

DETENTION SERVICES STATEWIDE MENTAL HEALTH POLICIES

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FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES

Table with 3 columns: Detention Center Superintendent, Approved Date, and Section. Section content includes QI Standard 3.01 Designated Mental Health Clinician Authority and 63N-1.0035 Retaining a Designated Mental Health Clinician Authority or Clinical Coordinator.

Subject: Designated Mental Health Clinician Authority (DMHCA)

Purpose: To ensure the facility has a single licensed mental health professional designated as the Designated Mental Health Clinician Authority (DMHCA) who is responsible for the coordination and implementation of mental health and substance abuse services in accordance with DJJ Rule 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services.

- 1. The facility has a single licensed mental health professional designated as the DMHCA who is responsible for the coordination and implementation of mental health and substance abuse services in the facility.
2. The DMHCA must be on-site in the DJJ facility at least once a week to ensure the appropriate coordination and implementation of mental health and substance abuse services in the facility.
3. The DMHCA must be a Licensed Mental Health Professional which means a Psychiatrist licensed pursuant to Chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a Psychologist licensed pursuant to Chapter 490, F.S., a Licensed Mental Health Counselor, Licensed Marriage and Family Therapist, or Licensed Clinical Social Worker licensed pursuant to Chapter 491, F.S., or a Psychiatric Nurse as defined in Section 394.455(23), F.S.
4. The DMHCA will provide the Superintendent and staff with ongoing guidance and expertise.
5. A copy of the DMHCA's license and agreement or position description is available for review.
6. DMHCA contact information for this facility is provided below:
DMHCA Name:
Telephone numbers: Office #: On-Call #: Other:
E-mail address:
APPROVED: Superintendent Date
APPROVED: DMHCA Date



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
 REGIONAL JUVENILE DETENTION CENTER
 FACILITY OPERATING PROCEDURES**

Detention Center Superintendent	Approved Date:	Section: QI Standard 3.02 Licensed Mental Health and Substance Abuse Clinical Staff 63N-1.0031 Qualifications of Mental Health Professionals 63N-1.0032 Qualifications of Substance Abuse Professionals and Service Providers
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Subject: Qualifications of Licensed Mental Health Professionals and Licensed Qualified Professionals

Purpose:	To ensure mental health services and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors must assure that clinical staff working under their supervision are performing services that they are qualified to provide based on education, training and experience.
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	<ol style="list-style-type: none"> 1. Mental health services must be provided by, or under the supervision of, a Licensed Mental Health Professional. 2. Licensed Mental Health Professionals <ol style="list-style-type: none"> a. A Licensed Mental Health Professional is a Psychiatrist licensed pursuant to Chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a psychologist licensed pursuant to Chapter 490, F.S., a mental health counselor, marriage and family therapist, or clinical social worker licensed pursuant to Chapter 491, F.S., or a psychiatric nurse as defined in Section 394.455(23), Florida Statutes. b. Each Licensed Mental Health Professional must hold an active, valid license issued by the Florida Department of Health. 3. Substance abuse services must be provided by persons or entities meeting licensure requirements set forth in Chapter 397, or who are exempt from licensure under Section 397.405, F.S. 4. Licensed Qualified Professional (applicable for substance abuse treatment services) <ol style="list-style-type: none"> a. A Licensed Qualified Professional is a physician or physician assistant licensed under Chapter 458 or 459, F.S., a psychologist licensed under Chapter 490, F.S., or a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, or Licensed Mental Health Counselor under Chapter 491, Florida Statutes who is exempt from Chapter 397 licensure pursuant to Section 397.405. See also Rule 65D-30.003(15) F.A.C., condition (c) and (d). 5. A copy of each licensed professional's clear and active license issued by the Department of Health must be on file in the facility and available for review. 6. All Licensed Mental Health Professionals and Licensed Qualified Professionals working in the Regional Juvenile Detention Center will meet the above requirements. <p>APPROVED: _____ Date</p> <p align="center">Superintendent</p> <p>APPROVED: _____ Date</p> <p align="center">DMHCA</p>
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**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

Detention Center Superintendent	Approved Date:	Section: QI Standard 3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff 63N-1.0031 Qualifications of Mental Health Professionals 63N-1.0032 Qualifications of Substance Abuse Professionals and Service Providers 63N-1.0033 Clinical Supervision of Mental Health Clinical Staff 63N-1.0034 Clinical Supervision of Substance Abuse Clinical Staff
Subject: Non-Licensed Mental Health Clinical Staff and Non-Licensed Substance Abuse Clinical Staff		
Purpose:	To ensure mental health services and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors must assure that clinical staff working under their supervision are performing services that they are qualified to provide based on education, training and experience.	
	<ol style="list-style-type: none"> 1. Mental health services must be provided by a Licensed Mental Health Professional or a Non-Licensed Mental Health Clinical Staff Person who is working under the direct supervision of a Licensed Mental Health Professional. 2. Non-Licensed Mental Health Clinical Staff Person <ol style="list-style-type: none"> a. A non-licensed mental health clinical staff person must meet one of the qualifications below: <ol style="list-style-type: none"> i. Hold a master’s degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field. A related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy; OR ii. Hold a bachelor’s degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field and have two years’ clinical experience assessing, counseling and treating youth with serious emotional disturbance or substance abuse problems; OR iii. Hold a bachelor’s degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field and have fifty-two hours of pre-service training in the areas described in 63N-1 prior to working with youth. The fifty-two hours of pre-service training must include a minimum of sixteen hours of documented clinical training in their duties and responsibilities. When pre-service training has been successfully completed, the non-licensed person may begin working with youth, but must receive training in mental disorders and substance-related disorders, counseling theory and techniques, group dynamics and group therapy, treatment planning and discharge planning for one year by a mental health clinical staff person who holds a Master’s degree. b. A copy of the non-licensed mental health clinical staff person’s college transcript must be on file in the facility or program office. 3. Substance abuse services must be provided by a service provider licensed under Chapter 397, F.S., or a Licensed Qualified Professional. A Non-Licensed Substance Abuse Clinical Staff Person may provide substance abuse services in a departmental facility or program only as an employee of a Service Provider licensed under Chapter 397, F.S. or in a facility licensed under Chapter 397, F.S. A Non-Licensed Substance Abuse Clinical Staff Person must work under the direct supervision of a qualified professional as defined in Section 397.311, F.S. 4. Non-Licensed Substance Abuse Clinical Staff Person <ol style="list-style-type: none"> a. A person who is an employee of a service provider licensed under Chapter 397 or in a facility licensed under Chapter 397, Florida Statutes, who holds, at a minimum, a Bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling, or related human services field. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy. A substance abuse clinical staff person providing substance abuse services in a DJJ facility or program must have received training in accordance with Rule 65D-30 F.A.C. 	

5. A copy of each non-licensed Mental Health Clinical Staff Person and/or non-licensed Substance Abuse Clinical Staff Person's DOH registration (for registered interns, or diploma or college transcript must be on file in the facility or program.
6. **Mental Health Clinical Staff and Substance Abuse Clinical Staff Training**
 - a. Non-licensed mental health clinicians holding a Bachelor's degree with less than two years of experience must have fifty-two hours pre-service training to include sixteen hours training in their duties and responsibilities. Training must include, at a minimum, the following: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development, and typical behavior problems.
 - b. A non-licensed mental health clinical staff person who conducts Assessments of Suicide Risk must have received twenty hours training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. The training must have included administration of, at a minimum, five assessments of suicide risk or crisis assessments conducted on site in the physical presence of a licensed mental health professional and documented on form MHSA 022.
 - c. A non-licensed substance abuse clinical staff person providing substance abuse services in a DJJ facility or program must have received training in accordance with Rule 65D-30 F.A.C.
7. **Clinical Supervision**
 - a. Each non-licensed mental health clinical staff person must work under the direct supervision of a licensed mental health professional who is employed by or under contract with the facility. Direct Supervision means that the Licensed Mental Health Professional must provide at least one hour per week of on-site face-to-face interaction with the non-licensed mental health clinical staff person for the purpose of overseeing and directing the mental health services that he or she is providing in the facility.
 - b. Each non-licensed substance abuse clinical staff person must work under the direct supervision of a "qualified professional" as defined in Section 397.311 F.S., which means a physician or physician assistant licensed under Chapter 458 or 459, psychologist licensed under Chapter 490, clinical social worker, mental health counselor, or marriage and family therapist licensed under Chapter 491 or an advanced registered nurse practitioner having a specialty in psychiatry licensed under part I of Chapter 464, or a person who is certified through a DCF-recognized certification process for substance abuse treatment services. Direct Supervision means that the Qualified Professional must provide at least one hour per week of on-site face-to-face interaction with the non-licensed substance abuse clinical staff person for the purpose of overseeing and directing the substance abuse services that he or she is providing in the facility.
 - c. Documentation of direct supervision must be recorded on form MHSA 019 or a form which includes all the elements of form MHSA 019. Documentation must include a summary of directions, instructions, and recommendations made by the licensed mental health professional or "qualified professional" as defined in Section 397.311 F.S., and indicate that the licensed supervisor has reviewed a representative sample of the non-licensed clinical staff person's treatment or summary notes.
 - d. If any non-licensed mental health clinical staff person or non-licensed substance abuse staff person is on-site to provide mental health or substance abuse services at any time during the week (Sunday-Saturday), full-time, part-time or intermittent, the licensed professional must provide at least one hour of direct supervision to the non-licensed person during that week.
 - e. The Licensed Mental Health Professional providing direct supervision is responsible for reviewing and signing Comprehensive Mental Health Evaluations, Updated Comprehensive Mental Health Evaluations, Initial Mental Health Treatment Plans and Individualized Mental Health Treatment Plans prepared by the non-licensed Mental Health Clinical Staff Person within ten calendar days of administration of the instrument.
 - f. The Licensed Mental Health Professional providing direct supervision is responsible for reviewing each Assessment of Suicide Risk and Follow-Up Assessment of Suicide Risk, Crisis Assessment and Follow-Up Crisis Assessment conducted by the non-licensed Mental Health Clinical Staff Person within 24 hours of the referral for assessment. The Assessment of Suicide Risk, Follow-Up Assessment of Suicide Risk, Crisis Assessment or Follow-Up Crisis Assessment conducted by the non-licensed Mental Health Clinical Staff must be signed by the Licensed Mental Health Professional the next scheduled time he/she is on-site.

- g. The Qualified Professional providing direct supervision to Substance Abuse Clinical Staff is responsible for reviewing and signing Comprehensive Substance Abuse Evaluations, Updated Comprehensive Substance Abuse Evaluations, Initial Substance Abuse Treatment Plans and Individualized Substance Abuse Treatment Plans prepared by the non-licensed Substance Abuse Clinical Staff Person within ten calendar days.

APPROVED: _____
Superintendent Date

APPROVED: _____
DMHCA Date



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

<p>Detention Center Superintendent</p>	<p>Approved Date:</p>	<p>Section: QI Standard 3.04 Mental Health and Substance Abuse Admission Screening 63N-1.0036 Referrals for Mental Health Services and Substance Abuse Services 63N-1.0051 Mental Health and Substance Abuse Screening 63N-1.0052 Intake/Admission Suicide Risk Screening 63N-1.0092 Screening for Suicide Risk</p>
<p>Subject: Mental Health and Substance Abuse Admission Screening (Detention staff and contracted provider staff)</p>		
<p>Purpose:</p>	<p>The mental health and substance abuse needs of youth are identified through a comprehensive screening process that ensures referrals are made when youth are identified with mental health and/or substance abuse needs or are identified as a possible suicide risk. The Superintendent has established procedures for a thorough review of each youth’s preliminary screening conducted by the Office of Probation and Community Intervention and existing documentation of mental health or substance abuse problems needs or risk factors, administration of the Suicide Risk Screening Instrument (SRSI) upon the youth’s admission to the facility and referral to the facility’s mental health or substance abuse clinical staff.</p>	
	<p>Review of Preliminary Screening: Upon a youth’s intake to a Juvenile Assessment Center (JAC) or Probation Screening Unit, a JAC screener or Juvenile Probation Officer administers the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) and probation sections of the Suicide Risk Screening Instrument (SRSI) (MHSA 002) to youth.</p> <p>When there are “hits” for further assessment on the MAYSI-2, the referral information is documented on the MASI-2 report. When the MAYSI-2 or SRIS indicates the need for further mental health or substance abuse assessment, the JPO or JAC intake screener refers the youth for Comprehensive Assessment in accordance with the provisions of Rule 63D-9.004, F.A.C.</p> <p>When further assessment is indicated by the SRSI or MAYSI-2 suicide ideation subscale, or information obtained at initial intake suggests the youth is a Potential Suicide Risk, and the youth is to remain in the custody of DJJ, a Suicide Risk Alert must be entered into JJIS and the youth placed on suicide precautions and constant supervision until an Assessment of Suicide Risk is conducted.</p> <p>When there are “hits” on the MAYSI-2 suicide scale <u>or</u> SRSI indicates a need for further assessment for a detained youth, the JAC or JPO Screener should have notified the detention center and made a referral to Mental Health for an Assessment of Suicide Risk.</p> <ul style="list-style-type: none"> • Within this facility, the JAC or JPO screener contacting the detention center to provide notification of youth suicide risk should be connected to the <u>Shift Supervisor</u> on duty to receive the notification. • The <u>Shift Supervisor</u> will in turn contact the DMHCA. • The JAC or JPO should enter a suicide risk alert on the JJIS Critical Alert list if one was not created automatically by JJIS. <p>Each youth’s MAYSI-2, Face Sheet and SRSI in JJIS are reviewed by detention staff upon the youth’s admission to the detention center.</p> <p>Admission Screening: Upon the youth’s admission to the detention center, a detention officer will complete the sections of the SRSI designated for the Detention Officer and a mental health clinical staff person or nurse in the facility will complete the SRSI sections designated for “Nursing Screening or Mental Health Clinical Staff Screening”.</p> <p>If the need for further assessment is indicated by the SRSI, MAYSI-2, Face Sheet (Critical Alerts - Closed Suicide Risk Alerts) staff observation or information collected at intake:</p> <ul style="list-style-type: none"> • The youth identified with suicide risk will be placed on suicide precautions and either one-to-one supervision or constant supervision. Suicide Precautions (either Precautionary Observation or Secure Observation) will be used for any youth identified as at risk. The youth must be maintained on this level of precaution until an Assessment of Suicide Risk (MHSA 004) can be completed. • A Report of Suicide Precautions is created in Facility Management Systems (FMS) via JJIS identifying 	

- supervision level as Precautionary or Secure and generating Suicide Precautions Observation Log.
- The JDO completes a Mental Health/Substance Abuse Referral Summary (MHSA 014) in the OHS EMR Module referring youth for an Assessment of Suicide Risk.
- Communication with the DMHCA or Licensed Mental Health Professional regarding youth with suicide risk indicators, is documented on the Mental Health/Substance Abuse Referral Summary (MHSA 014) form.
- The supervisor will ensure the youth's name is on the Critical Alert – Suicide Risk Alert list in JJIS. The supervisor will initiate an alert if it was not already entered by the JPO screener.
- Facility DMHCA or Mental Health Clinical Staff will review MAYSI-2 and SRSI for youth admitted to the facility. The MAYSI-2 and SRSI will be reviewed for suicide risk indicators and indicators for further evaluation based on screening results.

When a youth is identified by screening as a suicide risk, a Licensed Mental Health Professional or non-licensed Mental Health Clinical Staff person working under the supervision of a Licensed Mental Health Professional will complete an Assessment of Suicide Risk (MHSA 004) within 24 hours of referral, or immediately if the youth is in crisis as set forth in Rule 63N-1, F.A.C..

- In situations considered to be an emergency, the Licensed Mental Health Professional will advise the Supervisor of the necessary course of action based on process outlined in the facility's Emergency Response Plan (e. g., contacting Law Enforcement for Baker Act). The Licensed Mental Health Professional will assure that the youth has a critical alert (Suicide Risk Alert) entered in JJIS. Any specific information pertaining to the youth's care will also be noted on the JJIS Critical Alert list.
- Youth placed on any level of suicide precaution will not be removed from suicide precautions until an Assessment of Suicide Risk (MHSA 004) is completed.
- A Detention Suicide Risk Parent/Guardian Notification form (MHSA 009) must be completed and provided to the parent or guardian for when a youth is released while on Suicide Precautions, either released prior to Assessment of Suicide Risk or youth continued on Suicide Precautions as result of Assessment of Suicide Risk. The parent or guardian must sign the form, and a copy of the signed form is to be permanently filed in the youth's case management record, detention file, and Individual Healthcare Record.
- If the youth is to be transferred to another DJJ facility, a jail or hospital, the superintendent or program director where the youth is to be transferred must be notified verbally and by e-mail of the youth's suicide risk status prior to discharge from the Detention Center. The notification of suicide risk must be documented and permanently filed in the youth's Individual Healthcare Record.

If the screening indicates a need for further assessment in domains other than suicide, the youth is referred by JAC or JPO to a TASC provider in the community for comprehensive assessment. If the comprehensive assessment is not completed by the TASC provider within 30 days, the detention center's contracted provider must administer a comprehensive mental health evaluation or comprehensive substance abuse or updated evaluation to the youth by the youth's 31st day of admission.

If a youth enters the detention center as a result of being a courtesy hold, transfer-in or holdover (they do not go through preliminary screening with the JAC or JPO) the JDO at intake will complete an SRSI and review of previous MAYSI-2 screening. Youth are placed on Suicide Precautions and/or referred for an Assessment of Suicide Risk based on results of the SRSI and MAYSI-2 if the youth scores a "hit" as appropriate.

APPROVED: _____
Superintendent Date

APPROVED: _____
DMHCA Date



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

Detention Center Superintendent	Approved Date:	Section: QI Standard 3.04 Mental Health and Substance Abuse Admission Screening 63N-1.0036 Referrals for Mental Health Services and Substance Abuse Services 63N-1.0051 Mental Health and Substance Abuse Screening 63N-1.0052 Intake/Admission Suicide Risk Screening 63N-1.0092 Screening for Suicide Risk
Subject: Mental Health and Substance Abuse Admission Screening (Detention staff and contracted provider staff)		
Purpose:	The mental health and substance abuse needs of youth are identified through a comprehensive screening process that ensures referrals are made when youth are identified with mental health and/or substance abuse needs or are identified as a possible suicide risk. The Superintendent has established procedures for a thorough review of each youth’s preliminary screening conducted by the Office of Probation and Community Intervention and existing documentation of mental health or substance abuse problems needs or risk factors, administration of the Suicide Risk Screening Instrument (SRSI) upon the youth’s admission to the facility and referral to the facility’s mental health or substance abuse clinical staff.	
	<p>Review of Preliminary Screening: Upon a youth’s intake to a Juvenile Assessment Center (JAC) or Probation Screening Unit, a JAC screener or Juvenile Probation Officer administers the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) and probation sections of the Suicide Risk Screening Instrument (SRSI) (MHSA 002) to youth.</p> <p>When there are “hits” for further assessment on the MAYSI-2, the referral information is documented on the MASI-2 report. When the MAYSI-2 or SRIS indicates the need for further mental health or substance abuse assessment, the JPO or JAC intake screener refers the youth for Comprehensive Assessment in accordance with the provisions of Rule 63D-9.004, F.A.C.</p> <p>When further assessment is indicated by the SRSI or MAYSI-2 suicide ideation subscale, or information obtained at initial intake suggests the youth is a Potential Suicide Risk, and the youth is to remain in the custody of DJJ, a Suicide Risk Alert must be entered into JJIS and the youth placed on suicide precautions and constant supervision until an Assessment of Suicide Risk is conducted.</p> <p>When there are “hits” on the MAYSI-2 suicide scale <u>or</u> SRSI indicates a need for further assessment for a detained youth, the JAC or JPO Screener should have notified the detention center and made a referral to Mental Health for an Assessment of Suicide Risk.</p> <ul style="list-style-type: none"> • Within this facility, the JAC or JPO screener contacting the detention center to provide notification of youth suicide risk should be connected to the <u>Shift Supervisor</u> on duty to receive the notification. • The <u>Shift Supervisor</u> will in turn contact the DMHCA. • The JAC or JPO should enter a suicide risk alert on the JJIS Critical Alert list if one was not created automatically by JJIS. <p>Each youth’s MAYSI-2, Face Sheet and SRSI in JJIS are reviewed by detention staff upon the youth’s admission to the detention center.</p> <p>Admission Screening: Upon the youth’s admission to the detention center, a detention officer will complete the sections of the SRSI designated for the Detention Officer and a mental health clinical staff person or nurse in the facility will complete the SRSI sections designated for “Nursing Screening or Mental Health Clinical Staff Screening”.</p> <p>If the need for further assessment is indicated by the SRSI, MAYSI-2, Face Sheet (Critical Alerts - Closed Suicide Risk Alerts) staff observation or information collected at intake:</p> <ul style="list-style-type: none"> • The youth identified with suicide risk will be placed on suicide precautions and either one-to-one supervision or constant supervision. Suicide Precautions (either Precautionary Observation or Secure Observation) will be used for any youth identified as at risk. The youth must be maintained on this level of precaution until an Assessment of Suicide Risk (MHSA 004) can be completed. • A Report of Suicide Precautions is created in Facility Management Systems (FMS) via JJIS identifying 	

- supervision level as Precautionary or Secure and generating Suicide Precautions Observation Log.
- The JDO completes a Mental Health/Substance Abuse Referral Summary (MHSA 014) in the OHS EMR Module referring youth for an Assessment of Suicide Risk.
- Communication with the DMHCA or Licensed Mental Health Professional regarding youth with suicide risk indicators, is documented on the Mental Health/Substance Abuse Referral Summary (MHSA 014) form.
- The supervisor will ensure the youth's name is on the Critical Alert – Suicide Risk Alert list in JJIS. The supervisor will initiate an alert if it was not already entered by the JPO screener.
- Facility DMHCA or Mental Health Clinical Staff will review MAYSI-2 and SRSI for youth admitted to the facility. The MAYSI-2 and SRSI will be reviewed for suicide risk indicators and indicators for further evaluation based on screening results.

When a youth is identified by screening as a suicide risk, a Licensed Mental Health Professional or non-licensed Mental Health Clinical Staff person working under the supervision of a Licensed Mental Health Professional will complete an Assessment of Suicide Risk (MHSA 004) within 24 hours of referral, or immediately if the youth is in crisis as set forth in Rule 63N-1, F.A.C..

- In situations considered to be an emergency, the Licensed Mental Health Professional will advise the Supervisor of the necessary course of action based on process outlined in the facility's Emergency Response Plan (e. g., contacting Law Enforcement for Baker Act). The Licensed Mental Health Professional will assure that the youth has a critical alert (Suicide Risk Alert) entered in JJIS. Any specific information pertaining to the youth's care will also be noted on the JJIS Critical Alert list.
- Youth placed on any level of suicide precaution will not be removed from suicide precautions until an Assessment of Suicide Risk (MHSA 004) is completed.
- A Detention Suicide Risk Parent/Guardian Notification form (MHSA 009) must be completed and provided to the parent or guardian for when a youth is released while on Suicide Precautions, either released prior to Assessment of Suicide Risk or youth continued on Suicide Precautions as result of Assessment of Suicide Risk. The parent or guardian must sign the form, and a copy of the signed form is to be permanently filed in the youth's case management record, detention file, and Individual Healthcare Record.
- If the youth is to be transferred to another DJJ facility, a jail or hospital, the superintendent or program director where the youth is to be transferred must be notified verbally and by e-mail of the youth's suicide risk status prior to discharge from the Detention Center. The notification of suicide risk must be documented and permanently filed in the youth's Individual Healthcare Record.

If the screening indicates a need for further assessment in domains other than suicide, the youth is referred by JAC or JPO to a TASC provider in the community for comprehensive assessment. If the comprehensive assessment is not completed by the TASC provider within 30 days, the detention center's contracted provider must administer a comprehensive mental health evaluation or comprehensive substance abuse or updated evaluation to the youth by the youth's 31st day of admission.

If a youth enters the detention center as a result of being a courtesy hold, transfer-in or holdover (they do not go through preliminary screening with the JAC or JPO) the JDO at intake will complete an SRSI and MAYSI-2. Youth are placed on Suicide Precautions and/or referred for an Assessment of Suicide Risk based on results of the SRSI and MAYSI-2 if the youth scores a "hit" as appropriate.

APPROVED: _____
Superintendent Date

APPROVED: _____
DMHCA Date



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

<p>Detention Center Superintendent</p>	<p>Approved Date:</p>	<p>Section: QI Section 3.05 Mental Health and Substance Abuse Assessment/Evaluation 63N-1.0054 Comprehensive Assessments 63N-1.0055 Comprehensive Mental Health Evaluations 63N-1.0056 Comprehensive Substance Abuse Evaluations</p>
<p>Subject: Mental Health and Substance Abuse Assessment/Evaluations</p>		
<p>Purpose:</p>	<p>The intake and admission screening process ensures that youth identified through preliminary screening in the JAC or JPO Screening Unit or upon admission to the detention center as having mental health and substance abuse issues or needs are referred for further in-depth mental health and/or substance abuse assessment.</p>	
	<p>All youth identified by screening (MAYSI-2 or SRSI) or by staff observations or behavior after admission are referred for further in-depth mental health and/or substance abuse evaluation.</p> <p>Youth identified in the JAC or JPO Screening Unit as in need of further assessment are referred to a community provider for Comprehensive Assessment as set forth in Rule 63D, F.A.C. The tool used by the community provider is typically the SAMH-2, SAMH- 3 or a comparable DJJ approved instrument.</p> <p>Comprehensive Assessments- Community Provider:</p> <ul style="list-style-type: none"> • Youth who have elevated screening results in mental health or substance abuse indicators are referred through the JAC or JPO conducting the intake for a comprehensive assessment through a DCF contracted community TASC provider. • Comprehensive assessments completed by the community provider are to be provided to the detention center within 14 days and filed in youth’s Individual Healthcare Record. • The JPO is to notify the detention center on status of assessment if it has not been received within 14 days. • If a detained youth who was referred for Comprehensive Assessment by the community provider within 30 days of screening, the detention center’s Mental Health Provider or Substance Abuse Provider must administer a Comprehensive Mental Health Evaluation or Comprehensive Substance Abuse Evaluation to the youth by the youth’s 31st day in the detention center. <p>Comprehensive Mental Health Evaluations & Comprehensive Substance Abuse Evaluations - Detention Provider:</p> <ul style="list-style-type: none"> • The detention provider is to complete a Comprehensive Mental Health Evaluation and/or Comprehensive Substance Abuse Evaluation of youth identified as in need of further assessment subsequent to admission or during length of stay in a detention center. The youth must be referred to Mental Health Clinical Staff or Substance Abuse Clinical Staff in the facility for Comprehensive Mental Health Evaluation and/or Comprehensive Substance Abuse Evaluation. • Referrals shall be documented on the Mental Health/Substance Abuse Referral Summary (MHSA 014) or a form developed by the program which contains all of the information required in form MHSA 014. • The Comprehensive Mental Health Evaluation and/or Comprehensive Substance Abuse Evaluation must be completed by the 31st day of youth’s admission to the detention center by the detention provider if the community provider has not conducted and provided the comprehensive assessment to the detention center. <p>The Comprehensive Mental Health Evaluation must include but will not be limited to the following:</p> <ol style="list-style-type: none"> a. Identifying information b. Reason for the assessment c. Relevant background information, including home environment and family functioning; history of physical abuse, sexual abuse, neglect, witnessing violence and other forms of trauma; behavioral functioning; physical health mental health and substance abuse history and educational functioning d. Behavioral observation e. Mental status examination 	

- f. Interview procedures administered
- g. Discussion of findings
- h. Diagnostic impression
- i. Recommendations

The Comprehensive Substance Abuse Evaluations must include the elements below:

1. Reason for Assessment;
2. Pertinent Background Information, including home environment and family functioning; history of physical abuse, sexual abuse, neglect, witnessing violence and other forms of trauma; behavioral functioning; physical health, mental health and substance abuse history and educational functioning;
3. Behavioral Observations;
4. Methods of Assessment;
5. Patterns of Alcohol and Other Drug Abuse;
6. Impact of Alcohol and Other Drug Abuse on Major Life Areas;
7. Risk Factors for Continued Alcohol and Other Drug Abuse;
8. Clinical Impression including DSM diagnoses;
9. Recommendations.

The form in the EMR entitled “Substance Abuse and Mental Health Assessment” may be utilized by the detention provider to document a Comprehensive Mental Health/Substance Abuse Evaluation.

Updated Comprehensive Mental Health Evaluation:

1. When the youth’s file contains a Comprehensive Mental Health Evaluation completed within twelve months of the youth’s admission, the previous corresponding Comprehensive Evaluation may be utilized to conduct an updated Comprehensive Mental Health Evaluation.
2. The updated Comprehensive Mental Health Evaluation must be administered by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional;
3. The updated Comprehensive Mental Health Evaluation must be clearly identified as such and must be attached to the previous comprehensive evaluation which is being updated;
4. The updated Comprehensive Mental Health Evaluation must provide any new or additional information applicable to each area specified above, based upon current information provided by the youth, his or her family/legal guardians and the youth’s records.

Updated Comprehensive Substance Abuse Evaluations shall be conducted in accordance with the following:

1. An updated Comprehensive Substance Abuse Evaluation may only be conducted when the youth’s file contains a Comprehensive Substance Abuse Evaluation completed within twelve months of the youth’s admission.
2. The updated Comprehensive Substance Abuse Evaluation must be clearly identified as such and must be attached to the previous Comprehensive Substance Abuse Evaluation which is being updated.
3. The updated Comprehensive Substance Abuse Evaluation must provide any new or additional information applicable to each area, based upon current information provided by the youth, his or her family/legal guardians and the youth’s records.

APPROVED: _____ Date
Superintendent

APPROVED: _____ Date
DMHCA



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

<p>Detention Center Superintendent</p>	<p>Approved Date:</p>	<p>Section: QI Standard 3.06 Mental Health and Substance Abuse Treatment 63N-1.0071 Mental Health and Substance Abuse Treatment Planning in Detention Centers 63N-1.0073 Initial Mental Health Treatment Plans & Initial Substance Abuse Treatment Plans 63N-1.0074 Individualized Mental Health Treatment Plans and Individualized Substance Abuse Treatment Plans 63N-1.0075 Integrated Mental Health and Substance Abuse Treatment Plans 63N-1.0081 Mental Health Treatment Services 63N-1.0082 Substance Abuse Treatment Services 63N-1.0083 Integrated Mental Health and Substance Abuse Treatment Services 63N-1.0084 Documentation of Mental Health and Substance Abuse Treatment Services 63N-1.015 Special Consent Requirements for Substance Abuse Evaluation and Treatment</p>
<p>Subject: Mental Health and Substance Abuse Treatment Planning and Treatment Services</p>		
<p>Purpose:</p>	<p>To ensure that mental health and substance abuse treatment planning focuses on providing mental health treatment and/or substance abuse treatment which will reduce or alleviate the youth's symptoms of mental disorder or substance abuse impairment and enable youth to function adequately in the juvenile justice setting. Each youth determined to need mental health treatment, including treatment with psychotropic medication, or substance abuse treatment while in a detention center, must be assigned to a mini-treatment team. Youth may request to receive mental health and/or substance abuse treatment services.</p>	
	<p>Youth determined to have a mental disorder and/or substance-related disorder, and are receiving mental health and/or substance abuse treatment in a detention facility must have an initial or individualized mental health, substance abuse, or Integrated Mental Health and Substance Abuse Treatment Plan.</p> <p>Youth determined in need of mental health treatment including treatment with Psychotropic Medication, or substance abuse treatment while in a Detention Center must be assigned to a mini-treatment team, which is responsible for developing, reviewing and updating Initial and Individualized Mental Health Treatment Plans, Initial and Individualized Substance Abuse Treatment Plans, or Integrated Mental Health and Substance Abuse Treatment Plans.</p> <p>MINI-TREATMENT TEAMS</p> <ul style="list-style-type: none"> ■ All youth determined to need mental health and/or substance abuse treatment must be assigned to a mini-treatment team. The Mini Treatment Team is responsible for developing, reviewing and updating Initial and Individualized Mental Health Treatment Plans or Initial and Individualized Substance Abuse Treatment Plans for youth receiving mental health or substance abuse treatment while in the Detention Center. ■ Mini-Treatment team is composed of, at a minimum, mental health or substance abuse clinical staff, one staff from a different service area (such as administrative, supervisory, or educational or medical staff), the youth, and if possible, the youth's parent/guardian. ■ All participating treatment team members, youth, parent/guardian (if available) and mental health clinical staff and licensed supervisor if completed by non-licensed mental health staff person must sign the Initial and Individualized treatment plans. ■ The psychiatrist or psychiatric ARNP providing psychiatric services must either be a member of the mini-treatment team or multidisciplinary treatment team, or must brief a representative of the treatment team on the psychiatric status of each youth receiving psychiatric services who is scheduled for treatment team review. ■ Mini- Treatment team notes are documented in youth's OHS Chronological notes. <p>The Mini-Treatment Team in this facility is comprised of the following staff positions:</p>	

The Mini-Treatment Team meets weekly in the _____ area of the facility.

The Mini-Treatment Team Meetings in this facility are coordinated by _____.

MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT PLANS

Mental Health Treatment Plans:

- Initial Mental Health Treatment Plans must be developed within 7 days of initiation of mental health treatment, or for youth receiving psychotropic medication within 7 days of the Initial Psychiatric Diagnostic Interview.
- An Initial Treatment Plan is not required if an Individualized Mental Health Treatment Plan is already developed within 7 days of initiation of mental health treatment, or within 7 days of the Initial Psychiatric Diagnostic Interview for youth receiving Psychotropic Medication.
- The Initial Mental Health Treatment Plan must be signed and dated by the Mental Health Clinical Staff Person, youth and treatment team members who participated in development of the plan.
- An Initial Mental Health Treatment Plan must be recorded on MHSA Form 015.
- An Individualized Mental Health Treatment Plan is required when a youth enters on-going mental health treatment, including treatment with Psychotropic Medication. The Individualized Mental Health Treatment Plan must be developed by the mini-treatment team for a youth in mental health treatment whose stay in a Detention Center exceeds 30 days, and must be completed by the 31st day the youth is in the Detention Center.
- Each youth's Individualized Mental Health Treatment Plan must be based on an in-depth Comprehensive Assessment, Comprehensive Mental Health Evaluation or updated Comprehensive Mental Health Evaluation.
- The Individualized Mental Health Treatment Plan must be signed and dated by the Mental Health Clinical Staff Person, the treatment team members who participated in development of the plan and the youth.
- The Individualized Mental Health Treatment Plans must be recorded on MHSA Form 016.
- The psychiatrist or psychiatric ARNP's evaluation and recommendations for the youth shall be incorporated into mental health and/or substance abuse evaluation(s) of the youth, and the youth's initial or individualized treatment plan.

Substance Abuse Treatment Plans:

- An Initial Substance Abuse Treatment Plan must be developed within 7 days of initiation of substance abuse treatment.
- An Initial Substance Abuse Treatment Plan must be signed and dated by the Substance Abuse Clinical Staff Person, youth and treatment team members who participated in development of the plan.
- An Individualized Substance Abuse Treatment Plan must be developed by the mini-treatment team for a youth in substance abuse treatment whose stay in a Detention Center exceeds 30 days, and must be completed by the 31st day the youth is in the Detention Center.
- Each youth's Individualized Substance Abuse Treatment Plan must be based on an in-depth Comprehensive Assessment, Comprehensive Substance Abuse Evaluation or updated Comprehensive Substance Abuse Evaluation.
- An Individualized Substance Abuse Treatment Plan must be signed and dated by the Substance Abuse Clinical Staff Person, the treatment team members who participated in development of the plan and the youth.
- The Individualized Substance Abuse Treatment Plan must be recorded on MHSA Form 016.

Integrated Mental Health and Substance Abuse Treatment Plans.

- Youths diagnosed with both Mental Disorder and Substance-Related Disorder must receive integrated treatment services based upon an Integrated Mental Health/Substance Abuse Treatment Plan.
- The Integrated Mental Health and Substance Abuse Treatment Plan shall be developed with the input of both Mental Health Clinical Staff and Substance Abuse Clinical Staff.
- The Integrated Mental Health and Substance Abuse Treatment Plan shall provide interventions and strategies demonstrated effective in treatment of dual diagnosis and co-occurring disorders.
- The Integrated Mental Health and Substance Abuse Treatment Plan must be recorded on the Individualized Mental Health/Substance Abuse Treatment Plan Form (MHSA 016), or a form developed by the program which contains all the mental health information and substance abuse information required in MHSA 016.

An Individualized Mental Health Treatment Plan, Individualized Substance Abuse Treatment Plan or Integrated Mental Health and Substance Abuse Treatment Plan must include the youth's parent or legal guardian, unless there is documentation of a reason for the parent or legal guardian's non-involvement in treatment planning.

REVIEW AND UPDATING OF TREATMENT PLANS

- The review and updating of Individualized Mental Health Treatment Plans, Individualized Substance Abuse Treatment Plan or Integrated Mental Health and Substance Abuse Treatment Plans must be recorded on the Individualized Mental Health/Substance Abuse Treatment Plan Review Form (MHSA 017)
- Review of Individualized Mental Health Treatment Plans, Individualized Substance Abuse Treatment Plans or Integrated Mental Health/Substance Abuse Treatment Plans must be conducted by the mini-treatment team every 30 days.

MENTAL HEALTH TREATMENT SERVICES AND SUBSTANCE ABUSE TREATMENT SERVICES

- Mental health treatment services shall be provided by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional. Mental health treatment shall be based on the youth's symptoms and DSM diagnosis identified by a Comprehensive Assessment, Comprehensive Mental Health Evaluation or updated Comprehensive Mental Health Evaluation, an Initial Diagnostic Psychiatric Interview or a Psychiatric Evaluation and treatment recommendations must be incorporated in youth treatment plans if provided. Treatment services shall seek to reduce the youth's symptoms of Mental Disorder and the negative effects of symptoms on the youth's behavior and accomplish the measurable goals and objectives specified in the youth's Initial or Individualized Mental Health Treatment Plan.
- Youth determined in need of mental health treatment must be offered treatment services, including individual therapy or counseling, group therapy or counseling, or family therapy or counseling, behavior therapy, or psychosocial skills training by a licensed mental health professional or a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional, in accordance with the youth's initial or individualized mental health treatment plan as set forth in Rule 63N-1 F.A.C.
- Substance Abuse Treatment services shall be provided by a service provider licensed under Chapter 397 or a Licensed Qualified Professional.
- Substance abuse treatment shall be based on the youth's symptoms and DSM diagnosis identified by a Comprehensive Assessment, Comprehensive Substance Abuse Evaluation or updated Comprehensive Substance Abuse Evaluation, an Initial Diagnostic Psychiatric Interview or a Psychiatric Evaluation and treatment recommendations must be incorporated in youth treatment plans if provided. Treatment services shall seek to reduce the youth's symptoms of Substance-Related Disorder and the negative effects of the symptoms on the youth's behavior and accomplish the measurable goals and objectives specified in the youth's Initial or Individualized Substance Abuse Treatment Plan.
- Youth determined in need of substance abuse treatment must be offered services including individual substance abuse counseling or therapy, group substance abuse counseling or therapy, family substance abuse counseling or therapy, and psychosocial skills training provided by a licensed qualified professional or a non-licensed substance abuse clinical staff person who is an employee of a service provider licensed under Chapter 397, who works under the direct supervision of a qualified professional

as defined in Section 397.311F.S., in accordance with the youth's initial or individualized substance abuse treatment plan.

- Integrated Mental Health and Substance Abuse Treatment shall consist of evidence based mental health and substance abuse treatment, and therapy models demonstrated effective in treatment of co-occurring Mental Disorder and Substance-Related Disorder. Mental health treatment services shall be provided by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional. Substance abuse treatment shall be provided by a Licensed Qualified Professional or by a Substance Abuse Clinical Staff Person who is an employee in facility licensed under Chapter 397, F.S., or an employee of a service provider licensed under Chapter 397, F.S.

DOCUMENTATION OF MENTAL HEALTH TREATMENT AND SUBSTANCE ABUSE TREATMENT

- All therapeutic encounters with youth that are not documented within assessments or treatment plans, shall be documented on Counseling/Therapy Progress notes (MHSA 018) in the EMR.
- Documentation of Off-Site Mental Health or Substance Abuse Treatment which is provided to the facility or program must be filed in the youth's Individual Healthcare Record or Active Mental Health and Substance Abuse Treatment File.
- Treatment services shall be documented by the Mental Health Clinical Staff person or Substance Abuse Clinical Staff person who provided the service.

MENTAL HEALTH CONSENT AND SUBSTANCE ABUSE CONSENT

- All youth receiving mental health treatment shall have a properly executed Authority for Evaluation and Treatment (AET).
- Youth receiving substance abuse evaluation and/or treatment will sign a consent form for substance abuse treatment services (MHSA 012) prior to receiving services. If a youth refuses to provide consent for substance abuse evaluation and treatment, the department shall determine the need for a court order for the provision of such services when applicable.
- Substance abuse records of service providers pertaining to the identity, diagnosis, and prognosis of and service provision to a youth may not be disclosed without the written consent of the youth to whom they pertain. However, appropriate disclosure may be made without written consent as specified in Section 397.501(7), F.S. Any written consent for disclosure may be given only by the youth. This restriction on disclosure includes any disclosure of youth identifying information to the parent, legal guardian or custodian for the purpose of obtaining financial reimbursement.
- Youth consent for release of substance abuse records shall be provided on the Youth Consent for Release of Substance Abuse Treatment Records Form (MHSA 013) or on a form developed by the provider which contains all the information required in form MHSA 013.

APPROVED: _____ Date
Superintendent

APPROVED: _____ Date
DMHCA



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

Detention Center Superintendent	Approved Date:	Section: QI Standard 3.07 Treatment and Discharge Planning 63N-1.0086 Mental Health and Substance Abuse Transition/Discharge Planning
Subject: Mental Health and Substance Abuse Discharge Planning		
Purpose:	To ensure that all youth who receive mental health and/or substance abuse treatment while in a detention facility shall have a discharge summary/transition plan completed that documents the focus and course of the youth's treatment and recommendations for mental health and/or substance abuse services upon youth's release from the facility.	
	<p>Discharge Plans</p> <ul style="list-style-type: none"> • The Mental Health Clinical Staff Person or Substance Abuse Clinical Staff Person, treatment team and youth must establish a transition/discharge plan whereby improvements made during treatment will be maintained upon the youth's movement from one facility to another, or return to the community. • All youth who received mental health and or substance abuse treatment while in the facility shall have a discharge/transition plan documented on form MHSA 011 in the OHS EMR. • The discharge summary/transition plan may be completed prior to the youth's discharge from the facility to ensure participation of the treatment team including the youth and the parent/legal guardian. • A copy of the discharge plan is provided to the youth, the parent/guardian (as allowed by law), and JPO. • The Mental Health or Substance Abuse information contained in the Mental Health/Substance Abuse Treatment Discharge Summary shall be discussed with the youth, parent/legal guardian (when allowed) and the JPO prior to the youth's release from the facility, when possible. • The Substance Abuse Treatment Discharge Summary may be provided to the parent/legal guardian, and information provided regarding the youth's substance abuse assessment and treatment, if the youth has provided written consent for release of substance abuse information. The youth's written consent for release must indicate the consent applies to the parent/guardian. <p>Discharge/Transition Planning for Youth on Suicide Risk Alert/Suicide Precautions</p> <ul style="list-style-type: none"> • Discharge/Transition planning for youths on Suicide Risk Alert/Suicide Precautions immediately prior to discharge to the community shall include notification of the youth's parent/legal guardian and JPO in accordance with Rule 63N-1.0097, F.A.C. • If the youth is being released to the parent or guardian, the parent or guardian must be provided the Detention Suicide Risk Parent/Guardian Notification Form (MHSA 009) and the parent or guardian must sign the form. <ul style="list-style-type: none"> • A copy of form MHSA 009, signed by the parent or guardian, is to be permanently filed in the youth's Individual Healthcare Record. • A copy of form MHSA 009 should be forwarded to the youth's Juvenile Probation Officer for filing in the youth's case management record. • If the youth is to be transferred to another DJJ facility, a jail or hospital, the facility superintendent or program director where the youth is to be transferred must be notified verbally and by e-mail of the youth's suicide risk status prior to discharge from the Detention Center. The notification of suicide risk must be documented and permanently filed in the youth's Individual Healthcare Record. <p>*Note: Within this facility, the _____ is responsible for ensuring the Detention Suicide Risk Parent/Guardian Notification Form (MHSA 009) is provided to the parent or legal guardian at the time of the youth's release, and filed in the detention file located at: _____.</p> <p>*Note: Within this facility, the _____ is responsible for ensuring the youth's JPO is</p>	

notified of the youth's release and the form MHSA 009 is provided to the youth's JPO.

APPROVED: _____ Date
Superintendent

APPROVED: _____ Date
DMHCA



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

Detention Center Superintendent	Approved Date:	Section: QI Standard 3.08 Psychiatric Services 63N-1.0085 Psychiatric Services 63N-1.014 Consent Requirements Applicable to Mental Health Services and Psychotropic Medications 63M-2.010-2.023 and 63M-2.025-2.027, F.A.C.
Subject: Psychiatric Services		
Purpose:	To ensure psychiatric services are provided including: psychiatric evaluation, psychiatric consultation, tele-psychiatry, medication management, and medical supportive counseling. Psychiatric services will be provided to youth in need of such services as indicated by symptoms of mental disorder or substance-related disorder, or youth who are being treated with psychotropic medication prior to or subsequent to admission to the detention center.	
	<ul style="list-style-type: none"> <p>▪ Psychiatric Services shall be provided by a Psychiatrist or by a licensed and certified psychiatric advanced registered nurse practitioner (ARNP)/Advanced Practice Registered Nurse (APRN) under Chapter 464, F.S., who works under the clinical supervision of a Psychiatrist as specified in the collaborative practice protocol with the supervising Psychiatrist.</p> <ul style="list-style-type: none"> ○ A current and updated copy of the official collaborative practice protocol between the supervising Psychiatrist and Psychiatric ARNP/APRN will be kept on site where the Psychiatric ARNP/APRN provides psychiatric services. ○ When a psychiatric ARNP/APRN is used, this position is a designee for clinical responsibilities only, working under the direct supervision of the Psychiatrist. The ARNP's/APRN's education, experience, and certification/license shall be in psychiatry/mental health (as set forth in Rule 63N-1 F.A.C.). <p>▪ A "Psychiatrist" is a physician licensed pursuant to Chapter 458 or 459, F.S. who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology, or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination. A Psychiatrist who is board certified in Forensic Psychiatry by the American Board of Psychiatry and Neurology or the American Board of Forensic Psychiatry may provide services in DJJ facilities or programs, but must have prior experience and training in psychiatric treatment with children or adolescents. A Psychiatrist or psychiatric ARNP/APRN providing Psychiatric Services in the detention center must comply with Rule 63N-1.0085 and Rule 63M-2.010-2.023 and 63M-2.025-2.027, F.A.C., provisions regarding psychiatric services and medication management whenever a youth is considered for, prescribed or receiving Psychotropic Medication.</p> <p>▪ A Psychiatrist or psychiatric ARNP/APRN providing Psychiatric Services in the detention center must comply with Rule 63N-1.0085 and Rules 63M-2.010-2.023 and 63M-2.025-2.027, F.A.C., provisions regarding psychiatric services and medication management whenever a youth is considered for, prescribed or receiving Psychotropic Medication.</p> <p>▪ A copy of the up to date, clear/active license of the Psychiatrist and psychiatric ARNP must be on file at the detention center.</p> <p>Youth entering the facility on psychotropic medications or referred during admission for psychiatric evaluation shall receive an initial diagnostic psychiatric interview within 14 days of youth's admission or referral. The Initial Diagnostic Psychiatric Interview must be identified as such and documented on the Clinical Psychotropic Progress Note (HS 006), or a form developed by the provider which contains all the information required in form HS 006.</p> <p>Youth entering facility on psychotropic medication or those prescribed psychotropic medication subsequent to their admission, shall receive a psychiatric evaluation or updated psychiatric evaluation within 30 days of intake (or within 30 days of referral if subsequent to admission). The psychiatric evaluation must reflect the elements specified in Rule 63N-1.0085.</p>	

The Psychiatric Evaluation must be identified as such and documented on the Clinical Psychotropic Progress Note Form (HS 006) or a form developed by the program which contains all the information required in form HS 006. An updated psychiatric evaluation may be completed in instances where the youth has a documented psychiatric evaluation completed within the last 6 months.

The DJJ Clinical Psychotropic Progress Note (CPPN), HS 006, page 3, must be completed in its entirety when a youth is seen for psychiatric interview, psychiatric evaluation, or psychotropic medication management and psychotropic medications are prescribed or discontinued, or there are any significant changes to drug dosage.

Youth on psychotropic medication are seen at minimum every 30 days for psychotropic medication review. A monthly CPPN HS 006, page 3 is completed as part of monthly review.

The psychiatrist, psychiatric ARNP and nursing staff shall have documentation of monitoring for side effects and Abnormal Involuntary Movement Scale (AIMS) screening as indicated by the psychiatrist on the CPPN, page 3.

Youth are referred to psychiatrist or psychiatric ARNP/APRN for psychiatric interview, psychiatric evaluation or psychiatric medication review thru the completion of Mental Health/Substance Abuse Referral Summary MHSA 014 in OHS EMR module.

The following information is documented when psychotropic medication is prescribed by the psychiatrist or psychiatric ARNP/APRN:

- Identifying data
- Diagnosis
- Target symptoms of each medication
- Evaluation and description of effect of prescribed medication or target symptom(s)
- Prescribed psychotropic medication, if any (including name, dosage and quantity of the medication):
 - Normal dose range
 - Ordered dosage
 - Frequency and route of administration
 - Reasons for change in medication and/or dosage shall be clearly documented by the psychiatrist or psychiatric ARNP
- Side effects including description of response to medication, both positive and adverse drug experiences or documentation if none present
- Youth's adherence to the medication regime
- Height, weight, blood pressure, most recent serum drug levels or laboratory findings (as appropriate)
- Details related to obtaining parent/guardian consent in accordance with Rules 63N-1.0085 and 63N-1.014, F.A.C.
- Signature of psychiatrist or psychiatric ARNP
- Date of signature

Tele-Psychiatry

Tele-psychiatry is defined as the practice of psychiatry by a licensed Florida physician ("Psychiatrist" as defined in Rule 63N-1, F.A.C.) where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. Tele-psychiatry shall not include the provision of psychiatric services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof. Tele-psychiatry shall be provided in accordance with the "Standards for Tele-Medicine Practice" set forth in Rule 64B8-9.0141, Florida Administrative Code.

- The terms "Tele-psychiatry" and "Tele-medicine" are both intended to represent a modality of medical practice governed by section 64B8-9.0141, F.A.C., "Standards for Tele-Medicine Practice." The practice of medicine affected by this Protocol are subordinate to the requirements of that rule.
- The standard of psychiatric care delivered through Tele-psychiatry shall remain the same as that rendered in-person. Psychiatric services delivered via Tele-psychiatry shall be provided in accordance with the Department's rules (Rule 63N-1.0085, Rule 63M-2.010-2.023 and 63M-2.025-2.027, F.A.C.) QI Standards, and Detention FOP MH8 and detention medical FOP 8002 & 8007. With the exception to FOP 8002 that the psychiatrist will provide weekly off-site services via Tele-

psychiatry when applicable.

- Tele-psychiatry shall be utilized only for youth who agree to participation in the Tele-psychiatry session and the parent/legal guardian has provided consent as set forth in Rule 63N-1, F.A.C.
- Prior to the Tele-Psychiatry Session, the Psychiatrist, DMHCA and Registered Nurse will discuss whether a youth may be inappropriate for this therapeutic modality (Tele-psychiatry). Examples of youth that may not be appropriate are below:
 - Youth that have symptoms that could worsen with Tele-psychiatry (psychosis with ideas of reference, paranoid/delusions related to technology);
 - Youth who are currently violent;
 - Youth who are an imminent risk of suicide should be evaluated for Baker Act;
 - Medical issues; and
 - Cognitive/sensory issues.
- The Tele Psychiatry clinic will be held at each detention center in accordance to clinic times meeting the needs of the patients, staff and facility and in compliance with all applicable standards and contract requirements.
- Detention staff will ensure staff and patient safety, as well as the confidentiality of the patient Tele-psychiatry service encounters.
- The Superintendent, or designee, will ensure there is connectivity with the Tele-Psychiatrist 15 minutes prior to the clinic start time, to avoid unnecessary movement of patients. Technical problems may be addressed by contacting the Helpdesk at 1-866-631-0051.
- The records clerk, or designee, will fax or use encrypted e-mail system to the psychiatrist a listing of the patients to be seen along with all required patient documentation by close of business the day before the clinic, unless the youth has an immediate psychiatric need on the day services are to be rendered. The fax or encrypted email will be confirmed by the Psychiatrist, or designee, to ensure all appropriate documentation was received.
- Documentation provided to the psychiatrist must include:
 - Most recent Clinical Psychotropic Progress Note (CPPN) (HS 006), medications record, Current Medication Administration Record (MAR)
 - Latest Comprehensive Physical Assessment
 - Pertinent medical records Copy of the properly executed AET
 - Vital signs, laboratory results
- The Superintendent, or designee, will explain the Tele Psychiatry process to the patients prior to the encounter.
- All facility mental health and medical FOP's pertaining to informed consent for treatment and psychiatry services will be followed.
- All Department EMR/HER (Electronic Medical Record/Electronic Health Records) forms will be completed by the psychiatrist in the Department's JJIS OHS EMR system.
- The nurse will verify parent/legal guardian verbal consent is documented on page 3 of the CPPN and witness signature is provided on page 3 of the CPPN.
- Should complex medical issues exist with the patient, a nurse will be present during the tele-psychiatry session.
- Should an emergency occur, a nurse will respond.
- Nursing staff will assist the psychiatrist in obtaining parent/legal guardian verbal consent for a new

psychotropic medication, any significant change in current psychotropic medication or discontinuation of psychotropic medication.

- Nursing staff will assist the psychiatrist in obtaining parent/legal guardian written consent on the Acknowledgement of Receipt of CPPN Form (HS 001)
(The Registered Nurse may only obtain informed consent when the attempt to contact the parent or legal guardian is not successful and the Psychiatrist or ARNP/APRN completes the third page of the CPPN to ensure adequate information for the parent to provide informed consent.)
- Following the clinic, the psychiatrist will:
 - Upload all practitioner's orders, clinical psychotropic progress notes (CPPN), acknowledgment of page 3 of the CPPN (when applicable) and any other required documentation into the Department's JJIS OHS EMR/EHR if not input directly into the EMR/EHR.
 - Fax all practitioner's orders to the nursing clinic designated fax line if not input directly into the EMR/EHR.
 - Confirm with nursing staff that orders were received.
 - FedEx all practitioner's original orders for controlled substances to Diamond pharmacy.
- All original orders for both controlled and non-controlled substances will be initiated in the HER/EMR unless system errors prevent electronic completion of the orders. When unable to input directly into the system, these shall be mailed to the appropriate detention center for placement in the patient's IHCR. Fax copies will be removed from the medical files and destroyed upon receipt of the original documentation.

Consent for Psychotropic Medication

- The AET (HS 002) provides the parent/legal guardian's authorization to continue administration of only those Psychotropic Medications for which the youth has a bona fide prescription at the time of his/her entry into the physical custody of the department, as long as there are no changes in the Psychotropic Medication dosage or route of administration.
- Whenever a new Psychotropic Medication is prescribed, Psychotropic Medication is discontinued, or the drug dosage is significantly changed, parental/legal guardian verbal consent for Psychotropic Medication is documented through the CPPN (form HS 006) at page 3 or a form containing all the information require in HS 006 at page 3, and written consent is documented on the Acknowledgment of Receipt of CPPN Form or Practitioner Form (HS 001) in accordance with Rule 63N-1.0085, F.A.C.
- Consent requirements for provision of Psychotropic Medication for youths in foster care whose parent or legal guardian's rights have been terminated are addressed in Chapter 65C-35, F.A.C.
- If a youth reaches 18 years of age while in the detention center and is not incapacitated or otherwise emancipated, the youth is responsible for authorizing his/her health care and authorizing release of his/her healthcare records.

Treatment Planning for Youth Receiving Psychotropic Medication:

Psychotropic Medication shall be only one component of the therapeutic program. Additional treatment modalities such as individual, group and family therapy, behavioral therapy, substance abuse counseling and psychosocial skills training must be utilized in conjunction with the use of Psychotropic Medication.

The psychiatrist or psychiatric ARNP providing psychiatric services must either be a member of the mini-treatment team or multidisciplinary treatment team, or must brief a representative of the treatment team on the psychiatric status of each youth receiving psychiatric services who is scheduled for treatment team review.

The psychiatrist or psychiatric ARNP's evaluation and recommendations for the youth shall be incorporated into mental health and/or substance abuse evaluation(s) of the youth, and the youth's initial or individualized treatment plan.

APPROVED: _____ Date

Superintendent

APPROVED: _____ Date

DMHCA



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

<p>Detention Center Superintendent</p>	<p>Approved Date:</p>	<p>Section: QI Standard 3.09 Suicide Prevention Plan QI Standard 3.10 Suicide Prevention Services QI Standard 3.11 Suicide Precaution Observation Logs QI Standard 3.12 Suicide Prevention Training 63N-1.009 Suicide Prevention 63N-1.0091 Suicide Prevention Plans 63N-1.0092 Screening for Suicide Risk 63N-1.00921 Suicide Risk Screening- General Requirements 63N-1.0093 Assessment of Suicide Risk and Follow-up Assessment of Suicide Risk Procedures 63N-1.00931 Licensed Mental Health Professional’s Off-Site Review of Assessment or Follow-Up Assessment of Suicide Risk 63N-1.0094 Assessment of Suicide Risk Performed Off-Site of the Facility 63N-1.0095 Suicide Precaution Methods 63N-1.00951 Precautionary Observation 63N-1.00952 Secure Observation 63N-1.00953 Monitoring of Youth Upon Removal from Precautionary Observation or Secure Observation- General Requirements 63N-1.00954 Administrative and Clinical Review of Suicide Precautions 63N-1.0096 Immediate Response to a Suicide Attempt or Incident of Serious Self-Inflicted Injury 63N-1.0097 Notifications When a Youth on Suicide Precautions is Released, Transferred or Discharged 63N-1.0098 Serious Suicide Attempt or Serious Self-Inflicted Injury Review & Mortality Review Mental Health Provider Contract</p>
<p>Subject: Suicide Prevention Plan and Suicide Prevention Services</p>		
<p>Purpose:</p>	<p>To ensure the facility has a suicide prevention plan to safely screen, refer, assess, monitor and protect youth with elevated risk of suicide in the least restrictive means possible. The plan outlines the facility’s procedures that address the use of suicide precautions, suicide prevention training, and the process by which any youth identified as having suicide risk factors at any time must be placed on Suicide Precautions and receive an Assessment of Suicide Risk.</p>	
	<p>The detention center has a written plan that details suicide prevention procedures. The Suicide Prevention Plan contains the following elements:</p> <ul style="list-style-type: none"> • Screening for suicide risk • Suicide Risk Alert • Levels of Supervision • Suicide Precautions • Referrals • Notifications and Communication • Assessment of Suicide Risk and Follow-up Assessment of Suicide Risk • Immediate staff response • Use of Extra Precautions • Staff training and mock suicide drills • Review processes • Emergency Contact Telephone Numbers <p>The Suicide Prevention Plan will be placed in the office of the Superintendent, Clinic and mental health office. It will be accessible to all staff via the facility’s K-drive.</p>	

SUICIDE PREVENTION PLAN AND SUICIDE PREVENTION SERVICES

Detention Officer Responsibilities

Screening for Suicide Risk

1. Immediately upon admission to the detention center, the JDO admitting the youth reviews the JAC/JPO sections of the Suicide Risk Screening instrument (SRSI), Massachusetts Youth Screening Instrument, MAYSI-2) Suicide Scale, and Face Sheet to determine whether preliminary screening or other available information indicates possible suicide risk and places youth on Precautionary Observation if indicated.
2. Complete the Suicide Risk Screening Instrument (SRSI) section titled, "Detention Officer Observations" within 30 minutes of the youth's admission. The JDO notes the SRSI instructions (DO NOT ASK YOUTH THESE QUESTIONS) and only observes the youth. The JDO records his/her observations of the youth on the SRSI.
3. If suicide risk factors are indicated, the youth is placed on Suicide Precautions with Constant Supervision (Precautionary Observation (PO) or Secure Observation (SO). The JDO enters a Suicide Risk Alert in JJIS and notifies the Shift Supervisor of the youth's suicide risk.
4. The Shift Supervisor immediately notifies the Superintendent or Assistant Superintendent (Designee) of the youth's suicide risk factors. The Shift Supervisor ensures that the youth is immediately placed on Suicide Precautions with Constant Supervision and that a Mental Health/Substance Abuse Referral Summary (MHSA 014) was generated for an Assessment of Suicide Risk (ASR). The Shift Supervisor will also ensure that a Suicide Precautions Observation Log (PO Log) (MHSA 006) has been initiated.
5. The Superintendent or Designee is responsible for contacting the Designated Mental Health Clinician Authority (DMHCA) via email or telephone to discuss the case and to request that an Assessment of Suicide Risk be conducted immediately if indicated. Telephone contact with the DMHCA is warranted when an immediate Assessment of Suicide Risk is indicated when a "yes" response is endorsed for question number two (2) on the SRSI under JAC Screener or Juvenile Probation Officer (JPO) Interview of the youth and when a "Yes" response is endorsed for questions 1-4 on the SRSI under JAC Screener/Juvenile Probation Officer & Detention Officer Observations.

Identification of Suicide Risk of Youth During Length of Stay

1. Examples of Suicide Risk Factors include a Suicide Attempt, Suicide Gesture, Suicide Ideation or Suicide Threat; intentional self-injurious behavior; statements, drawings or notes which suggest suicide, hopelessness or preoccupation with death or dying; extreme withdrawal or lack of interest in surroundings; recent major loss such as death of parent, sibling or best friend.
2. A "Suicide Risk Alert" designation shall be made in JJIS by direct care/supervisor when a youth is identified by staff observations as having Suicide Risk Factors during length of stay.
3. When a youth is identified with suicide risk factors the youth is immediately placed on Suicide Precautions with Constant Supervision.
4. Detention staff contact the DMHCA to report the use of Suicide Precautions (SO or PO) by phone and the JDO will complete a Mental Health/Substance Abuse Referral Summary (MHSA 014) in the OHS EMR indicating the reason youth was placed on Suicide Precautions, whether the youth was a self-referral and the reason for the youth's self-referral (Assessment of Suicide Risk should be checked in referral). The JDO will document the name of the Mental Health Staff Person contacted and any instructions provided by the Mental Health.
5. The Superintendent or Designee must be notified via e-mail or telephone.

Levels of Supervision

1. **One to One Supervision** is defined as the supervision of one youth by one staff member who remains within five feet of the youth at all times and must maintain constant visual and sound monitoring of the youth at all times. If the youth is in a Secure Observation Room, the staff member assigned to One-to-One Supervision of the youth must be stationed at the entrance to the room, no further than five feet from the door
2. **Constant Supervision** is defined as the continuous and uninterrupted observation of a youth by a staff member assigned to monitor the youth who has a clear and unobstructed view of the youth, and unobstructed sound monitoring of the youth at all times. Constant Supervision shall not be accomplished through video/audio surveillance. If video/audio surveillance is utilized in the facility, it shall be used only to

supplement physical observation by staff

3. **Close Supervision** shall be used only as a step-down method of supervision of an at-risk youth who has received an Assessment of Suicide Risk, has been removed from Suicide Precautions, and is being transitioned back into a normal routine. Close Supervision **is not** an option for Precautionary Observation or Secure Observation. Close Supervision is defined as the observation by a staff member assigned to monitor a youth at intervals not to exceed five minutes throughout the youth's stay in his/her room and/or sleeping area. A staff member must conduct visual checks of the youth's condition while in his/her room or sleeping area at intervals not to exceed five minutes. Visual checks must be documented in writing at intervals not to exceed five minutes in real time on the Close Supervision – Visual Checks Log (MHSA 020).
4. **Standard Supervision** – The required visual observations of the youth's condition (i.e., outward appearance, behavior, and position in the room) while in his or her room at intervals not to exceed ten minutes.

Precautionary Observation

1. Precautionary Observation provides for the Constant Supervision of a youth with Suicide Risk Factors in designated safe housing areas of the facility (detention center) which are safe and secure. This Suicide Precaution Method is intended to allow the youth to participate in routine activities with other youths while being constantly supervised by staff.
2. Safe housing areas must not limit a youth's activity to an individual cell or restrict him/her to his/her sleeping room.
3. Within this facility, a youth who is placed on Precautionary Observation may be assigned to sleep on the day room floor, or his/her sleeping room (without the door closed) and on constant supervision allowing the JDO an unobstructed view and constant sound monitoring of the youth at all times.
4. Staff must maintain at least constant supervision of the youth on PO at all times and document his/her observations of the youth on the PO Log (Suicide Precautions – Observation Log, MHSA 006) at intervals that do not exceed 30 minutes. NOTE: This log must be filled out in real time.

Secure Observation

1. Secure Observation Room is used for observation of an "at risk" youth who manifests behavior which constitutes a strong potential threat to the youth's safety or to the safety of others. For example, the youth appears extremely restless, agitated, fearful, or his/her behavior appears unpredictable, volatile or highly impulsive.
2. The Secure Observation Room shall not be used for youth who present an Imminent Threat of Suicide. Such youth shall be transported for emergency mental health services
3. When a youth on Precautionary Observation requires placement in behavioral confinement, the youth must be placed in a Secure Observation Room. When a youth already on Precautionary Observation requires placement in behavioral confinement due to misbehavior, the youth must remain in the Secure Observation Room during behavioral confinement.
4. Prior to an "at risk" youth's placement in a Secure Observation Room, the Superintendent or Designee must confer with the DMHCA as to whether Secure Observation (SO) is appropriate for a specific youth. The referral and consultation with the Licensed Mental Health Professional and reason for SO must be documented on the Mental Health/Substance Abuse Referral Summary (MHSA 014) completed in the OHS EMR and also the form "Report of Suicide Precautions," in FMS.
5. The Secure Observation Room shall be inspected immediately prior to the youth's placement to ensure that it is safe and secure.
6. A JDO of the same sex will conduct a visual check of the youth to determine if there are any observable injuries that would make placement in the Secure Observation Room inappropriate.
7. The Health Status Checklist (MHSA 008) shall be completed by the JDO to document the youth's physical condition
8. If a physical injury is observed, the youth complains of injury or illness, or the youth has been observed to have experienced a fall, impact or blow to such an extent that injury would be expected, medical personnel shall be immediately notified for an assessment and treatment prior to placement in a Secure Observation Room.
9. The youth must be searched by a JDO of the same sex. At the time of the search, all jewelry, pocket items, hair ties, and hairpins must be removed. Clothing items which could be used for self-injury such as shoes, shoelaces, socks, and belt must be removed. However, the youth shall not be stripped. The youth shall not be required to dress in any garment or put on any covering that is sexually revealing
10. The youth placed in a Secure Observation Room shall be maintained on One-to-One Supervision while in the

Secure Observation Room

11. The JDO assigned to observe the youth in Secure Observation must record observations of the youth's behavior in the Secure Observation Room on the PO Log (Suicide Precautions – Observation Log, MHSA 006).
12. A youth shall not remain in a Secure Observation Room for more than eight hours unless a Licensed Mental Health Professional has been consulted and agrees to a limited time extension
13. When a youth who is removed from Suicide Precautions and stepped down to Close Supervision misbehaves and required behavioral confinement or has an injury/illness requiring medical confinement, the youth's transition to normal routine has been interrupted and Suicide Precautions must be re-implemented, and he/she must be placed on Secure Observation while on confinement status.
14. It is recognized that behavioral confinement and medical confinement circumstances with the youth are different. When youth are placed on Suicide Precautions while they are to remain in medical confinement per Medical Facility Operating Procedures, youth may have suicide precautions removed after receiving an assessment of suicide risk or Follow-up Assessment of Suicide risk as appropriate by mental health clinical staff. Such youth will receive daily Mental Health Supportive Services during and after suicide precautions are removed until medical confinement is concluded.

Suicide Precautions Observation Log (PO Log)

1. A PO Log is maintained for the duration of time a youth is on Suicide Precautions, with all sections of the form accurately filled in. Officer documents observations of youth's behavior on the PO Log in real time and in intervals not to exceed 30 minutes.
2. When "warning signs" are noted on the PO Log (#13 and higher), the Superintendent or Designee and the Mental Health Clinical Staff are to be immediately informed of the youth's behavior.
3. Documentation of the contact with the Superintendent or Designee and the Licensed Mental Health Clinical Staff must be recorded on the PO Log with the instructions from the Mental Health Clinical Staff recorded on the form.

Immediate Staff Response

1. In the event of a life-threatening suicide attempt, contact emergency medical services (EMS) immediately by dialing "911" on the nearest telephone. If there is not a telephone available, the officer should use their radio to contact Master Control advising them to contact EMS immediately. (See Emergency Care Plan for Emergency procedures.)
2. Utilize first aid procedures when necessary. If required, staff should utilize the Suicide Response Kit. Each Suicide Response Kit shall be located in each control station/office, each sub-control station/office, and or check-in station/office if used.
3. If medical attention is required, staff should call the appropriate emergency code ("code white" or "code white cut-down").
4. Staff should administer on-site first aid if warranted or instruct master control to contact 911 for emergency medical services.
5. The youth will be immediately placed on PO and One-to-One supervision.
6. NOTE: If the youth has made a suicide attempt, then Emergency procedure must be followed. If cut-away tools from the Suicide Response Kit were used to remove items from the youth's neck, or other similar severe staff response was needed, then the incident will be treated as an emergency and the youth must receive emergency medical and mental health services (either on-site during medical and mental health staff hours, or by EMS/LEO after hours).
7. All required notifications shall be made when reasonably safe (Superintendent, Mental Health, parent/guardian, JPO, CCC, etc.)

Staff Training

1. All staff who work with youth must receive 6 hours of annual training on suicide prevention and implementation of suicide precautions. Suicide prevention trainings completed on Skillpro are included in the 6 hours of annual suicide prevention training.
2. All staff who work with youths must be trained in Suicide Precautions and emergency response procedures and participate in mock suicide drills quarterly, on each of the three shifts. (Each facility must provide quarterly training on emergency response procedures which include "mock" training in emergency response to a Suicide Attempt or incident of Serious Self-Inflicted Injury. The drills will be designed to practice responses to a suicide attempt or incident of serious self-injury.) All staff who come into contact with youths must know the location of the Suicide Response Kit(s) and be trained in its use. The mock drills may be

included as part of the 6 hours of annual suicide prevention training.

Mental Health Responsibilities

Screening For Suicide Risk

1. Upon admission to the detention center, the MHSA staff reviews the JAC/JPO sections of the Suicide Risk Screening instrument (SRSI), Massachusetts Youth Screening Instrument, MAYSI-2) Suicide Scale and Face Sheet to determine whether preliminary screening or other available information indicates possible suicide risk and places youth on Precautionary Observation if indicated.
2. The Nurse or Mental Health Clinical Staff Person also completes the SRSI section entitled “Nursing Screening or Mental Health Clinical Staff Screening Results.”
3. If there are any positive responses on the SRSI or any available information that indicates suicide risk, the Nurse or Mental Health Clinical Staff indicates need for referral for Assessment of Suicide Risk in the SRSI “Nursing Screening or Mental Health Clinical Staff Screening Results” section. The Nurse or Mental Health Clinical Staff Person then contacts the Licensed Mental Health Professional and the Shift Supervisor to inform them of the youth’s suicide risk. The Shift Supervisor ensures that the youth is immediately placed on Suicide Precautions (Precautionary Observation or Secure Observation). Mental Health Clinical Staff will either input or have the appropriate staff (i.e., medical or JDOS) input necessary information into JJIS Alerts.
4. The Mental Health Clinical Staff Person ensures Suicide Risk Alert and special instruction in Master control room.

Assessment of Suicide Risk

1. An Assessment of Suicide Risk (ASR) is an evaluation of a youth’s Suicide Risk Factors or Suicide Risk Behaviors to determine whether the youth is a Potential Suicide Risk and the level of risk. The form MHSA 004 documents Assessment of Suicide Risk conducted in a DJJ facility or program.
2. Assessments of Suicide Risk are conducted for all youth identified as a possible suicide risk by intake screening, staff observations or youth behavior or functioning.
3. The Assessment of Suicide Risk must be conducted within 24 hours of referral or immediately if youth is in crisis.
4. The Assessment of Suicide Risk must be administered by a Licensed Mental Health Professional, or a non-licensed Mental Health Clinical Staff Person who has completed the required 20 hours of Assessment of Suicide Risk training and is working under the direct supervision of a licensed mental health professional.
5. Assessment of Suicide Risk completed by non-licensed mental health clinical staff are reviewed and signed by a licensed mental health professional within 24 hours or on the next scheduled day the licensed mental health professional is on-site.
6. If Assessment of Suicide Risk completed by a non-licensed mental health clinical staff person recommends discontinuation of Suicide Precautions, the non-licensed mental health clinical staff person must confer with a licensed mental health professional and Superintendent or Designee prior to discontinuation of suicide precautions.
7. The consultation with the licensed mental health professional and the Superintendent or Designee and non-licensed Mental Health Clinical Staff person consultation with licensed mental health professional and Superintendent or Designee is documented on the Assessment of Suicide Risk form (MHSA 004) using real date/time in the applicable sections of the Assessment of Suicide Risk. If the Assessment of Suicide Risk is completed by a non-licensed Mental Health Clinical Staff Person, it must be reviewed by a licensed mental health professional within 24 hours or on the next scheduled day they are on site.
8. **When an Assessment of Suicide Risk conducted by a non-licensed Mental Health Clinical Staff Person recommends discontinuation of Suicide Precautions**, the licensed mental health professional must be consulted and concur with discontinuation of Suicide Precautions. The licensed mental health professional’s concurrence with discontinuation of Suicide Precautions must be documented on the Assessment of Suicide Risk (MHSA 004). **When an Assessment of Suicide Risk Recommends Discontinuation of Suicide Precautions**, the Superintendent or Designee’s written authorization for discontinuance of Suicide Precautions is required prior to discontinuation of Suicide Precautions. This can be accomplished via email, physical signature (in real time) on a hand-written Assessment of Suicide Risk (MHSA 004), or by electronic signature (in real time) on the Assessment of Suicide Risk (MHSA 004) in the OHS EMR. If authorization is provided in real time via email or hand-written Assessment of Suicide Risk, the original document must be filed in the youth’s individual healthcare record and the “real time” noted on the Assessment of Suicide Risk in the OHS-EMR.
9. The Youth’s parent/guardian and JPO must be notified, and notification documented on the Assessment of

Suicide Risk Form (MHSA 004).

10. The Assessment of Suicide Risk (MHSA 004) administered to the youth (written in real time) must be permanently filed in the youth's Individual Healthcare record and is documented in the Assessment of Suicide Risk Form (MHSA 004) in the JJIS OHS EMR Module.
11. After a youth receives an Assessment of Suicide Risk (MHSA 004), and was determined to be a potential suicide risk, and was maintained on suicide precautions, a Follow-up Assessment of Suicide Risk must be conducted by a Mental Health Clinical Staff Person prior to a youth's removal from Suicide Precautions.
12. Documentation of a Follow-up Assessment of Suicide Risk (MHSA 005) must be provided by the Mental Health Clinical Staff person in JJIS OHS EMR Module on Follow-Up Assessment of Suicide Risk form MHSA 005.
13. The Follow-up Assessment of Suicide Risk must provide details of the information obtained by the assessment (youth statements, behavioral observations, collateral information). The specific information supporting the Follow-up Assessment of Suicide Risk findings and recommendations must be documented on the form.
14. The Follow-up Assessment of Suicide Risk form must be signed and dated by the Mental Health Clinical Staff person conducting the assessment. If the Follow-Up Assessment of Suicide Risk is conducted by a non-licensed mental health clinical staff, a Licensed Mental Health Professional must be consulted and sign as a reviewer and date the assessment in accordance with Rule 63N-1, F.A.C.
15. **When a Follow-Up Assessment of Suicide Risk conducted by a non-licensed Mental Health Clinical Staff Person recommends discontinuation of Suicide Precautions**, the licensed mental health professional must be consulted and concur with discontinuation of Suicide Precautions. The licensed mental health professional's concurrence with discontinuation of Suicide Precautions must be documented on the Follow-Up Assessment of Suicide Risk (MHSA 005).
16. **When a Follow-Up Assessment of Suicide Risk Recommends Discontinuation of Suicide Precautions**, the Superintendent or Designee's written authorization for discontinuance of Suicide Precautions is required prior to discontinuation of Suicide Precautions. This can be accomplished via email, physical signature (in real time) on a hand-written Follow-Up Assessment of Suicide Risk (MHSA 005), or by electronic signature (in real time) on the Follow-Up Assessment of Suicide Risk (MHSA 005) in the OHS EMR. If authorization is provided in real time via email or hand-written Follow-Up Assessment of Suicide Risk, the original document must be filed in the youth's individual healthcare record and the "real time" noted on the Follow-Up Assessment of Suicide Risk in the OHS-EMR
17. The Follow-Up Assessment of Suicide Risk (MHSA 005) administered to the youth (documented in real time) must be permanently filed in the youth's Individual Healthcare record and is documented in the Follow-Up Assessment (005) JJIS OHS EMR Module.

Suicide Risk Alert Process

1. Mental Health staff will review the Suicide Risk Alerts daily to ensure accuracy
2. After an Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk is completed in its entirety, an open Suicide Risk Alert must be closed in JJIS by the Mental Health Clinical Staff prior to the youth being stepped down to Close Supervision or Standard Supervision.

Suicide Precautions

1. The Superintendent has authorized that staff contact the DMHCA via email or telephone to report the use of Precautionary Observation or Secure Observation. Telephone contact with the DMHCA is warranted when an immediate Assessment of Suicide Risk is indicated when a "yes" response is endorsed for question number two (2) on the SRSI under JAC Screener or Juvenile Probation Officer (JPO) Interview of the youth and when a "Yes" response is endorsed for questions 1-4 on the SRSI under JAC Screener/Juvenile Probation Officer & Detention Officer Observations.
2. Mental Health Supportive Services shall be provided to the youth being maintained on Precautionary Observation daily. Mental Health Supportive Services shall be documented in youth's chronological notes in the OHS EMR Module. Mental Health Supportive Services may also be documented on a Counseling/Therapy Progress Note, if applicable.
3. If the youth was placed on Precautionary Observation upon intake, then the youth may be transitioned from Precautionary Observation directly to Standard Supervision.
4. The mental health clinical staff must maintain regular contact with the youth for support and to determine changes in his or her status during Close Supervision
5. The non-licensed Mental Health Clinical Staff Person must document that the DMHCA or Licensed Mental Health Professional was contacted and agreed to the transition to Standard Supervision in cases where the assessment was completed by non-licensed Mental Health Clinical Staff working under the direct supervision of a Licensed Mental Health Professional.
6. Within this facility, discontinuation of Close Supervision must be documented in writing by the Superintendent or Designee in the facility log and must be documented in the youth's chronological notes in

OHS EMR Module by the Mental Health Clinical Staff Person.

7. Observation logs will be maintained in the youth's individual health care record. (See Review Process section of this FOP.)
8. The Suicide Precautions Observation Log (MHSA 006) is reviewed and signed by the shift supervisor each shift and by a Mental Health Clinical Staff Person daily.
9. The youth in a Secure Observation Room must receive an Assessment of Suicide Risk by a Mental Health Clinical Staff within eight hours to determine recommendations for further level of supervision. If a youth goes into Secure Observation after normal Mental Health Clinical Staff working hours the youth must receive an Assessment of Suicide Risk at the beginning of the next day shift.
10. A youth shall not remain in a Secure Observation Room for more than eight hours unless a Licensed Mental Health Professional has been consulted and agrees to a limited time extension.
11. A Licensed Mental Health Professional must provide written concurrence for a youth to remain in a Secure Observation Room beyond 24 hours for any reason, including behavioral confinement.
12. A Follow-Up Assessment of Suicide risk must be conducted within 8 hours to determine whether Secure Observation is needed.
13. If an At-Risk youth in Secure Observation due to behavioral confinement receives a Follow-Up Assessment of Suicide Risk which indicates that the youth is no longer a suicide risk, he/she may be removed from the Secure Observation Room and transitioned to Close Supervision. However, if the youth cannot be transitioned to a normal routine and Close Supervision because he/she must continue behavioral confinement, then the youth must remain in Secure Observation and on Suicide Precautions until behavioral confinement is concluded.
14. When a youth who is removed from Suicide Precautions and stepped down to Close Supervision misbehaves and required behavioral confinement or has an injury/illness requiring medical confinement, the youth's transition to normal routine has been interrupted and Suicide Precautions must be re-implemented, and he/she must be placed on Secure Observation while on confinement status.

Suicide Precautions Observation Log

1. The Suicide Precautions Observation Log (MHSA 006) is reviewed and signed by a Mental Health Clinical Staff Person daily.
2. When "warning signs" are noted on the Suicide Precautions Observation Log (#13 and higher), the Superintendent or Designee and the Mental Health Clinical Staff are to be immediately informed of the youth's behavior and provide instruction.

Referrals

1. The form MHSA 014 completed by the JDO must be reviewed by Mental Health Clinical Staff in the OHS EMR. The form MHSA 014 contains a textbox for the Mental Health Clinical Staff to document the review and provide comments.

Immediate Staff Response

1. Licensed Mental Health Professional will instruct the Shift Supervisor on the most prudent course of action (i.e., Emergency procedures such as request for transport to the ER or Crisis Stabilization Unit or Baker Act Receiving Facility by EMS or law enforcement, referral for immediate Assessment of Suicide Risk if during Mental health business hours, or referral for ASR to be completed within 24 hours). The consultation will be in person or by phone if after hours. **If the youth has made a suicide attempt or has a serious self-inflicted injury that requires more than use of First Aid Kit, then Emergency procedure must be followed. If cut-away tools from the Suicide Response Kit were used to remove items from the youth's neck, or other similar severe staff response was needed, then the incident will be treated as an emergency and the youth must receive emergency medical and mental health services.**
2. Instruct the Shift Supervisor the level of supervision (i.e., One-to-One Supervision or Constant Supervision).
3. If indicated, the Licensed Mental Health Professional will work with the Superintendent or Designee to initiate the Baker Act procedure (See Emergency Care Plan).
4. DMHCA or Superintendent may request a medical search (by nursing staff) for fresh wounds if self-mutilating behaviors are suspected.

Staff Training

1. The Mental Health Clinical Staff will assist in training Juvenile Detention Center staff on Suicide Prevention

- (including the verbal and behavioral cues that indicate a suicide risk) throughout the year.
2. Non-licensed Mental Health Clinical Staff will have twenty hours of training including administration of at least five Assessments of Suicide Risk within the physical presence of a licensed mental health professional prior to completing Assessments of Suicide Risk with youth alone.

Review Process

1. The superintendent or Designee and licensed mental health professional must review each instance of the Suicide Precautions Observation Log (MHSA 006), the Precautionary and Secure Observation Reports in FMS, and “Report of Suicide Precautions” and track the frequency and proper implementation of Precautionary Observation and Secure Observation
2. The superintendent or assistant superintendent and a Licensed Mental Health Professional must review the Suicide Precautions Observation Log (MHSA 006) to determine whether the use of Suicide Precautions was appropriate in each instance.
3. The serious Suicide Attempt or Serious Self-Inflicted Injury review process and mortality review process shall be multidisciplinary, involving the DMHCA, Superintendent, JDOS, Facility Nurse and JDO involved will make a critical inquiry that includes the following: The circumstances surrounding the incident; Facility procedures relevant to the incident; All relevant training received by involved staff; Pertinent medical and mental health services involving the victim; Possible precipitating factors leading to the suicide attempt, self-inflicted injury, or completed suicide; Recommendations in writing of any necessary changes in Facility Operating Procedures, training, physical plant, medical or mental health services.

Supervisor/Administration Responsibilities

Suicide Risk Alert Process

1. Shift Supervisor “Pass On”: The Shift Supervisor is responsible for passing on to the following shift supervisor memorandums from the Mental Health Professional of Suicide Risk Alerts/precautionary supervision status and special instructions.

Suicide Precautions

1. The Superintendent or Designee must be notified via e-mail or telephone when youth is placed on Suicide Precautions. (Note: Superintendent has a Department-issued cell phone which enables electronic review of e-mails from any location)
2. The decision to remove a youth from Precautionary Observation must be approved by the DMHCA or Licensed Mental Health Professional and authorized in writing by the Superintendent or Designee.
3. Within this facility, discontinuation of Close Supervision must be documented in writing by the Superintendent or Designee in the facility log
4. The use of Precautionary Observation will be reviewed by Administration and the DMHCA
5. Prior to an “at risk” youth’s placement in a Secure Observation Room, the Superintendent or Designee must confer with the DMHCA, or other Licensed Mental Health Professional, as to whether Secure Observation is appropriate for a specific youth. The referral and consultation with the Licensed Mental Health Professional and reason for Secure Observation must be documented on the Mental Health/Substance Abuse Referral Summary (MHSA 014) completed in the OHS EMR and also the form “Report of Suicide Precautions,” in FMS.
6. The Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk findings and recommendations shall be reviewed by the Superintendent or Designee. Based upon the Assessment of Suicide Risk findings, the Licensed Mental Health Professional and Superintendent or Designee will determine whether Secure Observation is to be continued
7. The discontinuation of Secure Observation and initiation of Precautionary Observation shall be documented on the Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk, and by the Superintendent or Designee on the Suicide Precautions Observation Log (MHSA 006) and in the facility log

Suicide Precautions Observation Log

1. The Suicide Precautions Observation Log (MHSA 006) must be reviewed and signed by each shift supervisor on each shift.
2. The shift supervisor is responsible for ensuring that a listing of youths currently placed on Suicide Precautions is passed on to the next shift, and that any concerns or observations regarding youths on Suicide

Precautions shall be documented and communicated to the next shift

Assessment of Suicide Risk

1. The facility Superintendent or Designee must review the Assessment of Suicide Risk findings and recommendations and sign the form MHSA 004 in accordance with 63N-1, F.A.C. The Superintendent or Designee will sign the Assessment of Suicide Risk (MHSA 004) the next time he/she is on-site if not available immediately.
2. **When an Assessment of Suicide Risk Recommends Discontinuation of Suicide Precautions**, the Superintendent or Designee's written authorization for discontinuance of Suicide Precautions is required prior to discontinuation of Suicide Precautions. This can be accomplished via email, physical signature (in real time) on a hand-written Assessment of Suicide Risk (MHSA 004), or by electronic signature (in real time) on the Assessment of Suicide Risk (MHSA 004) in the OHS EMR. If authorization is provided in real time via email or hand-written Assessment of Suicide Risk, the original document must be filed in the youth's individual healthcare record and the "real time" noted on the Assessment of Suicide Risk in the OHS-EMR
3. **When a Follow-Up Assessment of Suicide Risk Recommends Discontinuation of Suicide Precautions**, the Superintendent or Designee written authorization for discontinuance of Suicide Precautions is required prior to discontinuation of Suicide Precautions. This can be accomplished via email, physical signature (in real time) on a hand-written Follow-Up Assessment of Suicide Risk (MHSA 005), or by electronic signature (in real time) on the Follow-Up Assessment of Suicide Risk (MHSA 005) in the OHS EMR. If authorization is provided in real time via email or hand-written Follow-Up Assessment of Suicide Risk, the original document must be filed in the youth's individual healthcare record and the "real time" noted on the Follow-Up Assessment of Suicide Risk in the OHS-EMR.

Notifications and Communication

1. When a youth is identified as a suicide risk by screening or staff observations, the Shift Supervisor must be immediately notified. The Shift Supervisor immediately notifies the Superintendent or Asst. Superintendent of the youth's suicide risk factors.
2. The Superintendent or Designee is responsible for contacting the Designated Mental Health Clinician Authority (DMHCA) or the Licensed Mental Health Professional (via email or telephone, if warranted, as described above) that is to conduct or supervise the Assessment of Suicide Risk process to discuss the case and to request that an Assessment of Suicide Risk be conducted.
3. If the youth is identified as a suicide risk **at intake** after administrative hours, the JDO supervisor will be responsible for the Report of Suicide Precaution and Mental Health/Substance Abuse Referral Summary (MHSA 014) and notifying the DMHCA or Licensed Mental Health Professional via email or via telephone, if warranted as described above. The JDOS supervisor is responsible for passing this information to the next shift.
4. If the youth is identified as a suicide risk **during length of stay** after administrative hours, the JDO supervisor will be responsible for the Report of Suicide Precaution and Mental Health/Substance Abuse Referral Summary (MHSA 014) and notifying the DMHCA or Licensed Mental Health Professional via telephone. The JDOS supervisor is responsible for passing this information to the next shift.
5. If Suicide Precautions are required (Precautionary Observation or Secure Observation), the JDO Shift Supervisor will ensure that a Suicide Precautions Observation Log (MHSA 006) has been initiated, the youth is placed on Suicide Precautions and at least Constant Supervision, a "Suicide Risk Alert" is entered in JJIS, and a Mental Health/Substance Abuse Referral Summary (MHSA 014) is completed in OHS EMR for an Assessment of Suicide Risk. The Shift Supervisor or Designee will also enter into JJIS (FMS) a "Report of Suicide Precautions".
6. The shift supervisor is responsible for ensuring that a listing of youths currently placed on Precautionary Observation is passed on to the next shift, and that any concerns or observations regarding youths on Precautionary Observation shall be documented and communicated to the next shift.
7. If a youth who is on Suicide Precautions is to be transferred to another DJJ facility, a jail or hospital, the superintendent or program director where the youth is to be transferred must be notified verbally and by e-mail of the youth's suicide risk status prior to discharge from the Detention Center. The notification of suicide risk must be documented and permanently filed in the youth's Individual Healthcare Record.

Review Process

1. The superintendent or Designee and licensed mental health professional must review each instance of the

Suicide Precautions Observation Log (MHSA 006), the Precautionary and Secure Observation Reports in FMS, and "Report of Suicide Precautions" and track the frequency and proper implementation of Precautionary Observation and Secure Observation.

2. The superintendent or assistant superintendent and a Licensed Mental Health Professional must review the Suicide Precautions Observation Log (MHSA 006) to determine whether the use of Suicide Precautions was appropriate in each instance
3. If the use of Precautionary Observation or Secure Observation is determined to have been inappropriate or not in compliance with Rule 63N-1 F.A.C., the superintendent shall initiate corrective action to address any deficiencies in implementation of Suicide Precautions.
4. A monthly log will be maintained which tracks each incident of the use of Secure Observation including each applicable youth's name, and the date and time of the youth's placement in and release from the Secure Observation Room.
5. The facility superintendent shall establish a review process for every Suicide Attempt or Serious Self-Inflicted Injury requiring hospitalization or medical attention and a mortality review for a completed suicide.
6. The serious Suicide Attempt or Serious Self-Inflicted Injury review process and mortality review process shall be multidisciplinary, involving the DMHCA, Superintendent, JDOS, Facility Nurse and JDO involved will make a critical inquiry that includes the following: The circumstances surrounding the incident; facility procedures relevant to the incident; All relevant training received by involved staff; Pertinent medical and mental health services involving the victim; Possible precipitating factors leading to the suicide attempt, self-inflicted injury, or completed suicide; Recommendations in writing of any necessary changes in Facility Operating Procedures, training, physical plant, medical or mental health services.

EMERGENCY CONTACT TELEPHONE NUMBERS

Superintendent _____
Designee or On-Call Administrator _____
County Sheriff's Office _____
Designated Mental Health Clinician Authority _____
Licensed Mental Health Professional (if applicable) _____
Psychiatrist _____
Physician (DHA) _____
Emergency Room _____
Crisis Stabilization Unit _____
Poison Control 1-800-222-1222

Within this facility, the Superintendent's Designee is: _____
Contact number(s): _____

**NOTE: Emergency situations relating to medical emergency necessitates immediate staff action.
Contact 911 and notify master control.**

The Suicide Prevention Plan will be placed in on the K drive and accessible to all facility staff with computer access, in Master Control Room, and the Superintendent, Nurse, and Mental Health offices

APPROVED: _____ Date _____
Superintendent

APPROVED: _____ Date _____
DMHCA

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**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

Detention Center Superintendent	Approved Date:	Section: QI Standard 3.13 Mental Health Crisis Intervention Services 63N-1.010 Mental Health Crisis Intervention Services 63N-1.0101 Mental Health Crisis Assessment 63N-1.0102 Crisis Intervention Services and Mental Health Alerts PREA Policy
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Subject: Mental Health Crisis Intervention Plan and Mental Health Crisis Intervention Services

Purpose:	To ensure detention center responds to youth in crisis in the least restrictive means possible to protect the safety of the youth and others while maintaining control and safety of the facility. To ensure detention center differentiates between youth in mental health crisis and those requiring Suicide Precautions or emergency evaluation/treatment if youth poses imminent threat of harm to himself/herself or others.
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The facility has a written Crisis Intervention Plan which details the crisis intervention procedures.

The Crisis Intervention Plan contains the following elements:

- Verbal de-escalation and Protective Action Response as set forth in Rule 63H-1
- Notification and Alert System
- Referrals, including youth self-referral
- Crisis Assessment and Follow-up Mental Status Examination
- Communication
- Supervision
- Mental Health Supportive Services
- Documentation and review
- PREA-related requirements

The Crisis Intervention Plan will be placed in the office of the Superintendent, Clinic and mental health office. It will be accessible to all staff via the facility’s K-drive.

**MENTAL HEALTH CRISIS INTERVENTION
PLAN AND SERVICES**

A mental health “crisis” is defined as youth experiencing Acute Emotional or Psychological Distress (anxiety, fear, panic, paranoia, impulsivity, agitation or rage) which is extreme and does not respond to ordinary intervention.

I. VERBAL DE-ESCALATION AND PROTECTIVE ACTION RESPONSE (Rule 63H-1)

- A crisis situation means a youth is experiencing acute psychological or emotional distress associated with a distressing event, situation or turning point in a youth’s life. During a crisis situation the youth’s symptoms or behavior is extreme and does not respond to ordinary intervention.
- Signs of a youth in crisis can include: anxiety, fear, panic, paranoia, confusion of thought, rage, hallucinations, delusional thinking, impulsivity or aggressive behavior that becomes increasingly out of control, substance abuse impairment, grief/loss, etc.
 - Staff should follow the Protective Action Response (PAR) Matrix for the appropriate level of intervention.
 - Verbal de-escalation efforts should be exhausted prior to any type of physical intervention.

II. NOTIFICATIONS AND ALERT SYSTEM:

- If a youth’s level of distress or behavior problem becomes extreme and does not respond to ordinary intervention used by staff, then the youth should be placed on Mental Health Alert and the assistance of mental health professionals is required.
- A Mental Health Alert in JJIS should automatically generate an e-mail notification to the facility

Superintendent or Designee and Mental Health Clinical Staff of the youth's mental health crisis. If the Mental Health Alert does not generate an e-mail notification, the facility Superintendent or Designee and Mental Health Clinical Staff must be personally notified of the youth's mental health crisis.

- The youth's parent/legal guardian and juvenile probation officer are notified of the youth's mental health crisis, documented on the Crisis Assessment form in the OHS EMR.
- Within this facility, notification of the parent or legal guardian is accomplished via a telephone call to the parent or guardian. It is the responsibility of _____ to contact the parent or guardian.
- Within this facility, notification of the youth's Juvenile Probation Officer is accomplished via _____. It is the responsibility of _____ to contact the JPO.
- Crisis and Emergency numbers (DMHCA, on-call Licensed Mental Health Professional, Administration, medical staff, poison control, 911, etc.) for twenty-four-on call mental health and substance abuse services are posted in the Shift Supervisors' office and Master Control. The crisis and emergency numbers are also provided below.

Crisis Contact Numbers:

Superintendent _____ Designee: _____
On-Call Administrator _____
County Sheriff's Office _____
Designated Mental Health Clinician Authority _____
Licensed Mental Health Professional (if applicable) _____
Psychiatrist _____
Physician (DHA) _____
Emergency Room _____
Crisis Stabilization Unit _____
Poison Control 1-800-222-1222

NOTE: Emergency situations relating to medical emergency necessitates immediate staff action. Contact 911 and notify master control.

III. REFERRALS:

- The Superintendent or Designee and Mental Health Clinical Staff are notified when staff observations indicate youth is in crisis and youth's acute psychological distress is extreme/severe and does not respond to ordinary interventions and a Crisis Assessment is needed.
- The Superintendent/Designee is responsible for consulting the DMHCA or Licensed Mental Health Professional who conducts or supervises mental health evaluations at the facility to discuss the youth's Crisis and associated behavior. The Superintendent/Designee and DMHCA or Licensed Mental Health Professional shall confer on those cases viewed as urgent and if it is determined that a mental health or substance abuse emergency exists, the youth shall be transported for emergency mental health or substance abuse services as set forth in Rule 63N-1.011, F.A.C., and this facility's Mental Health and Substance Abuse Emergency Care Plan.
- A referral to mental health clinical staff for a Crisis Assessment is made in OHS EMR Module via Mental Health/Substance Abuse Referral Summary (MHSA 014).
- Youth Self-Referral: Youth must be permitted to request Mental Health and Substance Abuse Crisis Intervention. Youth Self-Referrals are also documented on the Mental Health/Substance Abuse Referral Summary Form (MHSA 014).

IV. CRISIS ASSESSMENT AND FOLLOW-UP MENTAL STATUS EXAMINATION

- Crisis Assessment is defined as a detailed evaluation of a youth presenting acute emotional or psychological distress which is extreme and does not respond to ordinary intervention conducted by a Licensed Mental Health Professional or a non-licensed mental health clinical staff person working under the direct supervision of a Licensed Mental Health Professional to determine the severity of youth's distressing symptoms, level of risk to self or others and recommendations for treatment and follow-up.
- **A crisis assessment is utilized only when the youth's acute emotional or psychological distress or crisis is not associated with suicide risk factor.**
- **If the youth's behavior or statements indicate possible suicide risk, the youth must be placed on Suicide Precautions and receive an Assessment of Suicide Risk (ASR) instead of a Crisis Assessment (See policies related to suicide prevention, and Mental Health and Substance Abuse Emergency Care Plan).**
- A Crisis Assessment shall be conducted immediately or within two hours for emergencies, or within twenty-four hours, based on the needs of the youth

- A Crisis Assessment is documented on form MHSA 023 in the OHS EMR, and must contain the following elements:
 - Reason for assessment
 - Mental status exam and interview
 - Determination of danger to self/others; including imminence of behavior, intent of behavior, clarity of danger, lethality of behavior
 - Initial clinical impression
 - Supervision recommendation
 - Treatment recommendations
 - Recommendations for follow-up or further evaluation
 - Notification of parent/guardian of follow-up treatment
- A Crisis Assessment (MHSA 023) must be completed by a Licensed Mental Health Professional or a non-licensed mental health clinical staff person working under the direct supervision of a Licensed Mental Health Professional.
- A Crisis Assessment (MHSA 023) completed by a non-licensed mental health clinical staff person is reviewed by a Licensed Mental Health Professional within 24 hours of referral. In the circumstance where the Crisis Assessment cannot be reviewed by a Licensed Mental Health Professional within 24 hours through face-to-face interaction, the Licensed Mental Health Professional may accomplish a review of this assessment within 24 hours of referral through the following methods each of which requires verbal consultation:
 - Through telephone communication;
 - Through electronically transmitted communications (e-mail).
- The Crisis Assessment (MHSA 023) must be signed by the Licensed Mental Health Professional within 24 hours of referral or the next shift that the Licensed Mental Health Professional is scheduled to be on-site.
- Youth determined through Crisis Assessment to pose a safety and security risk shall be maintained on Mental Health Alert until Follow-Up Mental Status Examination by a Licensed Mental Health Professional or non-licensed mental health clinical staff person working under the direct supervision of a Licensed Mental Health Professional is conducted and documented on the youth's Crisis Assessment Form (MHSA 023).
- Off-Site Crisis Assessment: When a Crisis Assessment is conducted outside of the facility, documentation of the assessment shall be requested by the staff responsible for the youth during the off-site assessment. Upon the youth's return from an off-site Crisis Assessment, the youth must be placed on Constant Supervision until a Mental Health Clinical Staff Person reviews the off-site assessment document(s) and determines the mental health status of the youth based on the off-site assessment findings and administration of a Crisis Assessment or follow-up Mental Status Examination to the youth.

V. COMMUNICATION

- Procedures are in place in the facility for communication between direct care staff, Supervisory staff, administrative staff and mental health clinical staff regarding the status of the youth to provide clear and current information and instructions and urgent care, as needed.
- Within this facility, communication regarding status of the youths is accomplished via the following activities: _____
- A current listing of youth on mental health alert in JJIS must be maintained and provided to direct care staff, medical staff, and clinical staff on a daily basis.
- The Shift Supervisor also notes the youth's name on the Medical and Mental Health Alert Roster and notifies all Direct Care Staff through the shift report. The Superintendent or Designee will be notified of the situation.

VI. SUPERVISION FOR YOUTH ON MENTAL HEALTH ALERT

The youth in Crisis on Mental Health Alert must be maintained on one of the following levels of supervision: One-to-One Supervision, Constant Supervision or Close Supervision.

- "One-to-One Supervision" – The supervision of one youth by one staff member who remains within five feet of the youth at all times and must maintain constant visual and sound monitoring of the youth at all times. Documentation of One-to-One supervision of youths on Mental Health Alert must be recorded on the Mental Health Alert – Observation Log (MHSA 007)
- "Constant Supervision" – The continuous and uninterrupted observation of a youth by a staff member assigned to monitor the youth who has a clear and unobstructed view of the youth, and unobstructed sound monitoring of the youth at all times. Documentation of Constant Supervision of youths on Mental Health Alert must be recorded on the Mental Health Alert – Observation Log (MHSA 007)
- "Close Supervision" – The observation by a staff member assigned to monitor a youth at intervals not to

exceed five minutes throughout the youth's stay in his/her room and/or sleeping area. Visual checks must be made of the youth's condition (i.e., outward appearance, behavior, position in the room) at intervals not to exceed five minutes. Close Supervision is recorded on the Close Supervision-Visual Checks Log (MHSA 020).

- Within this facility, the _____ will immediately place the youth on the recommended level of supervision, document the placement in the facility logbook, and notify Master Control.
- Level of supervision can change only after a Crisis Assessment or Follow-Up Mental Status Examination has been completed which indicates supervision level should be changed.
- Standard Supervision is used only for youth who have received a Crisis Assessment or Follow-Up Mental Status Examination by a mental health clinical staff person and have been transitioned to standard supervision.

VII. MENTAL HEALTH SUPPORTIVE SERVICES FOR YOUTH ON MENTAL HEALTH ALERT

When a youth has received a Crisis Assessment and has been determined to exhibit behaviors which pose a potential safety or security risk in the facility or program, the following must occur:

- The youth must be maintained or continued to be coded as a "Mental Health Alert" and Mental Health Supportive Services provided.
- "Mental Health Supportive Services" are therapeutic activities provided by a Licensed Mental Health Professional or Mental Health Clinical Staff Person for a youth who is on Mental Health Alert. Therapeutic activities include supportive counseling, crisis counseling, Mental Status Examination.
- Mental Health Supportive Services must include on-going daily examination of the youth's risk to self or others.

VIII. DOCUMENTATION AND REVIEW

- The Superintendent or Designee is responsible for reviewing Crisis Assessment findings and recommendations and to ensure that procedures are in place to follow findings and recommendations pertaining to monitoring and supervision of the youth.
 - The Superintendent or Designee's signature is required on the Crisis Assessment Form (MHSA 023) to ensure procedures are followed and implemented.
- Administrative and/or supervisory staff instructions with regard to the Crisis Assessment findings and recommendations will be documented in the facility log.
- The Crisis Assessment conducted by a non-licensed Mental Health Clinical Staff is reviewed/approved by a Licensed Mental Health Professional within 24 hours of referral in a manner allowed by Rule 63N-1 F A. C.
 - In the circumstance where the Crisis Assessment cannot be reviewed by a Licensed Mental Health Professional within 24 hours through face-to-face interaction, the Licensed Mental Health Professional may accomplish a review of this assessment within 24 hours of referral through the following methods, each of which requires verbal consultation through:
 - telephone communication;
 - electronically transmitted communications (e-mail).
- Consultation between non-licensed Mental Health Clinical Staff and Licensed Mental Health Professional detailing the Crisis Assessment will be documented and summarized in the MH Chronological Notes section of the OHS EMR by the non-licensed Mental Health Clinical Staff, including any instructions or recommendations made by the licensed person.

NOTE: If a mental health or substance abuse crisis is determined to be an emergency, the Emergency Care Plan is to be followed.

IX. PREA-RELATED REQUIREMENTS

- If a youth is an alleged victim in a PREA event, a Mental Health and Substance Abuse Referral Summary must be submitted immediately for immediate Crisis Assessment. In cases where the PREA event is reported after the incident is alleged to have occurred, the Crisis Assessment must be completed within 24 hours of referral. The youth must also be offered ongoing mental health treatment services consistent with the community level of care when PREA events are identified, regardless of investigative proceedings/findings and associated timeframes.

	<p>APPROVED: _____ Date _____ Superintendent</p> <p>APPROVED: _____ Date _____ DMHCA</p>
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**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
REGIONAL JUVENILE DETENTION CENTER
FACILITY OPERATING PROCEDURES**

Detention Center Superintendent	Approved Date:	Section: QI Standard 3.15 Emergency Care Plan QI Standard 3.16 Baker and Marchman Acts 63N-1.011 Emergency Mental Health and Substance Abuse Services 63N-1.012 Off-Site Emergency Evaluations
Subject: Emergency Care Plan and Emergency Mental Health/Substance Abuse Services		
Purpose:	To ensure the detention center has a written plan which outlines mental health and substance abuse emergency procedures and ensures youth who are believed to be an imminent danger to themselves or others because of mental illness or substance abuse impairment receive emergency mental health or substance abuse services.	
	<p>EMERGENCY CARE PLAN</p> <p>The Emergency Care Plan is utilized when a youth is determined to be an imminent danger to themselves or others due to mental illness or substance abuse impairment.</p> <p>The Emergency Care Plan contains the following elements:</p> <ul style="list-style-type: none"> • Immediate staff response • Notifications • Communication • Supervision • Authorization to transport for emergency mental health or substance abuse services • Transport for emergency mental health evaluation and treatment under Chapter 394 FS (Baker Act) • Transport for emergency substance abuse assessment and treatment under Chapter 397 FS (Marchman Act) • Return from emergency mental health or substance abuse services • Documentation • Training and mock drills • Review <p>The Emergency Care Plan will be placed in the office of the Superintendent, Clinic and mental health office. It will be accessible to all staff via the facility’s K-drive.</p> <p style="text-align: center;">MENTAL HEALTH AND SUBSTANCE ABUSE EMERGENCY CARE PLAN</p> <p>Mental health emergencies and substance abuse emergencies include but are not limited to the following:</p> <ul style="list-style-type: none"> • Suicide attempt • Homicide attempt related to mental illness • Serious self-injurious behavior (e.g., head banging, cutting, self-mutilation) • Hallucinations (i.e. seeing things or hearing voices which are not there) • Delusions (i.e. thinking things are real that are not) • Disorientation • Substance abuse intoxication or withdrawal <p>I. IMMEDIATE STAFF RESPONSE</p> <ul style="list-style-type: none"> • Staff must immediately respond to youth presenting an imminent danger to self or others due to mental illness or substance abuse impairment to protect the youth and others from harm. • Note: If cut-away tools from the Suicide Response Kit were used to remove items from the youth’s neck, or other similar severe staff response was needed, then the incident will be treated as an emergency and the youth must receive emergency medical and mental health services (either on-site during medical and mental health staff hours, or by EMS/LEO after hours). • The staff member who discovers or is on the scene for the emergency immediately calls a “Medical Code White” on their hand-held radio and identifies the location of the event. If the youth is attempting to hang or strangle himself/herself, the code is “Code White, Cut Down”. • All available staff should respond to the scene (i.e. no youth will be left unattended). • Staff shall remove any contraband that the youth may have in his/her possession (i.e. sheets, sharp 	

object, chemicals).

- A youth found hanging or with anything around their neck must be freed immediately. A Suicide Response Kit is located in Master Control and in each sub-control.
- Staff will utilize first aid procedures when necessary.
- The youth will be immediately placed on one-to-one supervision.
- The Juvenile Detention Officer Supervisor (JDOS) contacts other facility staff by radio for backup support
- The JDO will contact medical and mental health professionals for further direction (see Section II, NOTIFICATIONS).
- The JDOS will notify the Superintendent or Designee of the situation.
- **For medical emergencies, the JDOS immediately calls 911**

NOTE: Emergency situations relating to medical emergency necessitates immediate staff action. Contact 911 and notify master control.

II. NOTIFICATIONS

- Emergency numbers (DMHCA, on-call Licensed Mental Health Professional, Administration, medical staff, poison control, 911, etc.) for twenty-four-on call mental health and substance abuse services are posted in the Shift Supervisors' office and Master Control.
- The Emergency Contact Numbers are also provided below:

Superintendent _____ Designee _____
On-Call Administrator _____
County Sheriff's Office _____
Designated Mental Health Clinician Authority _____
Licensed Mental Health Professional (if applicable) _____
Psychiatrist _____
Physician (DHA) _____
Emergency Room _____
Crisis Stabilization Unit _____
Poison Control 1-800-222-1222

- Notification of Superintendent: The JDOS will notify the Superintendent or Designee of the mental health/substance abuse emergency as soon as possible after the emergency is under control.
- Notification of Medical Staff
 - During business hours and/or when medical staff is on duty, the JDOS or Designee will notify the medical clinic for medical assistance in cases of injury, suspected or actual injury resulting from a mental health and/or substance abuse crisis/emergency.
 - Medical Staff must be contacted when a youth exhibits symptoms of drug intoxication or drug withdrawal for medical assistance.
 - **In the event that immediate and/or off-site medical attention is needed, emergency medical services (EMS) should be contacted. Any and all staff are authorized to contact EMS. To contact EMS one should dial (9) 911 on the nearest telephone. (If no phone is available, staff should use their radio or the nearest silver call button to advise Master Control to call EMS.) As soon as reasonably safe to do so, the JDOS and Master Control should be notified of the situation and the request for emergency services.**
- Notification of Mental Health Staff
 - The JDOS or Designee will immediately contact the Designated Mental Health Clinician Authority (DMHCA) who will advise him/her of the necessary course of action to be taken (i.e., transport to the Crisis Stabilization Unit, Baker Act initiation). During an emergency event such as a suicide attempt, staff may delay notifying the DMHCA while attending to the youth's safety needs and will complete all required notifications immediately after the youth's immediate needs are met.
 - The following information should be conveyed to the DMHCA :
 - Description of emergency situation
 - Description of events leading up to emergency
 - Current behavioral observations

- Actions taken to intervene
 - Relevant mental health and medical history
 - Youth's level of supervision
- When not in the facility, the DMHCA can be contacted via cellular phone seven (7) days a week, twenty-four (24) hours per day. A back-up licensed mental health professional will be assigned to the facility for telephone consultation, in the event that the DMHCA is not available (e.g., vacation, etc.).
- Notification of the Parent/Guardian and JPO
 - The youth's parent/legal guardian and Juvenile Probation Officer (JPO) must also be notified of the youth's mental health or substance abuse emergency.
 - The Superintendent or Designee will notify the parent/legal guardian and Juvenile Probation Officer and advise them of current information available surrounding the event.
 - The Superintendent or Designee will notify the youth's JPO and all other appropriate outside authorities of the event.
 - Documentation of parent/legal guardian and JPO notification of the youth's emergency and attempts to contact the parent/legal guardian and JPO must be filed in the youth's Individual Healthcare Record.

III. COMMUNICATION

- The Superintendent or Designee is responsible for ensuring that on-going information and instructions are communicated to the staff in a timely fashion in the event that a mental health and/or substance emergency has occurred.
- Information on the youth's status will be exchanged during the daily Pass-On. The JDOS will print, review and distribute the JJIS Critical Alert List daily.

IV. SUPERVISION

- The youth must be placed on one-to-one supervision during a mental health and/or substance abuse emergency.
- Youth will be maintained on One-to-One Supervision while in the facility until authorized release and transport to Baker Act Facility-Crisis Stabilization Unit or Marchman Act-Substance Abuse Facility or Medical Facility.
- One-to-One Supervision is the highest level of supervision and refers to the supervision of the youth by one staff member who must remain within five (5) feet of the youth at all times. The staff member must maintain constant visual and sound monitoring of the youth at all times.

V. AUTHORIZATION TO TRANSPORT FOR EMERGENCY MENTAL HEALTH OR SUBSTANCE ABUSE SERVICES

- **If the situation is life threatening, staff are authorized to call EMS (911) for transport.**
- For any non-life threatening emergencies, authorization for the transport of the youth is made at the recommendation of the DMHCA or Licensed Mental Health Professional, Physician and/or Superintendent or Designee.
- The JDOS or Designee will contact the Superintendent or Designee as soon as possible, after the incident is under control.

VI. TRANSPORT FOR EMERGENCY MENTAL HEALTH EVALUATION AND TREATMENT UNDER CHAPTER 394 FS (BAKER ACT)

- The JDOS has authorization to contact law enforcement to transport youths to a mental health receiving facility when a Baker Act is deemed necessary (i.e., Local Baker Act Facility - Crisis Stabilization Unit).
- For any non-life threatening situation, authorization to contact law enforcement may only be granted by the Superintendent or Designee and at the recommendation of the DMHCA.
- This detention center uses the following Baker Act facility:
 Name of facility: _____
 Address: _____
 Phone #: _____

VII. TRANSPORT FOR EMERGENCY SUBSTANCE ABUSE ASSESSMENT AND TREATMENT UNDER CHAPTER 397 FS (MARCHMAN ACT)

- Facility Medical Staff or JDOS will contact the Designated Health Authority (DHA - Physician) for

guidance in the handling of a substance abuse emergency.

- **When a substance abuse emergency is life threatening, the medical staff and/or officer will contact Emergency Medical Services (EMS) by calling 911 immediately.**
- If the situation is not life threatening, and the Designated Health Authority (DHA - Physician) advises to take the youth to the emergency room, the JDOS will do so immediately.
- Youth who are intoxicated or experiencing drug withdrawal must be transported for Medical Clearance.
- This detention center uses the following Substance Abuse Receiving facility (Marchman Act):

Name of facility: _____

Address: _____

Phone #: _____

VIII. RETURN FROM EMERGENCY MENTAL HEALTH OR SUBSTANCE ABUSE SERVICES (Baker Act Facility, Marchman Act Facility, Medical Facility)

- Off-Site Emergency Mental Health Evaluations: Upon the youth's return to the detention center from an off-site mental health receiving facility, the youth must be placed on Constant Supervision and referred to Mental Health Clinical Staff for review of off-site discharge summary or other documentation and follow-up evaluation of the youth.
 - For youth who have a Suicide Risk Alert in JJIS, discontinuation of Suicide Risk Alert and Suicide Precautions must be based upon an Assessment of Suicide Risk as set forth in Rule 63N-1.
 - For youth who have a Mental Health Alert in JJIS, discontinuation of Mental Health Alert and constant supervision must be based on Crisis Assessment as set forth in Rule 63N-1.
- Off-site Emergency Substance Abuse Evaluations: Upon the youth's return from a hospital, licensed detoxification facility or addictions receiving facility, the youth must be placed on Constant supervision until a Licensed Qualified Professional reviews the off-site Substance Abuse evaluation or discharge summary and determines the Substance Abuse status and needs of the youth based on the off-site assessment documents.
 - For substance impaired youth with a Suicide Risk Alert in JJIS, discontinuation of Suicide Risk Alert and Suicide Precautions must be based upon an Assessment of Suicide Risk as set forth in Rule 63N-1.
 - For substance impaired youth with a Mental Health Alert in JJIS, discontinuation of Mental Health Alert and constant supervision must be based on Crisis Assessment as set forth in Rule 63N-1.

IX. DOCUMENTATION

- The Superintendent or Designee is responsible for providing on-going information between the staff, DMHCA or Licensed Mental Health Professional, and medical staff regarding the youth's status.
- The Superintendent or Designee will make appropriate reports to the Central Communications Center as indicated by policy.
- The JDOS who identified the event will:
 - Complete an Incident Report in FMS
 - Complete the Mental Health/Substance Abuse Referral Summary (MHSA 014) in OHS EMR Module.
- The DMHCA or mental health clinical staff will complete appropriate documentation in OHS EMR Module:
 - Mental Health/Substance Abuse Referral Summary (MHSA 014) review is documented in EMR
 - Assessment of Suicide Risk (MHSA 004) or Crisis Assessment (MHSA 023) as appropriate.
 - Any emergency related to suicide risk or self-harm behavior means an Assessment of Suicide Risk must be conducted upon the youth's return to the facility as set forth in Rule 63N-1.F.A.C.
 - Any emergency related to a mental illness (not associated with suicide risk) or related to substance abuse emergency means a Crisis Assessment or Follow-Up Mental Status Examination must be conducted as set forth in Rule 63N-1, F.A.C.
- Within this facility, the ___(detention staff)___ is responsible for the transport of youth back to the detention center from the Baker Act Facility, Marchman Act Facility, or Medical Facility. This staff member is responsible for obtaining a discharge summary or other documentation, and providing a copy to Medical staff and Mental Health Clinical Staff.
- The youth's medical file will reflect events that transpired.
- The shift report(s) will reflect events that transpired and actions taken.
- The daily logbooks will reflect events that transpired and actions taken.

X. TRAINING AND MOCK DRILLS

- All staff who work with youths must be trained in emergency response procedures.

- Each facility must provide quarterly mock Suicide Drills each shift as set forth in Rule 63N-1, F.A.C.
- Each facility or program must provide semi-annual training on emergency response procedures which include “mock” training in emergency response to mental health/substance abuse emergencies.
- Staff will be trained on the Mental Health and Substance Abuse Emergency Care Plan at least one (1) time per year.
- Within this facility, the code for a Medical emergency is “code white” and the code for a medical emergency that requires the use of a Suicide Response Kit is “code white - cut down.” (See also MH9 - Suicide Prevention Plan and Services)
- All staff who have contact with youth will receive the following training:
 - Recognition of signs and symptoms of a mental health or substance abuse emergency;
 - Methods of obtaining back-up security and/or medical assistance in the facility;
 - Methods for contacting emergency medical services (EMS) and/or law enforcement;
 - Administration of first aid and CPR;
 - Staff access to and use of the Suicide Response Kit and cur down tools as specified in rule 63N-1.0096, F.A.C.

The Mental Health and Substance Abuse Emergency Care Plan will be placed in the offices of the Superintendent, Medical Clinic, Mental Health offices and in the Briefing Room.

XI. REVIEW

The Superintendent, Assistant Superintendent and DMHCA or Licensed Mental Health Professional will review all critical incidents and discuss:

- Circumstances surrounding the incident;
- Facility procedures relevant to the incident;
- All relevant training received by involved staff;
- Pertinent medical and mental health services involving the victim;
- Possible precipitating factors leading to the Suicide Attempt, Serious Self-inflicted Injury or other precipitating factor leading to the emergency;
- Recommendations, if any, for changes in policy, training, physical plant, medical or mental health services and/or operational procedures shall be in writing.

Mental Health and Substance Abuse Emergency Care Plan
2016 Annual Review

I have read the aforementioned Mental Health and Substance Abuse Crisis Intervention and Emergency Care Plan.

Name/Signature

Date

Superintendent
DMHCA

APPROVED:

Superintendent

Date

APPROVED:

DMHCA

Date