

5. Mental Disabilities/Suicide Prevention Plan Checklist

Rule [273.5](#)

- (a) Each sheriff/operator shall develop and implement a mental disabilities/suicide prevention plan, in coordination with available medical and mental health officials, approved by the Commission by March 31, 1997. The plan shall address the following principles and procedures:
 - (1) **Training**. Provisions for staff training (including **frequency** and **duration**) on the procedures for **recognition, supervision, documentation, and handling of inmates** who are **mentally disabled** and/or **potentially suicidal**. Supplemental training **should** be provided to those staff members responsible for intake screening;
 - (2) **Identification**. Procedures for **intake screening to identify inmates** who are known to be or observed to be **mentally disabled** and/or **potentially suicidal** and procedures for compliance with [Code of Criminal Procedure Article 16.22](#) and referrals to available mental health officials;
 - (3) **Communication**. Procedures for communication of information relating to inmates who are mentally disabled and/or potentially suicidal;
 - (4) **Housing**. Procedures for the assignment of inmates who are mentally disabled and/or potentially suicidal to appropriate housing;
 - (5) **Supervision**. Provisions for **adequate supervision** of inmates who are **mentally disabled** and/or **potentially suicidal** and procedures for **documenting supervision**;
 - (6) **Intervention and Emergency Treatment**. Procedures for **staff intervention prior to the occurrence of a suicide and during the progress of a suicide attempt**, or serious deterioration of mental condition;
 - (7) **Reporting**. Procedures for **reporting of completed suicides** to appropriate outside authorities and family members; and
 - (8) **Follow-Up Review**. Procedures for follow-up review of policies by the sheriff/operator and mental health and medical officials following all attempted or completed suicides.
- (b) **Screening Instrument**. An approved [mental disabilities/suicide prevention screening instrument](#) shall be **completed immediately** on all inmates admitted.

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Include Verbatim

- (c) Mental Health/Intellectual and Developmental Disabilities History Check. Each jail shall:
 - (1) check each inmate upon intake into the jail against the Texas Health and Human Services Commission [CCQ system](#) to **determine if** the inmate has [previously received state mental healthcare](#) or has a [known intellectual or developmental disability](#), unless the inmate is being housed as an out of state inmate or a federal inmate on a contractual basis;
 - (2) **maintain documentation** to be available at the **time of inspection** showing that information for each inmate designated in paragraph (1) of this subsection was **submitted for CCQ/IDD system checks**, to include [notification to the magistrate](#) and the Local Mental Health Authority or Local Intellectual and Developmental Disabilities Authority as per [CCP 16.22\(a\)\(1\)](#); and
 - (3) **include any relevant mental health or intellectual and developmental disability information** on the [mental health screening instrument](#) and, if sentenced to the Department of Criminal Justice, on the [Uniform Health Status form](#).

If your plan discusses restraints, please include this verbiage below verbatim at the end of your plan.

Restraints 273.6

Inmates exhibiting behavior indicating that they are a danger to themselves or others shall be managed in such a way as to minimize the threat of injury or harm. If restraints are determined to be necessary, they shall be used in a humane manner, only for the prevention of injury, and not as a punitive measure.

(1) The decision to apply restraints shall be made by supervisory or medical personnel. Appropriate staff should assess the inmate's medical condition.

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(2) Restraints should restrict movement of an inmate only to the degree necessary to avoid injurious behavior. Soft or padded restraints should be used when feasible. Inmates shall not be restrained in a position or manner that would exacerbate any physical infirmities.

(3) A documented observation of the inmate shall be conducted every 15 minutes, at a minimum. The observations should include an assessment of the security of the restraints and the circulation to the extremities.

(4) The inmate should receive medical care a minimum of every 2 hours, to include changing position, exercising extremities, offering nourishment and liquids, offering toilet facilities, checking for medication needs, and taking vital signs. These checks shall be documented.

(5) Documentation of use of restraints shall include but not be limited to the following: the events leading up to the need for restraints, the time the restraints were applied, the justification for their use, observations of the inmate's behavior and condition, the 15-minute checks and the time the restraints were removed.

(6) A jail shall not use restraints on an inmate confirmed to be pregnant or who gave birth in the preceding 12 weeks for the duration of the pregnancy and for a period of not less than 12 weeks after the inmate gives birth:

(A) unless supervisory personnel determine that the use of restraints is necessary to prevent an immediate and credible risk that the inmate will attempt to escape; or the inmate poses an immediate and serious threat to the health and safety of the inmate, staff, or any member of the public; or

(B) unless a health care professional responsible for the health and safety of the inmate determines that the use of restraints is appropriate for the health and safety of the inmate and, if applicable, the unborn child of the inmate.

(7) If the determination to utilize restraints in accordance with paragraph (6)(A) or (B) of this section is made, a jail shall use the least restrictive restraints necessary to prevent escape or to ensure health and safety; and at the request of a health care professional responsible for the health and safety of the inmate, jail staff shall refrain from using restraints on the inmate or shall remove the restraints.

(8) Notwithstanding paragraph (6)(A) of this section, at the request of a health care professional responsible for the health and safety of the inmate, jail staff shall refrain from using restraints on the inmate or shall remove the restraints.

(9) Use of restraints on pregnant inmates shall be documented and submitted as required by [§269.50](#) of this title (relating to Restraints on Pregnant Inmates).

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(10) Restraints shall be removed from an inmate at the earliest possible time that the inmate no longer exhibits behavior necessitating restraint. In no case shall an inmate be kept in restraints longer than 24 hours.

Notes:

- **Disclaimer:** The **bolded**, underlined, and/or **red** sections identify areas that most commonly require revision. However, **all provisions of the standard remain mandatory**, regardless of formatting or emphasis.
- Anything in **blue** is a **hyperlink** that can be clicked on to view pertinent info.
- It is helpful to preserve as much of the language in the standards as possible.
- (a)1) - Training must be at least 1 hour. 30 minutes is not enough. TCJS recommends 1 or 2 hours (pick one) of training **upon employment** and 1 or 2 hours (pick one) of training **annually thereafter**.
- (a)2) - [Art. 16.22](#). **EARLY IDENTIFICATION OF DEFENDANT SUSPECTED OF HAVING MENTAL ILLNESS OR INTELLECTUAL DISABILITY**. (a)(1) **Not later than 12 hours** after the sheriff or municipal jailer having custody of a defendant receives credible information that may establish reasonable cause to believe that the defendant has a mental illness or is a person with an intellectual disability, the sheriff or municipal jailer **shall provide written or electronic notice to the magistrate**. **This must be included in your plan.**
 - [The 16.22 Process Step-by-Step](#)
 - [The Texas CCP Art. 16.22 Guide](#)
- (a)3) - Communicate information to the next shift and shift supervisor if mental health concerns are suspected.
- (a)5) - [Rule 275.1](#) **Observation** shall be performed **at least every 30 minutes** in areas where inmates known to be assaultive, **potentially suicidal, mentally ill**, or who have demonstrated bizarre behavior are confined. **This must be included in your plan.**
 - Inmates who fall into this category shall be observed on an as needed basis under the direction of medical staff, shift supervisor, Jail Administrator or mental health professional. MHMR may authorize the discontinuation or lessen the frequency of observations. Facility staff may

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authorize more frequent observations than mental or medical staff, but not less than their orders.

- Closed circuit television may be used, but only in addition to required personal observations.
- (a)(7) - Completed suicides must be reported to TCJS **within 24 hours**.
 - [Article 49.18 \(B\) Death in Custody](#) of the Texas Penal Code requires that a [Custodial Death Report](#) be submitted to the Texas Attorney General's Office within 30 days of the death of the inmate.
 - (5) Deaths in Custody - [Rule 269.1](#)
 - (A) The Texas Commission on Jail Standards shall be notified of all deaths of inmates while in the custody of the sheriff/operator within 24 hours of the death.
 - (B) The Commission shall appoint a law enforcement agency, other than the local law enforcement agency that operates the county jail, to investigate the death.
 - (C) Upon conclusion of the investigation by the designated law enforcement agency, the report shall be submitted to the Texas Commission on Jail Standards.
- **(c)** - This section must be added to your plan **verbatim**.

MENTAL DISABILITIES / SUICIDE PREVENTION PLAN OBJECTIVE

The objective of the mental disabilities and suicide prevention plan is to identify the need for and provide mental health services for inmates in coordination with available medical and mental health officials.

SUMMARY OF STANDARDS - RULE 273.5

- a. **Objective:** Identify the need for and provide mental health services for inmates in coordination with available medical and mental health officials.
 1. **Training.** Frequency (how often) & duration (how many hours) of training for recognition, supervision, documentation, and handling of inmates who are mentally disabled and/or potentially suicidal.

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- i. TCJS recommends 1 or 2 hours (pick one) upon employment and 1 or 2 hours (pick one) annually thereafter.
 2. **Identification.** Complete screening intake to identify reasonable cause to believe an inmate has a mental illness or intellectual disability and [notify a magistrate](#) within 12 hours.
 3. **Communication.** Communicate info to the next shift (officers & supervisors) if mental health concerns are suspected.
 4. **Housing.** Intentional housing with observation and property limitations to lessen the likelihood of suicide attempts.
 5. **Supervision.** Documenting adequate supervision of mentally disabled and/or potentially suicidal inmates.
 6. **Intervention and Emergency Treatment.** Intervention before or during a suicide attempt or serious deterioration of mental condition.
 7. **Reporting.** Report completed suicides to authorities and family members.
 8. **Follow-Up Review.** Review policies/procedures for possible changes & provide counseling following all attempted/completed suicides.
- b. **Screening Instrument.** [Mental disabilities/suicide prevention screening instrument](#) completed immediately on all inmates admitted.
- c. **Mental Health/Intellectual and Developmental Disabilities History Check.**
1. Utilizing the Texas HHS CCQ system, determine if inmates have had previous state mental healthcare or known intellectual/developmental disability.
 2. Document CCQ/IDD system checks; [Notification to the magistrate](#) and the Local Mental Health Authority or Local Intellectual and Developmental Disabilities Authority.
 3. Note important mental health info on [screening form](#); Fill out [Uniform Health Status Form](#) for inmates sentenced to TDCJ.