

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	BHS-CMH-YDF
	Policy Number	06-01
	Effective Date	10/2009
	Revision Date	07/2017
Title: Mental Health Services Protocol		Functional Area: Clinical Care
Approved By:		
Matthew Quinley, LCSW Health Program Manager		Christopher Eldridge, LMFT Mental Health Program Coordinator

Background/Context:

Title 15, Section 1437 requires the Youth Detention Facility (YDF) health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, to establish policies and procedures to provide behavioral/mental health services. The Juvenile Justice Institutions Mental Health Team (JJIMHT) provides a range of voluntary behavioral/mental health services within the YDF. All services are provided by licensed or licensed waived mental health professionals under proper supervision and performing duties within the scope of their respective disciplines.

Definitions:

Classification/Status: Probation maintains a classification system within the facility. Classification is a process by which each youth detained in the YDF is assigned a specific security and risk assessment based on objective criteria.

S-3 Classification/Status: The S-3 classification/status identifies those youth who have an identified history of suicidal ideation, gestures or attempts.

S-5 Classification/Status: The S-5 classification/status identifies those youth with significant mental health or intellectual disabilities that may interfere with his/her ability to function within the institution and respond to the demands of incarceration.

Current S-3 List: JJIMHT maintains a list of youth classified S-3 and/or S-5 for the purpose of ensuring the identified youth are monitored within program policy guidelines. The list is generated from the County of Sacramento Probation Department Inmate Information Per Housing Location Log provided to the JJIMHT daily.

Purpose:

The objective of this policy and procedure is to delineate the protocol by which JJIMHT clinical members provide mental health services to youth detained in the YDF.

Details:

1. Priority of Mental Health Referrals:
 - A. Mental health referrals shall be prioritized by acuity as assigned by the JJIMHT Program Coordinator or his/her designee and shall be completed as follows:
 - I. Emergencies: Acute situations where immediate mental health response may prevent or reduce risk of injury or further injury to the youth, other youth and/or staff.
 - II. Urgent: Acute and severe mental health issues related to symptoms of psychosis, suicide ideation and/or gestures/attempts or such issues that, left unaddressed, could likely and abruptly result in further decompensation and/or otherwise endanger the youth, other youth and/or staff.
 - III. Routine: Sub-acute or chronic mental health issues which, by the nature of the issue(s), are not likely to result in rapid decompensation for the youth, and/or otherwise endanger the youth, other youth and/or staff.
 - B. The JJIMHT Program Coordinator or his/her designee will attempt to contact the referring party whenever mental health referrals do not provide enough information for a determination of priority.
2. JJIMHT Response Timeframes:
 - A. The highest priority for response is emergencies, followed by urgent and then routine referrals. Clinicians are expected to adhere to the following timeframes when responding to mental health referrals:
 - I. Emergencies: Next available clinician following notice of the situation.
 - II. Urgent: Within 24 hours of receipt of referral, verbal or written.
 - III. Routine: Within 72 hours of receipt of referral, verbal or written.
 - B. Mental health referrals shall be triaged daily and placed in the appropriate referral bin. Upon receipt of new mental health referrals, the JJIMHT Program Coordinator or designee shall re-triage existing referrals to ensure timely follow-up per protocol.
 - C. All youth admitted to the facility shall be seen by a JJIMHT clinician within 24 hours of intake.
3. General Operating Procedures:
 - A. Clinicians, absent an emergency, will review the youth's electronic mental health record (EHR) and the Current S-3 List prior to initiating contact with the youth to ensure an awareness of the following:
 - I. The youth's current classifications, specifically S-3 and S-5 status.
 - II. The need to complete initial or updated assessments and/or Addendums. Assessments shall be updated on an annual basis or when otherwise indicated by significant change in the youth's circumstances. Addendums may be utilized to augment an existing assessment when the assessment does not warrant a complete update.
 - III. The need to be aware of current treatment and/or action plans, recent initiation and/or change in psychotropic medication.
 - B. Clinicians are encouraged to contact the living unit prior to initiating contact with the youth to ensure the youth is available. Should the youth be unavailable, the

referral shall be returned to the appropriate referral bin immediately. The reason for the youth being unavailable should be noted on the referral.

- C. Clinicians shall complete one referral at a time and refrain from completing related documentation near the end of their shift unless authorized by the JJIMHT Program Coordinator or his/her designee.
 - D. Clinicians shall complete the associated documentation in a timely manner, scan necessary documents into the electronic mental health record and distribute relevant and need to know information to the respective disciplines.
 - E. Clinicians shall document on the Current S-3 List the date and current S-3 status (None, Low, Moderate or High) for each youth seen.
 - F. Collateral contact(s) shall be documented using the Progress Note template in the EHR.
4. Clinical Interventions:
- A. Clinicians will discuss and obtain consensus with the JJIMHT Program Coordinator, team members and the Deputy Probation Officer (DPO) assigned to the youth's living unit prior to initiating any behavioral contract or unusual clinical intervention with a youth.
 - B. Any proposed changes to customary procedures must be presented to the JJIMHT Program Coordinator and approved by the Supervising Probation Officer or his/her designee prior to implementation.

Related Policies:

BHS-CMH-YDF-02-01-Basic Rights of Detained Youth

BHS-CMH-YDF-02-03-Confidentiality

BHS-CMH-YDF-04-01-Child Abuse Reporting

BHS-CMH-YDF-04-02-Adult Abuse Reporting

BHS-CMH-YDF-04-04-Duty to Protect (Tarasoff)

BHS-CMH-YDF-04-05-5150 Application

BHS-CMH-YDF-06-06-Psychiatric Hospitalization

BHS-CMH-YDF-06-09-Response and Recommendations to Probation

BHS-CMH-YDF-06-11-Interpreter Services

BHS-CMH-YDF-06-13-Intoxicated and Substance Abusing Youth

Contact Information:

Christopher Eldridge, LMFT, Mental Health Program Coordinator, (916)876-9339,
eldridgec@saccounty.net