

Chapter: Rules for State-Operated Programs and Facilities	<b>Effective Date: 8/1/23</b>
Subchapter: Security and Control	Page: 1 of 3
<b>Rule: Protective Custody for Youth at Risk of Suicidal and/or Self-Harming Behavior</b>	Replaces: GAP.380.9745, 2/15/16

**RULE**

(a) **Purpose.**

This rule provides for a protective custody program for the temporary placement of youth who are determined to be at risk of serious harm to themselves.

(b) **Applicability.**

This rule applies only to high-restriction facilities operated by the Texas Juvenile Justice Department (TJJD).

(c) **Definitions.**

Definitions pertaining to this rule are in [§380.9187 of this chapter](#).

(d) **General Provisions.**

- (1) The protective custody program is administered in the security unit. Unless otherwise noted in this rule, all standard service delivery and programming requirements in [§380.9740 of this chapter](#) must be followed while the youth is in the security unit.
- (2) Protective custody is used only as a last resort when a mental health professional determines that a youth cannot be safely managed in the youth's assigned living unit and no appropriate less restrictive placements are immediately available. Protective custody is used only as a temporary placement until the youth can be safely returned to the youth's assigned living unit or until another appropriate housing or facility assignment can be arranged.
- (3) Unless otherwise noted in this rule, youth in protective custody are monitored, assessed, and treated in accordance with requirements in [§380.9188 of this chapter](#).

(e) **Referral for Placement in Protective Custody.**

- (1) Only a mental health professional may authorize the referral of a youth to the security unit for possible placement in protective custody. The referral may be made only:
  - (A) after a trained designated staff member completes a suicide risk screening, as described in §380.9188 of this chapter, and the mental health professional has consulted with the staff member concerning the results of the screening; and
  - (B) if the mental health professional determines that the youth is in imminent risk of serious self-injury and cannot be safely managed in the youth's assigned living unit.
- (2) The youth may be held in the security unit on referral for up to four hours, pending the completion of a suicide risk assessment by a mental health professional. The youth is placed on at least constant observation until the assessment. Doors must not be locked while the youth is awaiting the assessment unless the youth presents an imminent danger to staff due to aggressive behavior. In such cases, doors may be locked in accordance with [subsection \(g\)\(2\) of this section](#).
- (3) When a youth is referred to a security unit, the youth's suicide observation folder is transferred to the security unit staff, who continues documenting the youth's status at the required interval.

(f) **Admission Criteria.**

Only a mental health professional, in consultation with the facility's designated mental health professional, may admit a youth to protective custody. A youth may be placed in protective custody only if the mental health professional has conducted a suicide risk assessment and the mental health professional has determined that:

- (1) based on the youth's actions, statements, or mental status, the youth is a serious and immediate physical danger to self; and
- (2) confinement in the security unit is necessary to protect the youth from suicidal and/or self-harming behavior, and there is no less restrictive setting that provides the necessary level of security and staff supervision.

(g) **Program Requirements.**

- (1) Youth are placed in suicide-resistant rooms. Except for youth assigned to one-to-one observation, individual room doors remain locked.
- (2) For youth assigned to one-to-one observation, individual room doors must remain unlocked except when a youth presents an imminent danger to staff due to aggressive behavior. In such cases, the youth's room door may be locked if the mental health professional determines (in consultation with the designated mental health professional) that locking the door is necessary to manage the youth's aggressive behavior and still allows adequate supervision to ensure the youth's safety.
- (3) In accordance with requirements established in [§380.9188 of this chapter](#), the mental health professional develops an individualized treatment plan that identifies crisis stabilization issues to be addressed and includes a plan of action to address the issues.
- (4) The mental health professional conducts an assessment of the youth at least once every 24 hours while the youth is admitted to the protective custody program. As part of the assessment, the mental health professional must determine whether the youth continues to be a serious and immediate physical danger to self and whether continued confinement is necessary to prevent self-harm.
- (5) At least once every 48 hours following the youth's admission to protective custody, the designated mental health professional reviews the documentation relating to protective custody, including the youth's treatment plan and any other relevant documentation.
- (6) A youth may not remain in the protective custody program for more than 120 hours without written approval from the director over facility operations or designee after consultation with and agreement of the director over treatment or designee. This approval must be obtained for every 24-hour period thereafter.

(h) **Review of Admission and Extensions.**

The security dorm supervisor or designee reviews each admission and 24-hour extension decision within one workday to determine if policies and procedures were followed. If it is determined that a youth is being held in violation of policy, the security dorm supervisor or designee:

- (1) immediately notifies the facility administrator and the designated mental health professional;
- (2) releases the youth from protective custody unless the facility administrator finds that there was no violation; and
- (3) ensures the youth remains on one-to-one observation until a mental health professional conducts a suicide risk assessment.

(i) **Release Criteria.**

The youth must be released from protective custody when:

- (1) a mental health professional, in consultation with the designated mental health professional, determines that the youth may return to the general population with appropriate supervision and monitoring;
- (2) a mental health professional, in consultation with the designated mental health professional, determines that the youth meets criteria for transfer to a facility providing specialized mental health treatment, a TJJJ-operated crisis stabilization unit, or a psychiatric hospital;
- (3) an extension request is not approved as provided in [subsection \(g\)\(6\) of this section](#); or
- (4) a review of the admission or extension in protective custody reveals that the youth is being held in violation of policy.

(j) **Grievances.**

The youth may challenge placement in protective custody by filing a grievance in accordance with [§380.9331 of this chapter](#). The grievance is assigned to the director over treatment or designee.

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