

Chapter: Rules for State-Operated Programs and Facilities	<b>Effective Date: 8/1/23</b>
Subchapter: Program Services	Page: 1 of 3
Division: Health Care Services	Replaces: GAP.380.9187, 4/15/15
<b>Rule: Suicide Alert Definitions</b>	

(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](#), [380.9190](#), and [380.9745](#) of this chapter.

(b) **Definitions.**

- (1) **Completed Suicide**--a death resulting from deliberate actions to harm oneself.
- (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**--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, a licensed mental health professional may be appointed to serve as the designated mental health professional with the approval of the Central Office director over treatment services.
- (5) **Life-Threatening Suicide Attempt**--a suicide attempt that a health care professional determines would have likely resulted in death except for circumstances beyond the youth's control.
- (6) **Mental Health Professional**--a doctoral-level psychologist, masters-level mental health specialist, licensed professional counselor, licensed psychological associate, or licensed clinical social worker.
- (7) **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.
- (8) **Protective Custody**--a temporary program in high-restriction facilities designed for the placement of youth who cannot be safely managed in the current dorm or living unit due to risk of suicidal and/or self-harming behavior, as determined by a mental health professional.
- (9) **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) **Rescue Kit**--emergency medical items such as a CPR pocket mask, disposable 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) **Suicidal Behavior**--includes suicide attempts or taking deliberate action toward carrying out a specific plan or strategy to injure oneself or to cause one's own death.
- (14) **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.
- (15) **Suicide Alert**--a status that begins following a suicide risk assessment by a mental health professional, indicating that a youth is at risk to attempt suicide or self-harming behavior and requires 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) **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.
- (18) **Suicide Observation Level**--levels of observation determined by a mental health professional 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 may assign any level of observation deemed appropriate under the circumstances based on the professional's clinical judgment.
- (A) **One-to-One Observation**--generally considered appropriate for a youth who is actively suicidal, either by threatening or engaging in suicidal and/or self-harming behavior, 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 room or while the youth is sleeping.
  - (iii) Assigned staff documents the youth's status at least once every five 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.
- (B) **Constant Observation**--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, 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.
  - (ii) During sleeping hours, assigned staff observes and documents the youth's status at staggered intervals not to exceed every five minutes.
  - (iii) For youth in a security unit or crisis stabilization unit, doors to individual rooms remain locked.

- (C) **Close Observation**--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 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. With 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:
- (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 staff observes and documents the youth's status at staggered intervals not to exceed 10 minutes.
- (19) **Suicide-Resistant Clothing**--tear-resistant, single-piece attire designed to promote a youth's safety while still providing warmth and coverage.
- (20) **Suicide-Resistant Room**--a room that provides a safe environment and has no obvious materials or possessions that can be used in suicidal and/or self-harming behavior or any item that can 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) **Suicide Risk Assessment**--a standardized assessment by a mental health professional 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) **Suicide Risk Screening**--a standardized interview 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) **Trained Designated Staff Member**--a staff member trained to conduct a suicide risk screening.
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