

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Program Planning Rule: Case Planning ACA: 4-JCF-5C-05, 5C-06, 5C-07 Statute(s): Hum. Res. Code §244.001	Effective Date: 12/1/14 Page: 1 of 1 Replaces: GAP.380.8701, 9/6/12
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RULE

(a) **Purpose.**

The purpose of this rule is to ensure the case management of each youth is individualized and flexible and is based on the youth's risk and protective factors, abilities, and need for services.

(b) **Applicability.**

This rule applies to youth committed to the Texas Juvenile Justice Department.

(c) **Definitions.**

Definitions for terms used in this rule are in [§380.8501](#) of this title.

(d) **General Provisions.**

- (1) An Individual Case Plan (ICP) is developed with and for each youth by the case manager in consultation with the multi-disciplinary team. The ICP is individualized for each youth and identifies objectives with specific strategies to address development of skills to reduce individual risk factors and increase individual protective factors.
- (2) The ICP is developed in accordance with the assessment of the youth's risk and protective factors, abilities, and progress in the rehabilitation program.
- (3) The ICP specifies measurable objectives, expected outcomes, and a means to evaluate progress.
- (4) ICP objectives are reviewed and progress is documented at least once every 30 days.
- (5) At least once every 90 days, a multi-disciplinary team updates each youth's ICP following an integrated and comprehensive assessment of the youth's progress in the rehabilitation program. This assessment includes:
 - (A) re-assessment of the youth's risk and protective factors;
 - (B) development of objectives and treatment recommendations that reflect the youth's specialized needs and individual abilities; and
 - (C) when appropriate, development of a plan for transitioning the youth to the community.
- (6) The ICP is developed with individualized strategies to facilitate youth progress through the rehabilitation program.
- (7) An assessment and treatment summary, which forms the basis of the ICP, is developed while the youth is at the orientation and assessment unit.
- (8) ICP development includes a review of youth progress and objectives and is developed with the youth and the youth's parent/guardian when possible.

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Subchapter: Treatment	Page: 1 of 1
Division: Program Planning	Replaces: GAP.380.8702, 12/1/14
Rule: Rehabilitation Program Overview	

RULE

(a) **Purpose.**

The purpose of this rule is to identify the philosophy and approach of the Texas Juvenile Justice Department (TJJD) to the rehabilitation of youth in TJJD's care in order to reduce future delinquent behavior and increase public safety.

(b) **Applicability.**

This rule applies to youth committed to TJJD.

(c) **Definitions.**

See §380.8501 of this chapter for definitions of terms used in this rule.

(d) **General Provisions.**

- (1) TJJD provides a trauma-informed rehabilitative program that is focused on delivering needed treatment, assessing behavioral progress, assessing increases in protective factors and decreases in risk factors, and assessing the ability of youth to use skills learned in treatment and programming.
 - (2) All treatment and programming is delivered in the least restrictive setting appropriate to the youth, consistent with the rules of this chapter.
 - (3) To the extent possible, TJJD's rehabilitative program offers programs that ensure youth receive appropriate rehabilitation services, including those recommended by the committing court.
 - (4) All aspects of the TJJD rehabilitation program are individualized and performance-based, with clearly defined expectations as set forth in [§380.8703 of this chapter](#).
 - (5) Each youth's individual progress is reviewed monthly. The review addresses identified risk and protective factors and individual abilities.
 - (6) As youth progress in the rehabilitation program, there are increased expectations for demonstrating developed skills and social responsibility, a decreased need for staff intervention, and an increase in earned privileges.
 - (7) TJJD facilities maintain a structured daily schedule for all youth. Each day, youth work on components of the rehabilitation program.
 - (8) TJJD facilities provide for and youth are required to participate in a structured, individually appropriate educational program or equivalent, with appropriate supports.
 - (9) TJJD facilities provide and eligible youth may participate in work experiences.
 - (10) TJJD facilities must provide and youth are given the opportunity to participate in regular large-muscle exercise and recreation programs.
 - (11) Staff members receive appropriate training and certification related to their role in the rehabilitation program and the types of services they provide.
 - (12) TJJD may pilot new programs or program components for youth whose needs cannot be met by existing program components.
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Subchapter: Treatment	Page: 1 of 3
Division: Program Planning	Replaces: GAP.380.8703, 5/1/22
Rule: Rehabilitation Program Stage Requirements and Assessment	
References: <i>Morales v. Turman</i> Settlement Agreement, Section (V)(G)	

RULE

(a) **Purpose.**

Youth earn the ability to move to less restrictive placements by progressing through a stage system that measures progress in the rehabilitation program. The purpose of this rule is to provide a general outline of the areas in which a youth must demonstrate progress and to describe the process for assessing progress.

(b) **Applicability.**

This rule applies to all residential facilities operated by the Texas Juvenile Justice Department (TJJD). This rule does not apply to youth in contract-care programs that are not required to provide the TJJD rehabilitation program. This rule does not apply to youth on parole status.

(c) **Definitions.**

See [§380.8501 of this chapter](#) for definitions of terms used in this rule.

(d) **General Themes in the Rehabilitation Program.**

- (1) TJJD's rehabilitation program is composed of a set of stages with objectives related to each youth's rehabilitative needs. Expectations generally increase as youth progress through the stages.
- (2) Progress is measured through an assessment of the youth's demonstration of skills in areas such as:
 - (A) appropriate participation in education/vocational and treatment/intervention activities;
 - (B) understanding and use of therapeutic tools;
 - (C) ability to develop, discuss, and work toward individual goals;
 - (D) application of regulation tools to maintain safe behavior; and
 - (E) reducing risk factors and increasing protective factors.
- (3) The objectives for each youth shall be in writing and provided to the youth.
- (4) Each youth is provided an equal opportunity, as the youth's behavior warrants, to participate in the scheduled activities needed to progress.

(e) **Stage Assessment.**

- (1) A stage assessment shall be conducted when the youth completes the required objectives for the stage or within 90 days from the previous stage assessment, whichever occurs first.
- (2) Each stage assessment includes a comprehensive assessment of the youth's progress in the rehabilitation program.
- (3) The parent/guardian must be given an opportunity to provide input to be considered at each stage assessment.
- (4) As a result of a stage assessment, the youth is assigned to the most appropriate stage. Youth may be assigned to a stage that is more than one level higher than the current stage, if appropriate.

- (5) Each youth's specific needs and responsivity must be considered when assessing a youth's stage. If a youth fails to progress through the stages, staff must conduct a review for responsivity needs and, if appropriate, implement individualized interventions.
 - (6) Youth may not be assigned to a lower stage, except:
 - (A) when it is determined that behavior proven at a Level II due process hearing held in accordance with [§380.9555 of this chapter](#) indicates the youth no longer meets the requirements of the current stage assignment; or
 - (B) in accordance with subsection (g) of this section.
 - (7) If a youth loses release eligibility under [§380.8555](#) or [§380.8559 of this chapter](#), the youth is no longer designated as having completed the rehabilitative program under this rule and is assigned to stage 4.
 - (8) The youth and the youth's parent/guardian are notified of the results of the stage assessment.
- (f) **Requirements for Stage Promotion.**
- (1) **Stage 1**--this stage focuses on building a foundation of safety and regulation. During this stage, the youth will gain basic knowledge of the TJJD stage objectives and requirements for program completion. The youth attends the foundational skills development groups and participates in individual sessions with the case manager to develop an assessment of risk and protective factors. To determine whether youth have completed this stage, youth are assessed on factors including:
 - (A) reviewing the youth's own unique risk and protective factors with the case manager;
 - (B) discussing the youth's progress toward goals with staff;
 - (C) working on case plan objectives with the case manager; and
 - (D) participating in the following other areas of programming:
 - (i) treatment and intervention activities;
 - (ii) academic and workforce development programs; and
 - (iii) application of learned skills in daily behavior.
 - (2) **Stage 2**--this stage focuses on healthy connection and the ability to make repairs after relational harm. Youth on this stage are moving beyond the pre-contemplation stage of change to accept that changes are needed to improve their ability to be successful in the future. To determine whether youth have completed this stage, youth are assessed on factors including:
 - (A) exploring personal risk and protective factors, including those related to TJJD commitment;
 - (B) sharing plans for community reintegration with the youth's family, community supports, or adult mentor;
 - (C) exploring patterns in thoughts, feelings, attitudes, beliefs, and values;
 - (D) making progress towards personalized goals;
 - (E) presenting and discussing the youth's progress with the youth's treatment team;
 - (F) completing case plan objectives; and
 - (G) participating in other areas of programming as described in [paragraph \(1\)\(D\) of this subsection](#).

- (3) **Stage 3**--this stage focuses on taking responsibility and making prosocial decisions. Youth on this stage are preparing to move into the action stage of change through continued acknowledgment of the need to change and planning for their future. To determine whether youth have completed this stage, youth are assessed on factors including:
- (A) demonstrating a reduction in risk factors and an increase in protective factors;
 - (B) taking responsibility for behaviors leading to commitment;
 - (C) completing case plan objectives; and
 - (D) participating in other areas of programming as described in [paragraph \(1\)\(D\) of this subsection](#).
- (4) **Stage 4**--this stage focuses on demonstrating and practicing learned skills for youth. The purpose of this stage is demonstrating independence through application of treatment concepts and skills learned in earlier stages. This stage is considered the second-highest stage for purposes of eligibility for transition under [§380.8545 of this chapter](#). To determine whether youth have completed this stage, youth are assessed on factors including:
- (A) demonstrating continued reduction in risk factors and increase in protective factors;
 - (B) identifying new thoughts, feelings, attitudes, beliefs, and values that might increase success in the community;
 - (C) completing case plan objectives; and
 - (D) participating in other areas of programming as described in paragraph (1)(D) of this subsection.
- (5) **Rehabilitative stages completion status**--this designation indicates that a youth has completed stage 4 and is considered the highest stage for purposes of program completion under [§380.8555](#) and [§380.8559 of this chapter](#). Youth are in the maintenance stage of change and will be given the opportunity to demonstrate and apply learned skills. Youth are expected to participate in other areas of programming as described in paragraph (1)(D) of this subsection.
- (g) **Stage Assessment upon Return to a High- or Medium-Restriction Facility or upon New Commitment.**
- A youth is reassessed and placed on the most appropriate stage for the youth's current behavior and progress in the rehabilitation program when the youth is:
- (1) returned to a high-restriction facility for disciplinary reasons through a Level II due process hearing;
 - (2) returned to a high- or medium-restriction facility for disciplinary reasons through a Level I due process hearing; or
 - (3) recommitted to TJJD for a new offense.

See [Case Management Standards, Chapter 2](#), for implementation procedures.

Chapter: Rules for State-Operated Program and Facilities Subchapter: Treatment Division: Program Planning Rule: Family Involvement ACA: 4-JCF-5C-02, 5I-01 Statute(s): N/A	Effective Date: 12/1/14 Page: 1 of 1 Replaces: GAP.380.8705, 11/15/11
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RULE

(a) **Purpose.**

The purpose of this rule is to establish the amount and type of involvement the Texas Juvenile Justice Department (TJJD) encourages and seeks with the families of TJJD youth.

(b) **Parent Notifications.**

- (1) Parents or guardians of youth younger than 18 shall be provided the following information without regard to the youth's consent:
 - (A) written notification of the youth's placement;
 - (B) the name of the youth's case manager;
 - (C) instructions for contacting the youth's case manager;
 - (D) rights and rules about visitation, mail, and telephone;
 - (E) rules about personal property;
 - (F) rules about sending money to the youth; and
 - (G) copies of the Individual Case Plan (ICP).
- (2) Youth 18 and older must give written consent for information to be disclosed to a parent or guardian, with the following exceptions:
 - (A) Pursuant to federal law 20 USCA 1232g, educational information may be shared with a parent or guardian whose child is a dependent student as defined in section 152 of the Internal Revenue Code of 1986.
 - (B) Pursuant to federal law 20 USCA(m)(1)(A), if a youth is in a residential placement other than a high restriction facility, any notices required under Individuals with Disabilities Education Act (IDEA), Part B, including Admission, Review, and Dismissal (ARD) committee meetings and scheduled evaluations will be provided to the parent or guardian.
- (3) Written information sent to parents or guardians who are non-English speaking is translated into Spanish or accompanied by a letter stating that TJJD will translate the information into the spoken language at the request of the parent or guardian.

(c) **Communication.**

- (1) In the course of the communication described below, the youth's case manager must not disclose any information for which a youth 18 or older has withheld consent.
- (2) The youth's case manager:
 - (A) seeks input from the family for the youth's ICP;
 - (B) encourages families to communicate concerns to facility administrators and/or the case manager;
 - (C) encourages families to visit their child in any program and prepare for the youth's return home;
 - (D) whenever possible, counsels parents or guardians in preparation for the youth's return home;
 - (E) encourages youth to communicate with families by letter and/or telephone; and
 - (F) refers families to other agencies that provide services needed by the families.

(d) **Visitation.**

Youth are allowed to have visitation subject to the safe and secure operations of the program. See [§380.9312](#) of this title for more information on visitation.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Program Planning Rule: Furloughs ACA: 4-JCF-5I-05 Statutes: N/A	Effective Date: 12/1/16 Page: 1 of 1 Replaces: GAP.380.8707, 12/1/14
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RULE

(a) **Purpose.**

This rule establishes the conditions under which a youth may be furloughed while in any residential placement.

(b) **Definition.**

Furlough--an authorized absence from an assigned residential facility for a specific purpose and for a limited period of time.

(c) **General Provisions.**

(1) Youth in a residential facility may be granted the following types of furloughs.

- (A) **Emergency.** An emergency furlough may be granted when an emergency situation exists in the youth's family that, under normal circumstances, would require his/her presence as a family member.
- (B) **Administrative.** An administrative furlough may be granted for programmatic reasons, such as pre-placement visits to residential programs, home visits, health care services, or, for youth in high-restriction facilities, off-campus employment.
- (C) **Bench warrant.** A bench-warrant furlough is granted when a bench warrant is served on a youth and custody is transferred to the judicial jurisdiction issuing the warrant.
- (D) **Return to court.** A return-to-court furlough is granted when a determinate sentenced offender leaves a residential facility for a court appearance to determine disposition as required by law.

(2) Administrative furloughs to a home that has been disapproved or is pending a home evaluation are not permitted.

(3) Emergency and administrative furloughs are subject to certain restrictions based on a youth's custody and supervision rating. See [§380.9707 of this title](#) for more information.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Program Planning Rule: Title IV-E Foster Care Youth ACA: N/A Statute(s): N/A	Effective Date: 12/1/14 Page: 1 of 1 Replaces: GAP.380.8715, 7/27/04
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RULE

- (a) The Texas Juvenile Justice Department (TJJD) participates in the Title IV-E federal foster care reimbursement program in compliance with all federal and state regulations set by the Administration for Children and Families (ACF) and the Texas Department of Family and Protective Services (DFPS). DFPS administers the program for Texas and is directly responsible to ACF.
- (b) All TJJD youth placed in halfway houses or non-secure contract care facilities are screened for Title IV-E eligibility.

See CMS.02.07 for implementation requirements.

Chapter: Rules for State-Operated Programs and Facilities	Effective Date: 5/19/23
Subchapter: Treatment	Page: 1 of 6
Division: Programming for Youth with Specialized Treatment Needs	Replaces: GAP.380.8751, 12/1/14
Rule: Specialized Treatment	
Statutes: HR Code §244.001	

RULE

(a) Purpose.

The purpose of this rule is to establish the process by which youth committed to the Texas Juvenile Justice Department (TJJD) are assessed and treated for specialized treatment needs. The purpose of all provisions in this rule is to promote successful youth reentry and reduce risk to the community by addressing individual specialized treatment needs through programs that are designed to reduce risk to reoffend.

(b) Definitions.

Except as indicated in this subsection, see [§380.8501 of this chapter](#) for definitions of terms used in this rule.

- (1) **Intensive Treatment Program**--a high-intensity treatment program designed to address youth with a high need for specialized treatment. Treatment is generally delivered in specialized groups by licensed or appropriately trained staff.
- (2) **Psycho-educational Program**--a low-intensity program delivered by appropriately trained staff that is designed to address youth with a low need for specialized treatment.
- (3) **Sex Offense**--a reportable adjudication as defined in [Article 62.001 of the Texas Code of Criminal Procedure](#).
- (4) **Mental Health Professional**--see definition in [§380.9187 of this chapter](#).
- (5) **Moderate-Intensity Treatment Program**--a program designed to address youth with a moderate need for specialized treatment. Treatment is generally delivered in specialized groups by licensed or appropriately trained staff.

(c) General Provisions.

- (1) Youth with one or more specialized needs will have these needs addressed while under TJJD jurisdiction. Youth may have specialized needs addressed while in a high- or medium-restriction facility or on parole status.
- (2) If a youth cannot be provided the type(s) of specialized program designated in this rule for the youth's assessed need level, the youth will be provided with the most appropriate alternate form of intervention for that treatment need.

(d) Treatment Planning.

- (1) Upon admission to TJJD, comprehensive assessments are conducted to determine if a youth has any specialized treatment needs and to identify the type of specialized program that is best suited to address those needs. For each youth assessed as having a specialized treatment need, an initial plan documenting all specialized treatment needs and recommended programs is developed as soon as possible.

- (2) In addition to the initial plan, a comprehensive plan is developed for each youth with specialized treatment needs. The comprehensive plan must:
 - (A) include individually tailored statements regarding treatment goals and objectives;
 - (B) include the tentative sequence and start dates for each specialized program;
 - (C) be developed with input from the youth; and
 - (D) be documented in the youth's individual case plan.
- (3) The sequence and start dates for specialized programs are based on individual youth needs, facility schedules, and program openings, with consideration given to the youth's minimum length of stay or minimum period of confinement.
- (4) The comprehensive specialized treatment plan is reviewed, reevaluated, and modified in accordance with rules for the review and modification of the individual case plan, as set forth in [§380.8701 of this chapter](#). The plan is also modified following each reassessment of a youth's specialized treatment needs.
- (5) Specialized treatment needs may be reassessed at any time during a youth's stay in TJJD.

(e) **Specialized Treatment Needs.**

The areas of specialized treatment need are set forth in paragraphs (1) - (6) of this subsection, with each area given priority for placement and treatment based on urgency of need.

(1) **Medical.**

Each youth is provided comprehensive medical and dental examinations. Based on the results of these examinations, each youth is assigned a need level for medical or dental services. Non-compliance with treatment may cause any youth to be designated as higher need than the underlying condition would typically warrant.

- (A) **High Need**--includes youth who require medical, surgical, or dental services of an intense/acute nature. The youth has a serious acute condition, experiences an exacerbation of a chronic medical or dental condition, sustains a serious injury, and/or may require hospitalization. The youth's condition is unstable or unpredictable, and recovery requires 24-hour nursing care or supervision beyond the scope of normal infirmary services. The youth's medical needs, until resolved, take precedence over other therapeutic interventions and temporarily prevent active participation in programming.
- (B) **Moderate Need**--includes youth who are diagnosed with a medical or dental condition that is moderate to serious in severity and that may require frequent access to clinical and/or hospital services for symptom exacerbation.
- (C) **Low Need**--includes youth who are diagnosed with a condition that is mild to moderate in severity and does not require ongoing treatment or monitoring. The youth may be temporarily restricted from an activity due to an accident, injury, or illness of mild to moderate severity.
- (D) **None**--includes youth with no medical or dental diagnosis requiring ongoing attention.

(2) **Mental Health.**

The mental health needs assessment is provided by mental health staff through comprehensive psychological and/or psychiatric evaluation using the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Based on this assessment, each youth is assigned a need level for mental health treatment services.

(A) High Need – Level 1.

- (i) This level of treatment need includes youth who:
 - (I) are diagnosed with a mental disorder. As a result of the disorder, there is disorganized, bizarre, and/or grossly inappropriate behavior in one or more of the following areas: social or interpersonal interactions, educational or vocational participation, or the ability to manage daily living requirements;
 - (II) have an assessment of adaptive functioning that is consistent with the level of impairment noted;
 - (III) cannot meaningfully participate in programming until the underlying disorder is stabilized; and/or
 - (IV) are an imminent danger to themselves or others as a result of the mental disorder.
- (ii) This level of impairment is not the result of a conduct disorder, oppositional defiant disorder, or similar impulse control/behavioral disorders and is not the result of intoxication or withdrawal from drugs.
- (iii) Youth with this level of impairment require a protective environment during this phase of the disorder and are treated at an agency-operated crisis stabilization unit or a psychiatric hospital with psychiatric care as the highest priority.

(B) High Need – Level 2.

- (i) This level of treatment need includes youth who:
 - (I) are diagnosed with a mental disorder. As a result of the disorder, there is moderate to severe impairment in one or more of the following areas: social or interpersonal interaction, educational or vocational participation, or the ability to manage daily living requirements despite receiving psychiatric care and clinical support services;
 - (II) have an assessment of adaptive functioning that is consistent with the level of impairment noted; and/or
 - (III) are having a difficult time maintaining stability and program participation despite receiving psychiatric services and local clinical support.
- (ii) This level of impairment is not the result of a conduct disorder, oppositional defiant disorder, or similar impulse control/behavioral disorders and is not the result of intoxication or withdrawal from drugs.
- (iii) Youth with this level of treatment need are placed in an intensive mental health treatment program with structured interventions and enhanced clinical support services in addition to regular psychiatric services.

(C) Moderate Need.

- (i) This level of treatment need includes youth who:
 - (I) are diagnosed with a mental disorder. As a result of the disorder, behavior is mildly impaired by signs and symptoms of the mental disorder in one or more of the following areas: social or interpersonal interaction, educational or vocational participation, or ability to manage daily living requirements with regular psychiatric care and/or psychological intervention;

- (II) have an assessment of adaptive functioning that is consistent with the level of impairment noted; and/or
 - (III) display symptoms or difficulties with adaptive behavior as a result of abuse or trauma.
- (ii) This level of treatment need is not the result of a conduct disorder, oppositional defiant disorder, or similar impulse control/behavioral disorders and is not the result of intoxication or withdrawal from drugs.
 - (iii) Youth with this level of treatment need are placed in an agency facility offering the necessary clinical and/or psychiatric support. Youth identified with a history of abuse or trauma are offered interventions specific to the trauma to help maintain their ability to function and participate in programming.
- (D) **Low Need**--includes youth who require only periodic mental health services, regardless of whether the youth have a mental health diagnosis, or regular psychiatric services. For youth with a psychiatric diagnosis, the assessment of adaptive functioning is consistent with the level of impairment noted.
- (E) **None**--includes youth who do not require follow-up services from mental health or psychiatric providers, regardless of whether the youth have a mental health diagnosis.

(3) **Intellectual Disability.**

The diagnosis of intellectual disability is made by mental health staff based on the results of a culturally validated assessment of cognitive functioning, mental abilities, reasoning, problem solving, abstract thinking, and adaptive behavior as defined in the latest edition of the DSM. Based on this diagnosis, each youth is assigned a need level for intellectual disability services. Youth are assigned to the placement that is best suited to meet the youth's individual treatment needs.

- (A) **High Need**--includes youth diagnosed with moderate or severe intellectual disability who have corresponding deficits in intellectual and adaptive functioning.
- (B) **Moderate**--includes youth diagnosed with mild intellectual disability who have a co-occurring mental health treatment need of moderate or low.
- (C) **Low Need**--includes youth diagnosed with mild intellectual disability who have no co-occurring mental health treatment needs.
- (D) **None**--includes youth who have no diagnosis of intellectual disability.

(4) **Sexual Behavior.**

The sexual behavior treatment need assessment is provided by a psychologist, mental health professional, or licensed sex offender treatment provider through a clinical interview and an agency-approved juvenile sexual offender assessment instrument. The assessment is provided for youth who have been adjudicated for a sex offense or who have a documented history of sexually inappropriate behavior. Based on this assessment, each youth is assigned a need level for sexual behavior treatment services.

- (A) **High Need**--includes youth who receive an assessment rating of high need for sexual behavior treatment based on the results of the clinical interview and the agency-approved juvenile sexual offender assessment instrument. Youth with this level of treatment need are assigned to participate in an intensive sexual behavior treatment program.

- (B) **Moderate Need**--includes youth who receive an assessment rating of moderate need for sexual behavior treatment based on the results of the clinical interview and the agency-approved juvenile sexual offender assessment instrument. Youth with this level of treatment need are assigned to participate in a moderate-intensity sexual behavior treatment program.
 - (C) **Low Need**--includes youth who receive an assessment rating of low need for sexual behavior treatment based on the results of the clinical interview and the agency-approved juvenile sexual offender assessment instrument. Youth with this level of treatment need are assigned to participate in a psychosexual education curriculum.
 - (D) **None**--includes youth who have no assessed need for sexual behavior treatment.
- (5) **Capital and Serious Violent Offender.**
- A psychologist or mental health professional makes a determination of need for capital and serious violent offender treatment for any youth who was found by a court or a Level I due process hearing to have engaged in conduct that resulted in the death of or serious bodily injury to a person or involved using or exhibiting a deadly weapon and any youth referred by a mental health professional based on a reasonable belief the youth is in need of capital and serious violent offender treatment. The determination is based on the youth's offense history and clinical assessment of the youth's need for specialized treatment intervention.
- (A) **High Need**--youth are assigned to participate in an intensive capital and serious violent offender program.
 - (B) **Medium Need**--youth are assigned to participate in a moderate-intensity program designed to address aggression and violent behavior issues.
 - (C) **Low Need**--youth are assigned to participate in a psycho-educational anger management supplemental curriculum.
 - (D) **None**--includes youth who are assessed as not having a significant risk related to violent offending or behavior.
- (6) **Substance Use Services.**
- All youth are screened to determine if they should be assessed for a need for substance use services. Those who need further assessment are assessed and diagnosed by mental health staff or a chemical dependency counselor using the latest edition of the DSM. Based on a clinical interview and the results of an agency-approved, comprehensive assessment instrument, each youth is assigned a need level for substance use services.
- (A) **High Need**--includes youth with a diagnosis of substance use disorder and a high-intensity substance-use-services treatment need based on the results of an agency-approved assessment instrument. Youth with this level of treatment need are assigned to participate in an intensive substance-use-services treatment program.
 - (B) **Moderate Need**--includes youth with a diagnosis of substance use disorder and a moderate-intensity substance-use-services treatment need based on the results of an agency-approved assessment instrument. Youth with this level of treatment need are assigned to participate in a moderate-intensity substance-use-services treatment program.
 - (C) **Low Need**--includes youth with any identified substance use history or risk that does not rise to the diagnostic level of substance use disorder. Youth with this level of treatment need are assigned to participate in a psycho-educational substance-use-services program.
 - (D) **None**--includes youth who have no history of substance use or risk of use.

(f) **Requirement to Complete Specialized Treatment.**

- (1) This subsection applies only to youth who are assessed as having a high or moderate treatment need in the following treatment areas: sexual behavior, capital and serious violent offender, or substance use services. This subsection does not apply to youth assigned to complete psycho-educational supplemental curricula in these treatment areas.
- (2) For purposes of [§§380.8545](#), [380.8555](#), and [380.8559 of this chapter](#), participation in or completion of assigned specialized treatment programs means:
 - (A) the youth has completed assigned specialized treatment programs; or
 - (B) a designee of the executive director with appropriate expertise determines that the youth has made sufficient progress toward treatment goals or that the goals can be addressed in a non-high-restriction setting.
- (3) This subsection does not apply to decisions made by the Release Review Panel under [§380.8557 of this chapter](#).

(g) **Individual Exceptions.**

- (1) The requirement to complete specialized treatment as described in subsection (f) of this section may be waived if the division director over specialized treatment or designee determines that the youth is unable to participate in the assigned specialized treatment program due to a medical or mental health condition or due to an intellectual disability.
- (2) Each youth's individual circumstances are considered when determining the most appropriate type of specialized treatment intervention to assign. A youth may be assigned or reassigned to a specialized program designated for a higher or lower need level than the youth's assessed need level for any reason deemed appropriate by the division director over specialized treatment or designee.
- (3) The executive director or designee may make exceptions to provisions of this rule on a case-by-case basis, based on a consideration of the youth's best interests and public safety.
- (4) The justification for any individual exceptions granted under this subsection must be documented.

(h) **Specialized Aftercare.**

Youth will be provided specialized aftercare as needed and as available.

See [CMS.01.25](#) and [CMS Chapters 7-9](#) for implementation procedures.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programming for Youth with Specialized Treatment Needs Title: Crisis Stabilization Unit ACA: 4-JCF-4D-01, 4D-06, 5C-02, 5C-03 Statute(s): N/A	Effective Date: 12/1/14 Page: 1 of 3 Replaces: GAP.380.8767, 9/1/09
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RULE

(a) **Purpose.**

The purpose of this rule is to establish criteria and a process for admitting youth who are experiencing a psychiatric crisis into a crisis stabilization unit (CSU) operated by the Texas Juvenile Justice Department (TJJD).

(b) **Definitions.**

- (1) **Designated Mental Health Professional**--has the meaning assigned by [§380.9187](#) of this title.
- (2) **Psychiatric Provider**--has the meaning assigned by §380.9187 of this title.

(c) **References.**

- (1) For due process procedures for mental health status reviews, see [§380.9571](#) of this title.
- (2) For emergency mental health placements, see [§380.8771](#) of this title.

(d) **Admissions.**

(1) **Admission Criteria.**

A youth may be admitted to a CSU only when the following criteria are met:

- (A) the youth demonstrates serious dysfunction in behavior, judgment, thinking, or mood; and
- (B) the dysfunction is the result of a current neurological deficit, emotional disturbance, and/or psychiatric disorder (e.g., psychosis, major affective disorder, organic disorder, or anxiety disorder) and the dysfunction is not the result of a primary conduct disorder or antisocial personality disorder; and
- (C) the youth:
 - (i) presents a risk of serious harm to self or others; or
 - (ii) if not treated, will continue to suffer severe and abnormal mental, emotional, or physical distress and will continue to experience deterioration in his/her ability to function independently, as evidenced by the youth's inability to attend to basic needs, such as food, health, personal hygiene, or safety; and
- (D) a CSU is the least restrictive intervention that is appropriate and available to safely and effectively meet the treatment needs and to control the dysfunctional behavior.

(2) **Referral Documents.**

The referral must include a current psychiatric evaluation from a psychiatric provider and a psychological evaluation approved by the designated mental health professional, unless the referral is due to an emergency mental health placement under §380.8771 of this title.

(3) 96-Hour Admission Review Process.

A mental health status review hearing must be held for each youth within 96 hours after arrival at the unit. If the 96-hour period ends on a Saturday, Sunday, or official holiday, the hearing must be held on the next workday. The hearing is held to determine whether criteria for unit admission have been met.

- (A) If the youth does not meet criteria for admission, he/she is not retained in the CSU. Youth who are not admitted are returned to the referring program/location.
- (B) If the youth meets criteria for admission, he/she is retained and treated in the CSU.
- (C) If the youth's treatment needs and appropriateness for admission cannot be determined during the hearing, the youth may be temporarily admitted to the CSU for diagnostic and assessment purposes for up to 45 days from the date of arrival.
 - (i) A youth may be temporarily admitted for diagnostic and assessment purposes only if the hearing manager determines:
 - (I) the youth exhibits evidence of psychiatric dysfunction;
 - (II) the youth has recently engaged in behavior that presents a danger to self or others or has demonstrated a chronic failure to progress in his/her prior programming;
 - (III) the youth is in need of comprehensive psychiatric and psychological evaluation in a specialized setting; and
 - (IV) the CSU is the least restrictive setting in which to effectively accomplish this evaluation.
 - (ii) Before the end of the 45-day diagnostic and assessment period, the CSU staff must:
 - (I) hold a mental health status review hearing to seek admission to CSU; or
 - (II) transfer the youth out of CSU if a hearing is not held or if the youth is not admitted to CSU.

(e) Program Requirements.

- (1) The program focus is on stabilization of the psychiatric dysfunction.
- (2) Services are provided in a self-contained unit.
- (3) An individualized treatment program, including treatment goals and objectives, is developed for and with each youth.
- (4) The treatment team reviews the youth's progress weekly.
- (5) The youth must be transferred out of the CSU within 90 days after the admission hearing unless an extension is granted.

(f) Extensions.**(1) Extension Criteria.**

An extension may be granted beyond 90 days only if:

- (A) the youth continues to meet admission criteria and the youth's treatment plan has been implemented appropriately; or
 - (B) the youth has symptoms of mental illness and continued treatment in the CSU is deemed to be in the youth's best interest.
- (2) **Due Process Requirements for Extensions.**
- (A) The due process required to determine whether extension criteria have been met is a mental health status review hearing. A youth on parole status, as defined in [§380.9550](#) of this title, will remain on parole status.
 - (B) If an extension is recommended, the mental health status review hearing must be held:
 - (i) approximately 75 days but no later than 90 days after the last mental health status review hearing; or
 - (ii) within two workdays after the youth returns to the unit if he/she is in a state hospital at the time the hearing is required.
 - (C) Multiple extensions may be granted by following procedures in this subsection.
- (3) **Release and Transition Options.**
- (A) The extension of time to treat the psychiatric dysfunction must be terminated when placement in a CSU is no longer needed for the primary purpose of treatment of the dysfunction, as determined by a majority vote of the youth's treatment team.
 - (B) Following termination of the extension, future placement decisions, including the youth's return to his/her home parole placement, are made in accordance with other applicable policies and procedures.
 - (C) No youth may be discharged from TJJJ jurisdiction directly from a CSU unless TJJJ's jurisdiction ends by statute.

See [CMS.07.07](#) for implementation procedures.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programming for Youth with Specialized Treatment Needs Rule: Court-Ordered Mental Health Services ACA: 4-JCF-4C-12(M), 4D-06 Statute(s): Health and Safety Code, Chapters 573 & 574	Effective Date: 12/1/14 Page: 1 of 3 Replaces: GAP.380.8769, 4/15/10
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RULE

(a) **Purpose.**

The purpose of this rule is to establish criteria and a procedure for the Texas Juvenile Justice Department (TJJD) to seek court-ordered mental health services for youth with mental illness.

(b) **Applicability.**

This rule applies to all youth under TJJD's jurisdiction. TJJD retains jurisdiction of youth transferred to mental health facilities for emergency detention or on temporary or extended mental health commitments unless the youth are discharged pursuant to [§§380.8565](#), [380.8569](#), [380.8595](#), or [380.8779](#) of this title.

(c) **Definitions.**

Mental Illness--has the meaning assigned by Texas Health and Safety Code [§571.003](#).

(d) **Emergency Mental Health Detention.**

(1) A youth may be referred for emergency mental health detention if:

- (A) the youth evidences mental illness;
- (B) the youth evidences a substantial risk of serious harm to self or others;
- (C) the risk of harm is imminent unless the youth is immediately restrained; and
- (D) the necessary restraint cannot be accomplished without emergency mental health detention.

(2) Upon approval by the TJJD chief local administrator, appropriate TJJD staff members file the required application documents with the judge of the local county court with probate jurisdiction.

(3) If the court orders that the youth be placed in emergency mental health detention, he/she is transported to the appropriate mental health facility.

(4) TJJD staff members notify the youth's parents, guardian, managing conservator, or any other appropriate party of the emergency detention.

(5) Prior to the youth's discharge from the mental health facility, TJJD staff members determine the most appropriate follow-up placement to ensure the youth's mental health needs are appropriately addressed.

(e) **Court-Ordered Mental Health Services.**

(1) A youth may be referred for temporary inpatient mental health services if:

- (A) the youth is mentally ill; and
- (B) as a result of the mental illness the youth:
 - (i) is likely to cause serious harm to self or others; or

- (ii) is:
 - (I) suffering severe and abnormal mental, emotional, or physical distress;
 - (II) experiencing substantial mental or physical deterioration of the ability to function independently, exhibited by an inability to provide for basic needs; and
 - (III) unable to make a rational and informed decision as to whether or not to submit to treatment.
- (2) A youth may be referred for extended inpatient mental health services if the criteria in paragraph (1) of this subsection are met and:
 - (A) the youth's condition is expected to continue for more than 90 days; and
 - (B) the youth has received court-ordered inpatient mental health services for at least 60 consecutive days during the preceding 12 months.
- (3) A youth who is returning to or residing in the community may be referred for temporary outpatient mental health services if:
 - (A) the youth is mentally ill;
 - (B) the mental illness is severe and persistent;
 - (C) as a result of the mental illness, the youth will, if not treated, continue to:
 - (i) suffer severe and abnormal mental, emotional, or physical distress; and
 - (ii) experience deterioration of the ability to function independently such that the youth cannot live safely in the community without court-ordered outpatient mental health services; and
 - (D) the youth has the inability to participate in outpatient treatment services effectively and voluntarily.
- (4) A youth may be referred for extended outpatient mental health services if the criteria in paragraph (3) of this subsection are met and:
 - (A) the youth's condition is expected to continue for more than 90 days; and
 - (B) the youth has received court-ordered inpatient mental health services for at least 60 consecutive days during the preceding 12 months.
- (5) Upon approval of the application for court-ordered mental health services by the TJJD chief local administrator, appropriate TJJD staff members:
 - (A) notify the local Mental Health Authority (MHA) of the pending application for court-ordered mental health services;
 - (B) obtain a Certificate of Medical Examination from two physicians who have examined the youth within five days of the filing of the certificates with the county court. At least one physician must be a psychiatrist;
 - (C) complete a social summary; and
 - (D) file the application for court-ordered mental health services and all necessary documents with the appropriate county clerk.

- (6) TJJJ staff members:
- (A) notify the youth's parents, guardian, managing conservator, or any other appropriate party of the hearing date set by the court at the time of the filing;
 - (B) transport the youth to the hearing; and
 - (C) if the youth is to be committed and TJJJ is authorized by the court order to provide transportation:
 - (i) transport the youth to the mental health facility specified in the court order;
 - (ii) upon delivery of the youth at the receiving mental health facility, obtain a written statement from the facility acknowledging acceptance of the youth and any personal property belonging to the youth; and
 - (iii) file a copy of the statement with the clerk of the court that issued the writ of commitment.
- (7) Prior to the youth's discharge from the mental health facility, TJJJ staff members determine the most appropriate follow-up placement to ensure the youth's mental health needs are appropriately addressed.

See [CMS.06.49](#) for implementation procedures.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programming for Youth With Specialized Treatment Needs Rule: Emergency Mental Health Admission ACA: 4-JCF-4D-06 Statute(s): N/A	Effective Date: 12/1/14 Page: 1 of 1 Replaces: GAP.380.8771, 2/20/98
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RULE

(a) **Purpose.**

The purpose of this rule is to ensure that youth experiencing a psychiatric crisis receive immediate emergency care.

(b) **Placement Criteria.**

A youth may be placed in a hospital or stabilization unit to prevent imminent, serious harm to self or others due to behavior stemming from an apparent psychiatric crisis.

(c) **Placement Options.**

(1) The Texas Juvenile Justice Department (TJJD) refers youth who meet criteria to the following emergency placements:

(A) TJJD crisis stabilization unit (see [§380.8767](#) of this title); or

(B) private hospital for emergency psychiatric care, if the TJJD crisis stabilization unit is not available.

(2) If a youth is placed in a private hospital, TJJD staff seek copies of evaluations performed by the hospital, forward all reports to the TJJD crisis stabilization unit, and submit a referral packet to the stabilization unit as soon as possible.

(3) An extension past seven days in a private psychiatric hospital must be approved by the division director over treatment services.

(4) A youth may remain in a private hospital only until he/she is sufficiently stabilized to allow safe movement to a TJJD crisis stabilization unit, as determined by the hospital physician.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programming for Youth with Specialized Treatment Needs Rule: Program Services for Youth with Intellectual Disabilities ACA: N/A Statute(s): N/A	Effective Date: 12/1/14 Page: 1 of 1 Replaces: GAP.380.8775, 1/30/07
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RULE

(a) **Purpose.**

The Texas Juvenile Justice Department (TJJD) operates a residential treatment program that provides specialized program services for youth identified with a high need for intellectual disability services. The purpose of this rule is to establish admission criteria and procedures and release/transfer options.

(b) **Definitions.**

- (1) Except as noted in paragraph (2) of this subsection, see [§380.8501](#) for definitions of terms used in this rule.
- (2) **High Need for Intellectual Disability Services**--has the meaning assigned in [§380.8751](#) of this title.

(c) **Admission Criteria.**

Youth from a high restriction residential facility may be admitted to the TJJD residential treatment program if a high need for intellectual disability services has been established.

(d) **Program Requirements.**

Youth diagnosed with an intellectual disability are provided an individualized case plan to enable their progress toward meeting treatment goals.

(e) **Release, Transfer, and Transition Options.**

- (1) Youth in the TJJD residential treatment program are eligible to be transitioned, released, or transferred to less restrictive settings when they meet criteria in [§§380.8545](#), [380.8555](#), [380.8557](#), [380.8559](#), [380.8565](#), or [380.8569](#) of this title.
- (2) Youth may be transferred or transitioned from the TJJD residential treatment program to an alternative placement if their functional ability improves to a level at which they can continue to progress toward their individual treatment goals in a general population setting.
- (3) Youth who do not progress in the agency's rehabilitation program for reasons other than an intellectual disability may be administratively transferred to another facility in accordance with [§380.8545](#) of this title.
- (4) Youth in the TJJD residential treatment program who have completed the initial minimum length of stay and are unable to progress in the agency's rehabilitation program due to an intellectual disability are discharged in accordance with [§380.8779](#) of this title.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programming for Youth with Specialized Treatment Needs Rule: Discharge of Non-Sentenced Offenders with Mental Illness or Intellectual Disability ACA: N/A Statute(s): Hum. Res. Code §§244.011, 244.012	Effective Date: 12/1/14 Page: 1 of 2 Replaces: GAP.380.8779, 4/15/10
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RULE

(a) **Purpose.**

The purpose of this rule is to provide criteria and a process for the Texas Juvenile Justice Department (TJJD) to discharge from its custody non-sentenced offender youth who have completed length of stay requirements and who are unable to progress in TJJD's rehabilitation programs because of mental illness or intellectual disability.

(b) **Applicability.**

This rule does not apply to sentenced offender youth.

(c) **Definitions.**

As used in this rule, the following terms have the following meanings:

- (1) **Intellectual Disability**--means "mental retardation" as used in Texas Human Resources Code [§244.011](#) and [§244.012](#) and has the definition assigned by Texas Health and Safety Code [§591.003](#).
- (2) **Mental Illness**--has the meaning assigned by Texas Health and Safety Code [§571.003](#).

(d) **General Provisions.**

- (1) A determination of whether a youth is able to progress in TJJD's rehabilitation programs is made on an individualized basis, considering factors such as the youth's level of functioning, abilities, strengths, needs, and past progress. The determination also includes a review of the supplemental interventions and/or program adaptations used to accommodate the youth's disability.
- (2) All discharges under this rule require the approval of the executive director.

(e) **Discharge Eligibility Criteria.**

- (1) Youth with a mental illness who meet the following criteria must be discharged:
 - (A) the youth has completed the initial minimum length of stay;
 - (B) the youth has been diagnosed with a mental illness by a licensed psychologist or psychiatrist based on the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (e.g., psychotic disorder, bipolar disorder, major depressive disorder, organic disorder, severe neurological deficit); and
 - (C) the youth is not able to progress in TJJD's rehabilitation programs primarily because of the youth's mental illness.
- (2) Youth with an intellectual disability who meet the following criteria must be discharged:
 - (A) the youth has completed the initial minimum length of stay;

- (B) the youth has been diagnosed with an Intellectual Developmental Disorder by a licensed psychologist based upon the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association; and
- (C) the youth is not able to progress in TJJD's rehabilitation programs primarily because of the intellectual disability.

(f) Referrals for Follow-Up Services.

- (1) Before a youth is discharged due to mental illness, a psychiatrist must examine the youth to determine whether the youth is in need of inpatient or outpatient mental health services.
- (2) Before a youth is discharged due to mental illness, TJJD must:
 - (A) file an application for court-ordered mental health services as provided in Subchapter C, Chapter 574, Health and Safety Code, if the youth is not receiving such services; and
 - (B) refer the youth to the local Mental Health Authority in the youth's home county for mental health services.
- (3) Before a youth is discharged due to intellectual disability, TJJD must refer the youth to the Local Authority (LA) in the youth's home county for intellectual disability services.
- (4) Prior to discharge, all youth discharged under this rule must be referred:
 - (A) to the Texas Correctional Office on Offenders with Medical or Mental Impairments for continuity of care services; and
 - (B) for staffing with the Community Resource Coordination Group that serves the county to which the youth will be discharged.

(g) Effective Date of Discharge.

- (1) **Mental Illness Discharge.**
 - (A) If the youth is already receiving court-ordered mental health services, discharge is effective immediately upon becoming eligible for discharge under subsection [\(e\)](#) of this section.
 - (B) If the youth is not receiving court-ordered mental health services, discharge is effective the date the court enters an order regarding an application for court-ordered mental health services, or the 30th day after the application is filed, whichever occurs first.
- (2) **Intellectual Disability Discharge.**
 - (A) Discharge is effective on the date any action by the home county LA is taken on the agency's application for intellectual disability services or 30 days from the date of the application, whichever occurs first.
 - (B) If the youth is already receiving services for the intellectual disability, discharge is effective immediately upon becoming eligible for discharge under subsection [\(e\)](#) of this section.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programming for Youth with Specialized Treatment Needs Rule: Referral of Sentenced Offenders to Court for Mental Health Services ACA: 4-JCF-4D-06 Statute(s): Hum. Res. Code §244.0125	Effective Date: 12/1/14 Page: 1 of 2 Replaces: GAP.380.8781, 4/15/10
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RULE

(a) **Purpose.**

The purpose of this rule is to provide criteria and a process for the Texas Juvenile Justice Department (TJJD) to refer sentenced offender youth with mental illness to the committing juvenile court for inpatient mental health commitment proceedings.

(b) **Applicability.**

- (1) This rule applies only to sentenced offender youth.
- (2) This rule applies only to youth committed to TJJD for offenses occurring on or after June 19, 2009.
- (3) This rule does not apply to youth who are in need of commitment to a mental health facility only for crisis stabilization and/or acute care. See [§380.8769](#) of this title for such commitments.

(c) **Definitions.**

Mental Illness--see definition in [§380.8779](#) of this title.

(d) **General Provisions.**

- (1) A determination of whether a youth is able to progress in TJJD's rehabilitation programs will be made on an individualized basis, considering factors such as the youth's level of functioning, abilities, strengths, needs, and past progress. The determination also includes a review of the supplemental interventions and/or program adaptations used to accommodate the youth's disability.
- (2) All requests for hearings under this rule require the approval of the executive director.

(e) **Eligibility Criteria.**

TJJD may seek a court hearing for inpatient mental health services pursuant to Texas Human Resources Code [§244.0125](#) for a youth who:

- (1) has been assessed as having a high need for specialized mental health programming, as defined in [§380.8751](#) of this title;
- (2) has been diagnosed with a mental illness by a licensed psychologist or psychiatrist based on the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (e.g., psychotic disorder, bipolar disorder, major depressive disorder, organic disorder, severe neurological deficit);
- (3) as a result of the mental illness:
 - (A) is likely to cause serious harm to self or others; or

(B) is:

- (i) suffering severe and abnormal mental, emotional, or physical distress;
- (ii) experiencing substantial mental or physical deterioration of the ability to function independently, exhibited by an inability to provide for basic needs; and
- (iii) unable to make a rational and informed decision as to whether or not to submit to treatment.

(f) **Referral to Court.**

If the executive director approves the request for a hearing, appropriate TJJJ staff will petition the committing juvenile court for the initiation of mental health commitment proceedings in accordance with Texas Human Resources Code [§244.0125](#).

See [CMS.02.81](#) for implementation procedures.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programming for Youth with Specialized Treatment Needs Rule: Sex Offender Registration ACA: N/A Statute(s): Code of Criminal Procedure, Chapter 62	Effective Date: 12/1/14 Page: 1 of 3 Replaces: GAP.380.8785, 11/1/11
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RULE

(a) **Purpose.**

The purpose of this rule is to provide criteria and procedures to ensure compliance with sex offender registration requirements as provided in [Chapter 62](#) of the Texas Code of Criminal Procedure, regarding registration of sex offenders who are in the custody of the Texas Juvenile Justice Department (TJJD).

(b) **Applicability.**

This rule applies only to youth who have a reportable adjudication as defined by Chapter 62 of the Texas Code of Criminal Procedure.

(c) **Definitions.**

As used in this rule, the following terms have the following meanings, unless the context clearly indicates otherwise.

- (1) **Reportable Adjudication**--an adjudication of delinquent conduct for any of the offenses listed in [Article 62.001](#), Texas Code of Criminal Procedure.
- (2) **Full Registration**--a youth has a reportable adjudication and is required to register as a sex offender and verify registration with the local law enforcement authority.
- (3) **Non-Public Registration**--a youth has a reportable adjudication and is required to register as a sex offender but the registration information is not public information.
- (4) **Deferred Registration**--a youth has a reportable adjudication but the court has issued an order deferring the decision on whether to require registration.
- (5) **Excused or Waived Registration**--a youth has a reportable adjudication but is not required to register as a sex offender because there is a court order exempting his/her duty to register.
- (6) **Completion of Treatment for a Sex Offense**--a youth has successfully completed treatment for the sex offense when a licensed sex offender treatment provider verifies that the youth has, while in a secure residential TJJD placement, successfully completed a sexual behavior treatment program as identified in the youth's individual treatment plan.

(d) **General Provisions.**

- (1) Each youth who has a reportable adjudication will receive treatment for the sex offense while committed to TJJD.
- (2) TJJD submits sex offender registration information to the appropriate law enforcement agencies for each youth required by law or court order to register as a sex offender.

(e) Full Registration.

Before a youth with full registration requirements is released from a secure residential placement, TJJJ:

- (1) ensures that the level of risk to the community is determined and assigned according to §380.8787 of this title;
- (2) ensures that:
 - (A) all pre-release notifications located on the appropriate Texas Department of Public Safety (DPS) forms have been read and explained to the youth; and
 - (B) the youth has initialed and signed all appropriate forms; and
- (3) at least seven calendar days before the date of release from a secure residential placement:
 - (A) completes all sex offender registration forms required by DPS;
 - (B) sends the sex offender registration forms to:
 - (i) DPS; and
 - (ii) the appropriate local law enforcement authority in the county in which the youth is expected to reside; and
 - (C) ensures a complete set of fingerprints, using the sex offender registration/verification fingerprint card form approved by DPS, and a current photograph of the youth are sent to DPS.

(f) Non-Public Registration.

Before a youth with a non-public registration requirement is released from a secure residential placement, TJJJ:

- (1) completes full registration as described in subsection [\(e\)](#) of this section; and
- (2) includes a cover letter stating the youth's registration is non-public and a copy of the non-public sex offender registration court order with the registration information submitted to DPS and the appropriate local law enforcement authority in the county in which the youth is expected to reside.

(g) Deferred Registration.

- (1) For any youth with a deferred registration order:
 - (A) if the youth successfully completes treatment for the sex offense, TJJJ sends notification that the youth has completed treatment for the sex offense to the court that issued the deferred registration order and the district attorney within ten calendar days following verification of completion of treatment for the sex offense; or
 - (B) if the youth does not successfully complete treatment for the sex offense, not later than ten calendar days before release or discharge, TJJJ sends written notice to the court that issued the deferred registration court order and the prosecuting attorney stating that the youth did not successfully complete treatment for the sex offense; and
- (2) TJJJ completes all required registration documents and submits the registration information as described in subsection [\(e\)](#) or [\(f\)](#) of this section if required by law.

(h) Notification of Changes in Status.

- (1) If TJJJ receives information that a youth who is required to register as a sex offender has any changes which affect proper supervision of the youth such as name changes, changes to physical health, job, incarceration, or conditions of parole, TJJJ notifies the local law enforcement authority of the change(s) on the appropriate DPS sex offender registration form within ten calendar days following receipt of the information.
- (2) If TJJJ receives information that a youth who is required to register as a sex offender has changed or intends to change address, TJJJ notifies the local law enforcement authority of the change on the appropriate DPS sex offender registration form:
 - (A) at least seven calendar days before the change of address; or
 - (B) no more than three calendar days after obtaining the information if the information was not known prior to the change of address.

(i) Interstate Compact for Juveniles.

- (1) For out-of-state youth who are accepted to reside in Texas under cooperative parole supervision and who have been adjudicated for an offense under the laws of another state or federal law that contains elements that are substantially similar to an offense requiring registration under Chapter 62 of the Texas Code of Criminal procedure:
 - (A) TJJJ ensures compliance with Texas laws requiring sex offender registration; and
 - (B) if the youth has an out-of-state order excusing sex offender registration, TJJJ completes full registration in Texas:
 - (i) unless the duty to register is waived or exempted by an order issued by a Texas court; or
 - (ii) until the duty to register expires.
- (2) For youth who are required to register as sex offenders in Texas and who are accepted to reside in other states under cooperative parole supervision, TJJJ notifies the appropriate registering agency in the receiving state of the youth's registration in Texas.

See TJJJ's [Sex Offender Registration Procedures](#) for implementation procedures.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programs for Youth with Specialized Treatment Needs Rule: Sex Offender Risk Assessment ACA: N/A Statute(s): Code of Criminal Procedure §62.007	Effective Date: 5/15/15 Page: 1 of 1 Replaces: GAP.380.8787, 11/15/11
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RULE

(a) **Purpose.**

The purpose of this rule is to ensure compliance with Chapter 62 of the Texas Code of Criminal Procedure, regarding the assignment of a risk level for sex offenders who are in the custody of the Texas Juvenile Justice Department (TJJD).

(b) **Applicability.**

This rule applies to youth who have been adjudicated for a sex offense that requires sex offender registration.

(c) **Definitions.**

As used in this rule, the following terms have the following meanings, unless the context clearly indicates otherwise.

- (1) **Risk Assessment Review Committee (RARC)**--A statutorily mandated committee created to oversee the assignment of sex offender risk levels. The committee is administered by the Texas Department of Criminal Justice.
- (2) **Sex Offender Risk Assessment**--The validated instrument used to determine the risk for sexual re-offending.

(d) **Risk Assessment.**

Each youth adjudicated for a sex offense that requires sex offender registration must have a risk assessment completed by trained staff prior to the youth's release from a secure facility operated by or under contract with TJJD. The youth is then assigned a risk level based on the risk assessment instrument(s) approved by the RARC.

(e) **Overrides.**

If a risk level is not believed to be an accurate prediction of the risk the youth poses to the community, TJJD may override the risk level or submit a request to the RARC for an override decision. The justification for a decision to override a risk level must be documented and filed in the youth's case file.

(f) **Notifications.**

TJJD notifies the youth and, if the youth is under 18 years of age, the youth's parents/guardian, of the result of the risk assessment and the outcome of any override requests.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programming for Youth with Specialized Treatment Needs Rule: Use of Clinical Polygraph in the Sexual Behavior Treatment Program ACA: N/A Statute(s): N/A	Effective Date: 12/1/14 Page: 1 of 1 Replaces: GAP.380.8789, 4/26/04
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RULE

(a) **Purpose.**

The purpose of this rule is to provide limitations and clinical oversight for the use of clinical polygraph examinations in the treatment of sex offenders.

(b) **General Provisions.**

- (1) The Texas Juvenile Justice Department approves the use of clinical polygraph examinations for certain selected youth admitted to the agency's Sexual Behavior Treatment Program (SBTP). Use of the clinical polygraph is strictly controlled and must be approved in each instance by qualified clinical professionals.
- (2) All polygraphs are administered:
 - (A) by a licensed polygraph examiner in accordance with the state guidelines for clinical polygraph examination of sex offenders; and
 - (B) in a setting that provides dignity and privacy for the youth to the extent possible.
- (3) A youth may be considered for a polygraph if the youth:
 - (A) has been adjudicated for a sexual offense;
 - (B) has been admitted to the SBTP and has completed the initial SBTP evaluation; and
 - (C) is not making progress in the treatment program.
- (4) A youth will not be considered for a polygraph if the youth:
 - (A) is self-abusive;
 - (B) is suicidal;
 - (C) has been diagnosed with a major psychiatric disorder such as psychosis, major depression, or bipolar disorder; or
 - (D) is younger than age 14.

See the [Sexual Behavior Treatment Program Manual](#) for implementation procedures.

Chapter: Rules for State-Operated Programs and Facilities Subchapter: Treatment Division: Programming for Youth with Specialized Treatment Needs Rule: Family Reintegration of Youth with Sexual Behavior Treatment Needs ACA: N/A Statute(s): N/A	Effective Date: 12/1/14 Page: 1 of 2 Replaces: GAP.380.8791, 11/1/11
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RULE

(a) **Purpose.**

The purpose of this rule is to provide protection for victims or potential victims of youth with a high or moderate need for sexual behavior treatment.

(b) **Applicability.**

This rule applies to youth who have been assessed as having a high or moderate need for sexual behavior treatment in accordance with [§380.8751](#) of this title.

(c) **Definitions.**

As used in this rule, the following terms have the following meanings, unless the context clearly indicates otherwise.

- (1) **Family**--the family members who live in the designated home placement, including the victim or potential victim(s).
- (2) **Victim**--a person who, as the result of the sexual offense, suffers a pecuniary loss, personal injury, or harm.
- (3) **Potential Victim**--a person who has a demographic profile similar to the victim or who has a profile that triggers the youth's deviant or abusive sexual arousal patterns.
- (4) **High or Moderate Need for Sexual Behavior Treatment**--see definition in §380.8751 of this title.

(d) **Criteria for Family Reintegration.**

Before approving a youth's return to a home where a victim or potential victim resides, the Texas Juvenile Justice Department:

- (1) verifies that the parole officer has completed a home evaluation, parole individual case plan, conditions of parole, and a checklist that identifies strategies to minimize risk factors associated with sexual re-offending;
- (2) contacts the Texas Department of Family and Protective Services to determine whether there is an open or closed Child Protective Service (CPS) case and considers any concerns of CPS staff related to the victim or other vulnerable children in the home;
- (3) if the victim is in treatment, notifies the victim's therapist that the youth is returning to the home where the victim resides and considers any concerns raised by the therapist regarding the youth's return; and
- (4) verifies that the youth has demonstrated sufficient progress in treatment to be ready to return home as evidenced by:
 - (A) completion of the highest stage in the agency's rehabilitation program; and/or

- (B) completion of the assigned sexual behavior treatment program; and/or
- (C) participation in the development and presentation to the family of a safety and family reintegration plan that contains specific plans to cope with high-risk situations.

See [CMS.05.55](#), [12.43](#), [12.45](#), and [12.47](#) for implementation procedures.