~ staff member who has reason to believe that a youth has verbalized suicidal ideation or demonstrated suicidal or self-harming behavior ~~[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) immediately notify the facility administrator or designee and document the notification;
- (D) provide one-to-one ~~[constant]~~ observation ~~[unless the facility administrator or designee directs a higher observation level]~~;
- (E) begin a suicide observation log to document status checks of the youth ~~[document in the appropriate shift log that he/she notified the facility administrator or designee]~~; and
- (F) refer the youth for a suicide screening ~~[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.]~~

~~(2)~~[(3)] As soon as possible but no later than ~~[Within]~~ one hour after notification, a trained designated staff member initiates a suicide risk screening or a mental health professional initiates an assessment. If a screening is conducted:



- (A) the staff member who conducted the screening ~~[The trained staff]~~ immediately communicates the results of the screening to the facility administrator or designee; and[-]
- (B) the facility administrator or designee ensures the youth is assessed by a mental health professional.
- (3) This screening or assessment is not required when deemed inappropriate due to a medical emergency.
- (4) If a TJJJ-employed mental health professional is contacted to conduct the suicide risk assessment, the mental health professional ~~[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.]~~
- ~~(5)~~~~(C)~~ Youth who are waiting for a suicide risk assessment are not allowed community access (e.g., community service, employment, academic attendance) unless TJJJ staff supervise the youth on one-to-one ~~[at least constant]~~ observation.
- (6) If the youth is transported to the emergency room, upon return to the medium-restriction facility, the youth is placed on one-to-one observation until assessed by a mental health professional.
- (7)~~(5)~~ In facilities with a TJJJ-employed mental health professional who is either on call or on duty, the mental health professional conducts a suicide risk assessment within an appropriate time frame, as established in agency procedures. Procedures will assign time frames based on the youth's assigned observation level and screening result. ~~[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 conducted by a TJJJ-employed mental health professional, the mental health professional ~~[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 ensures appropriate facility staff are notified of the results.

- (B) If the youth is placed on suicide alert:
- (i) the facility administrator or designee immediately notifies facility staff of the youth's enhanced supervision requirements ~~[observation-level]~~ and any additional instructions; and
  - (ii) ~~[the youth's case manager notifies]~~ the youth's parent or guardian is notified 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 and the youth's case manager 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) The ~~[As required by the youth's assigned suicide observation level, the]~~ monitoring staff member must:
  - (A) maintain direct visual observation of the youth if required; ~~[and]~~
  - (B) document the youth's status at the required interval; and[-]
  - (C) follow any precautions set by the mental health professional.
- (4) The ~~[For youth assigned to one-to-one or constant observation, the]~~ monitoring staff member must not leave a youth assigned to one-to-one observation ~~[the youth]~~ unattended or let the youth out of the staff member's ~~[his/her]~~ sight.
- (5) During waking hours, the monitoring staff must not leave a youth assigned to constant observation unattended or let the youth out of the staff member's sight.
- (6) Any time a ~~[When the]~~ youth on one-to-one or constant observation 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, breasts, and buttocks); and/or
  - (B) maintain verbal contact.

~~(7)(5)~~ Youth on suicide alert are not allowed access to off-site activities or appointments unless it is approved on a case-by-case basis ~~[by the MHP in consultation with the facility administrator]~~. In such cases, the youth must be supervised on one-to-one ~~[at least constant]~~ observation.

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

(1) ~~(1)~~ Subparagraphs (A)-(D) of this paragraph apply to TJJJ-employed mental health professionals.

(A)(1) ~~(A)(1)~~ A mental health professional ~~[An MHP]~~ prepares a written treatment plan for each youth on suicide alert, updating or revising the plan as necessary. The treatment plan includes:

- (i)(A) ~~(i)(A)~~ identification of the crisis stabilization issues to be addressed in ongoing assessment sessions;
- (ii)(B) ~~(ii)(B)~~ a plan of action to address these issues; and
- (iii)(C) ~~(iii)(C)~~ the degree of community restriction necessary to provide for the youth's safety.

(B)(2) ~~(B)(2)~~ The mental health professional ~~[MHP]~~ consults with facility staff to recommend modifications to the youth's individual case plan based on issues identified in the treatment plan.

(C)(3) ~~(C)(3)~~ While the youth is on suicide alert, the mental health professional assesses ~~[MHP re-assesses]~~ the youth as needed, but at least once every two calendar days.

(D)(4) ~~(D)(4)~~ For ~~[During]~~ each assessment, the mental health professional ~~[MHP]~~:

- (i)(A) ~~(i)(A)~~ reviews relevant suicide alert documentation and information;
- (ii)(B) ~~(ii)(B)~~ determines whether any changes should be made to the youth's observation level or other precautions; and
- (iii)(C) ~~(iii)(C)~~ documents any changes in the observation level, community restrictions, or other safety precautions.

(2)(5) ~~(2)(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.

(3)(6) ~~(3)(6)~~ If the youth is receiving routine 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 mental health professional ~~[MHP]~~ determines that a youth cannot be safely managed within the structure of the current placement due to behavior that indicates imminent risk of suicide or 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 at a TJJJ crisis stabilization unit or in a private psychiatric hospital ~~[in accordance with §380.8771 of this title]~~. For youth not on parole status, the facility administrator or designee may also seek temporary admission to protective custody in a high-restriction ~~[high-restriction]~~ TJJJ facility pending emergency psychiatric placement if no such ~~[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 to 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 ~~[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 level for a youth on suicide alert may be lowered ~~[modified]~~ or discontinued only after an ~~[a face-to-face]~~ assessment by a mental health professional ~~[an MHP]~~.

(A) A youth's suicide observation level may be lowered by no more than one level every 24 hours.

(B) Only youth on the lowest available observation level may be removed from suicide alert.

~~(2) [(3)]~~ 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) [(3)]~~ The ~~[youth's case manager notifies the]~~ youth's parent or guardian is notified when the youth is removed from suicide alert (with the youth's consent if the youth is age 18 or older).

(4) For youth being treated by a TJJD-employed mental health professional, the mental health professional identifies in the treatment plan any needed follow-up mental health services when the youth is removed from suicide alert.

(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 facility administrator or designee ensures a mental health professional has arranged for appropriate continuity of care when possible. ~~[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 who have regular, direct contact with youth receive initial training in suicide prevention and response during new-hire ~~[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 and/or self-harming behavior;

(B) high-risk periods for suicidal and/or self-harming behavior ~~[suicide]~~;

(C) juvenile suicide research, to include the demographic and cultural parameters of suicidal behavior, incidence, and precipitating factors;

(D) responding to suicidal youth and ~~[depressed]~~ youth experiencing mental health symptoms;

(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, self-harming behavior, and/or suicidal [~~or~~] ideation.

(2) All staff who have regular, direct contact with youth receive annual suicide prevention training.

(3)~~(2)~~ Staff designated to conduct suicide screenings receive training from a mental health professional [~~an MHP~~] regarding suicide alert policy, suicide indicators, and suicide screening.

(n) **Post-Incident Debriefing and Analysis.**

- (1) After a completed 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 completed 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 completed 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 completed 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 completed suicide, all actions, notifications, and reports required under §385.9951 of this chapter [~~title~~] must be completed.

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See CMS.06.73 for implementation requirements.