

SPECIAL PROGRAMS FOR YOUTH	Policy Number: 1.1437
Policy Title: Mental Health Services	Written: 3/15/2013
Corresponds to: Title 15, Article 8, Section 1437	Revised: 12/21/2018

I. POLICY

- 1) The health administrator/Healthcare provider for Special Programs for Youth (SPY), in cooperation with the SPY behavioral health mental health director and the administrators for the Juvenile Justice Center (JJC), shall establish policies and procedures to provide mental health services. These services shall include, but not be limited to:
 - a) screening for behavioral/mental health problems at intake performed by either behavioral/mental health personnel or trained youth supervision staff; history of recent exposure to trauma which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs;
 - b) assessment by a behavioral/mental health provider when indicated by the screening process;
 - c) therapeutic services and preventive services where resources permit;
 - d) crisis intervention and the management of acute psychiatric episodes;
 - e) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;
 - f) initial and periodic medication support services;
 - g) assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self-destructive behaviors, shall be provided a mental status assessment by a licensed behavioral/mental health clinician, psychologist, or psychiatrist;
 - h) transition planning for youth undergoing behavioral/mental health treatment, including arrangements for continuation of medication and therapeutic services from behavioral/mental health providers, including providers in the community where appropriate.

- 2) Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and youth meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code Section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code Section 4011.8 or Welfare and Institutions Code Section 6552.

II. DEFINITIONS

- 1) **Development Disability:** A disability which: (a) is due to mental retardation, cerebral palsy, epilepsy, autism or conditions requiring treatment similar to that required by mentally retarded persons; (b) began prior to the age of 18; (c) is likely to continue indefinitely; and (d) is substantially handicapping for the individual.
- 2) **Lanterman-Petris-Short (LPS) facility:** An LPS facility is usually a psychiatric hospital or medical center that is certified to provide evaluation and treatment of individuals who have been placed on an involuntary civil commitment to a mental health institution in the State of California. The LPS act refers to the involuntary civil commitment.

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III. PROCEDURES

- 1) Behavioral Health Screening Services: Every youth detained at the Juvenile Justice Center (JJC) shall be offered a behavioral health assessment to identify possible mental health, substance abuse and developmental disability needs. This assessment shall be offered to youth within the first 96 hours of detention. The assessment tool is designated by input from the Behavioral Health clinical team with final approval by the Behavioral Health Medical Director. Based on the findings from this screen, an initial plan is developed for each youth.
- 2) Behavioral Health Services: All youth are provided access to behavioral health services. Behavioral health services are designed to examine, diagnose, and treat or refer, as appropriate, youth with behavioral health (mental health and substance abuse) needs and/or developmental disabilities. Behavioral health services shall be provided by qualified behavioral health staff, interns, trainees and practicum students who meet educational and/or licensure/certification criteria specified by their professional disciplines and the San Francisco Department of Public Health. Members of the Behavioral Health Staff are assigned to each living unit at JJC..

The following services shall be made available by or through the Behavioral Health Staff, interns, trainees, and/or practicum students:

- a) A review of admissions screenings with mental health recommendations for appropriate intervention and/or follow-up.
- b) Participation in the interdisciplinary health assessment of youth to identify mental health services needs or developmental disabilities for appropriate intervention.
- c) Interviews and assessments of a youth's clinical status and present functioning to determine appropriate level of care and for treatment planning purposes.
- d) Development of an individualized treatment plan for each youth treated as clinically indicated. The treatment plan shall be based on findings revealed in face-to-face meetings with youth and may include findings and recommendations from the interdisciplinary meetings, other collateral sources and the health assessment. The treatment plan shall be shared, as appropriate with Probation Services, the School, JJC Staff involved in the youth's ongoing care for the purpose of care coordination. The treatment plan will be placed in the youth's health record in the Behavioral Health Section. The treatment plan may be updated to better reflect youth's evolving clinical status whenever indicated, but at least every six months.
- e) SPY collaborates with the Probation Services Staff, community therapists, treatment programs, regional centers, and parent(s)/legal guardian/ caregivers/families and with San Francisco Department of Public Health's AIIM Higher. The purpose of this collaboration is to ensure that the multi-disciplinary team is aware of youths' mental health needs and to assist in coordination of care and a smooth transition from the juvenile hall setting into the community, out-of-home placement, or post-adjudicated special clinics such as SPY's Juvenile Sexual Responsibility program.
- f) Treatment may include crises intervention services, supportive care, individual therapy, group therapy, and family/collateral visits. Psychiatric medication support services may also be utilized as part of the multi-disciplinary treatment if indicated (see Policy #1439 – Psychotropic Medications). Therapy services are often provided by the

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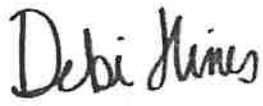


Behavioral Health team. There are occasions however, where outside clinicians (from DPH and/or JJC contractor agencies) will provide some of the behavioral health services for a youth upon approval by the Behavioral Health team.

- g) As the JJC is not an LPS facility, any juvenile determined by the Behavioral Health Staff to require psychiatric hospitalization shall be transferred to an approved LPS facility in coordination with San Francisco Department of Public Health's Comprehensive Child Crises Services.
- 3) **Behavioral Health Consultation:** The SPY Behavioral Health team takes non-urgent, non-emergency referrals for consultation from any member of the JPD multi-disciplinary team (caregivers, PO's, JJC staff, teachers, attorneys, primary care staff, etc.). To request a non-urgent, non-emergency behavioral health consultation, the following guidelines should be used:
- a) Parties requesting consultation for youth at JJC shall complete a SPY Behavioral Health Services Referral Form (see Appendix 1437A) and forward it to the BH Officer of the Day, the unit clinician, the SPY Referral Box in the clinic, the unit "Sick Call" book, or the JJC SPY mailbox for review and follow-up by the Behavioral Health Officer of the Day (BHOD). A completed BH Referral Form shall include the name and the unit of the youth; the name of the referring party; the date of the referral; and the reason for the referral.
- i) In response to a Behavioral Health consultation request, a Behavioral Health clinician shall assess the youth in a timely fashion (based upon clinical need). The clinician shall document in a progress note details of any evaluation or actions taken in response to the referral. The clinician shall update the BH Referral Form by indicating the date it was addressed and by whom, and filing it in the juvenile's health record, with a copy for the BH referral binder (for quality improvement review).
- ii) Requests from JJC based staff for re-evaluation, further intervention, or increased attention for a youth with a current management or treatment plan shall be communicated to the Behavioral Health OD, the unit clinician, or the clinician designated on the treatment plan, or by another Behavioral Health Services Referral Form.
- iii) If the referring party is the JJC staff and they request feedback, and/or when the clinician determines that feedback to the unit staff is important for the purpose of safety and security, and/or support to the youth, the clinician will provide appropriate feedback to youth's unit staff for the purpose of care coordination within limits of confidentiality and attention to the therapeutic relationship with the youth.
- iv) Family members, teachers, community providers, and others involved in the juvenile's ongoing care, who request non-urgent behavioral health consultation may contact the BHOD at (415) 753-7773, or complete a BH Referral Form. The BHOD will document the request in the BH-OD log and in the chart and ensure appropriate follow-up. These requests will be addressed as clinically appropriate.
- 4) **Behavioral Health Emergencies:** Behavioral Health Staff shall evaluate, assess risk, and provide treatment when there is concern that a youth is having an urgent or emergency behavioral health issue. Examples of a behavioral health emergency include but are not limited to youth exhibiting symptoms of mental disorder that place them at risk for self-harm, or other significant impairment affecting youth's ability to function in juvenile detention.

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- a) SPY Behavioral Health coverage is available around the clock at JJC to address behavioral health urgent / emergency situations. Such situations should be reported by calling the Behavioral Health pager number (415) 327-6058. This pager is staffed by a clinician 24 hours per day, seven days per week. After receiving a page, the clinician should respond to this page within 15 minutes.
- b) During behavioral health business hours which are 8 am to 9 pm Monday-Friday and 9 am to 9 pm Weekends and Holidays, the behavioral health officer of the day (BHOD) shall triage the pager calls and respond to urgent concerns and crisis or emergency situations as clinically indicated. BHOD shall access clinical consultation as needed from the unit clinician, psychiatrist, with input from the juvenile hall unit staff. If indicated by the clinical situation, the clinical team will devise a treatment plan to address and alleviate the urgent/emergent situation. This plan will be filed in the youth's chart.
- c) Outside of regular BH hours, the Charge Nurse shall carry the BHOD pager and one of the nurses on duty shall respond to any urgent concern, crisis or emergency situation. BHOD shall access clinical consultation as needed from the on-call psychiatrist with input from the juvenile hall unit staff. Depending upon the acuity of the situation the Charge Nurse may implement a treatment plan to ensure the safety of a youth until the BH team can further evaluate.
- d) Juveniles exhibiting suicidal behavior shall be managed in accordance with the "Suicide Prevention Program" (see Policy No. 1450).
- e) Emergency Hospitalization: There may be situations where in order to ensure the safety of a youth and/or provide acute psychiatric treatment a youth may require transfer to a psychiatric hospital. A detained juvenile who, "as a result of a mental disorder, is a danger to others, or to himself or herself, or is gravely disabled", shall be transferred to "a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation" {Welfare and Institutions Code (W&I) §5150}. The need for a juvenile to be transferred for psychiatric hospitalization shall be determined by the Behavioral Health Medical Director or on-call psychiatrist in conjunction with San Francisco Department of Public Health's Comprehensive Child Crisis Services.

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Policy# 1437	Approved by:
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