
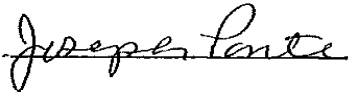


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POLICY NUMBER: 13.6		
CHAPTER 13: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT OF CORRECTIONS Division of Juvenile Services	PROFESSIONAL STANDARDS: See Section VII
	Approved by Commissioner: 	
EFFECTIVE DATE: October 17, 2005	LATEST REVISION: January 5, 2012	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403

II. APPLICABILITY

All Departmental Juvenile Facilities

III. POLICY

The Department of Corrections is committed to supporting resident mental health by offering mental health services and maintaining a continuity of mental health care. To accomplish this objective these services, which may include specialized mental health housing areas, shall be provided at the facilities and through the utilization of community mental health resources.

Each facility's mental health programs shall include, but not be limited to:

- a. Detection, diagnosis, and treatment of mental illness
- b. Crisis intervention and the management of acute psychiatric episodes
- c. Stabilization of the mentally ill and the prevention of psychiatric deterioration
- d. Pharmacotherapy, when necessary
- e. Referral to an appropriate, licensed mental-health facility when treatment needs exceed the treatment capability of the facility or agency
- f. Obtaining and documenting informed consent

The Department's Director of Behavioral Services shall annually review and approve this policy and procedures and recommend any revisions to the Commissioner, or designee.

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VI PROCEDURES

Procedure A: Mental Health Diagnostic Services

1. An admission mental health screening (See Policy 13.4, Attachment A, Admission Health Screening & Addendum) shall be performed by health care staff who are trained to perform the screening, during the resident's intake into the facility. If the screening indicates that a resident may be in need of mental health services, a referral shall be made to mental health care staff. At a minimum, the mental health screening shall include the following:
 - a. Inquiry into history of self-injurious and/or suicidal behavior
 - b. Inquiry into history of inpatient and outpatient psychiatric treatment
 - c. Inquiry into history of alcohol and other drug use
 - d. Inquiry into history of treatment for alcohol and other drug use

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- e. Inquiry into current suicidal ideation
 - f. Inquiry into current mental health complaint
 - g. Inquiry into current treatment for mental health problems
 - h. Inquiry into current prescribed psychotropic medication
 - i. Observation of general appearance and behavior
 - j. Observation of evidence of abuse or trauma
 - k. Observation of current symptoms of psychosis, depression, anxiety, and/or aggression
 - l. Recommendations regarding the resident's clearance for housing unit, housing unit with referral to mental health care service, or referral to mental health care services for emergency intervention.
2. Each resident shall receive a mental health assessment (See Attachment A, Mental Health Assessment/Appraisal) performed by mental health care staff within fourteen (14) days of intake into the facility. If the assessment indicates that a resident is suffering from serious mental illness, an immediate referral for a comprehensive individual mental health evaluation shall be made and prior mental health records not previously requested shall be requested, as appropriate. Staff performing the assessment shall ensure the provision of mental health care as deemed necessary based on presenting symptoms. At a minimum, the mental health assessment shall include the following:
- a. Review of available records of inpatient and outpatient mental health, and alcohol and other drug treatment;
 - b. Inquiry into prior mental health and alcohol and other drug treatment;
 - c. Inquiry into history of emotional, physical, and sexual abuse;
 - d. Inquiry into educational history;
 - e. Assessment of current mental status;
 - f. Assessment of current suicidal and self-injury potential;
 - g. Assessment of violence potential;
 - h. Assessment of alcohol and other drug abuse and/or addiction;

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- i. Use of additional assessment tools or referral for a mental health evaluation, as indicated based on need as determined by the mental health authority or provider;
 - j. Referral for treatment, as indicated; and
 - k. Recommendations concerning housing and program participation.
3. Residents shall have access to other mental health diagnostic services either on-site or in the community (e.g. cognitive, personality, neuropsychological assessments) as determined necessary by the physician, psychiatrist, or psychologist.
 4. Each facility shall maintain a current list of the types of mental health diagnostic services that are available and whether they are available on-site or in the community.
 5. All diagnostic mental health testing materials located at the facility shall be maintained and used in accordance with professional standards. Instructions for the use of any testing materials shall be maintained.
 6. When diagnostic mental health testing is determined necessary, the required test shall be performed at the next possible opportunity if being done on-site or an appointment in the community shall be arranged in a timely manner.
 7. When mental health care staff who are not medically licensed believe a diagnostic medical service is necessary, the request shall be made, in writing, to appropriate medical staff and shall be included in the resident's health care record. The request shall be reviewed by the physician, physician assistant or nurse practitioner in a timely manner. A notation shall be made in the resident's health care record indicating the results of the review. The results of the review shall be reported back to the mental health care staff that made the request.
 8. Residents referred for a mental health evaluation or mental health treatment shall receive a comprehensive evaluation by a psychiatrist, or psychologist. The evaluation is to be completed within thirty (30) days of the referral request date (See Attachment B, Initial Psychiatric Evaluation). At a minimum, the comprehensive evaluation shall include:
 - a. Review of mental health screening and appraisal data
 - b. Review of the resident's mental health history
 - c. Direct observations of behavior

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- d. Collection and review of additional data from individual diagnostic interviews and tests, as appropriate, assessing personality, intellect, and/or coping abilities, and
 - e. Recommendations for treatment with appropriate referral to include transfer to a specialized unit or appropriate mental health facility when the resident's psychiatric needs exceed the treatment capability of the facility or agency.
9. Results of all mental health diagnostic services shall be filed in the resident's health care record.
 10. When diagnostic services are scheduled to be done in the community, the resident shall be informed that the required test has been scheduled but shall not be told when or where it shall take place, due to security reasons.
 11. When diagnostic procedures are scheduled to be done in the community, designated security staff shall be notified by health care staff of the time and place so that security staff can arrange transport. Notification shall be given as soon as possible and, in a non-emergency, at least twenty-four (24) hours in advance.
 12. The health care staff shall provide the transport staff with the Consultation Request form to be completed by the community provider. The completed form shall be returned by the transport staff to the health care department immediately upon return to the facility. The completed form shall be reviewed and filed by appropriate health care staff.
 13. The physician, psychiatrist or psychologist shall review, date, and sign all mental health diagnostic test results and shall make a notation of the review in the health care record. Appropriate health care staff shall review with the resident in a timely manner the diagnostic test results.
 14. Reports of results of all mental health diagnostic services shall be filed in the resident's health care record.

Procedure B: Non-Emergency Mental Health Services

1. Non-emergency mental health services for residents shall consist of the following:
 - a. All residents shall have access to all non-emergency mental health services through the use of a Sick Call Slip. Sick Call Slips requesting mental health services shall be forwarded to mental health staff. These forms shall be readily available to all residents.

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- b. All non-emergency mental health requests shall be reviewed by mental health care staff within twenty-four (24) hours of receipt (72 hours on weekends). Follow-up services shall be initiated within one (1) week. (See Attachment C, Psychiatric Follow-Up)
- c. All staff may initiate a non-emergency mental health referral for residents whom they believe are in need of mental health assessment. When medical health care staff refer a resident for assessment, the mental health care staff shall inform the medical department that the assessment has been completed.

Procedure C: Emergency Mental Health Services

- 1. Emergency mental health services shall be provided in accordance with Policy 13.3, Procedure E.

Procedure D: Mental Health Hospitalization and Residential Treatment Services

- 1. Involuntary admissions may only be made to Spring Harbor Hospital, Acadia Hospital, or other non-state psychiatric hospital.
 - a. The health care staff making the recommendation for hospitalization is responsible to contact the Chief Administrative Officer, or designee, and the Department’s Director of Behavioral Health Services, or other designee of the Commissioner (or the Commissioner), prior to contacting the hospital.
 - b. The Chief Administrative Officer, or designee, in consultation with the Director of Behavioral Services, or other designee of the Commissioner (or the Commissioner), shall make the final determination as to whether or not the resident will be referred for hospitalization.
 - c. A referral for involuntary hospitalization shall only be made when a mentally ill resident poses a likelihood of serious harm due to being a danger to self or others or being unable to care for self because of mental illness and only when available Departmental intervention resources are unable to manage and/or treat the individual.
 - d. If a referral for involuntary hospitalization is to be made, the Director of Behavioral Services, or designee, shall contact the appropriate authority at the hospital, who shall be briefed about the resident and the intended referral.

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- e. If a referral for involuntary hospitalization is to be made, the facility Chief Administrative Officer, or designee, shall, with the certification by a duly licensed healthcare examiner (MD/PhD/PA/NP/RN,CS/DO), apply for involuntary hospitalization using the current emergency involuntary admission form (“Blue Paper”).
 - f. If the transfer is authorized by a Maine Judicial Officer, the sending Departmental facility shall contact the hospital to notify the hospital when the resident is expected to arrive. The initiating Departmental facility is responsible for providing transportation of the resident to the designated hospital.
 - g. The signed original of the application must be presented to the admissions staff at the hospital upon arrival at the hospital. A copy of the application shall be placed in the resident’s health care record and Administrative Record.
 - h. The Department is not required to provide security for the resident while at the hospital.
2. Voluntary admissions may only be made to Spring Harbor Hospital, Acadia Hospital, or other non-state psychiatric hospital or licensed residential care facility providing a mental health treatment program.
- a. The health care staff making the recommendation for admission is responsible to contact the Chief Administrative Officer, or designee, and the Department’s Director of Behavioral Health Services, or other designee of the Commissioner (or the Commissioner), prior to contacting the hospital or residential care facility.
 - b. The Chief Administrative Officer, or designee, in consultation with the Director of Behavioral Services, or other designee of the Commissioner (or the Commissioner), shall make the final determination as to whether or not the resident will be referred for admission.
 - c. A referral for voluntary admission may be made when, in the judgment of the Chief Administrative Officer, it is in the best interest of the resident.
 - d. If a referral for voluntary admission is to be made, the Director of Behavioral Services, or designee, shall contact the appropriate authority at the hospital or residential care facility, who shall be briefed about the resident and the intended referral.

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- e. The Departmental facility shall contact and make arrangements with the hospital or the residential care facility for the voluntary admission of the resident.
- f. Documentation of the referral and the voluntary admission, including the resident's consent, shall be made in the mental health progress notes in the resident's health care record and Administrative Record.
- g. The Departmental facility initiating the voluntary admission is responsible for providing transportation for the resident to the hospital or residential care facility.
- h. The Department is not required to provide a security presence for the resident while at the hospital or residential care facility.

Procedure E: Continuity of Mental Health Care

1. Mental health care staff, in conjunction with medical health care staff, shall assure continuity of mental health care for residents with identified mental health needs, from the time of admission, throughout the incarceration, and at the time of release, for all emergency and routine mental health care services.
2. Mental health services shall be provided in accordance with an individualized mental health treatment plan developed and revised as necessary by mental health care staff, in conjunction with the resident. The plan may include enrollment in the mental health chronic care clinic.
3. When services are discontinued or completed, or treatment is transferred to another facility, a Mental Health Services Treatment Discharge Summary form shall be completed by mental health staff. (See Attachment D, Mental Health Services Treatment Discharge Summary form)
4. The psychiatric social worker, in conjunction with the unit treatment team, is responsible for developing a community reintegration or discharge plan to ensure continuity of mental health care in the community upon release.
5. The Department of Health and Human Services shall be included in the release planning process for residents when appropriate.
6. All mental health documentation, including the treatment plan and progress notes, shall be filed in the resident's health care record.

Procedure F: Chronic Care Clinic-Mental Health

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1. Chronic care clinics for residents with major mental illness shall be provided in accordance with Policy 13.5, Procedure J.

Procedure G: Special Needs

1. Special needs for residents with serious mental illness shall be provided in accordance with Policy 13.5, Procedure K.

Procedure H: Observation Status

1. A resident on observation status shall be evaluated by medical staff within twenty-four (24) hours of placement. If a resident is identified as being at possible risk for suicide or other serious self-injurious behavior, Department Policy 10.2, Suicide Prevention Procedures, Procedure B, shall be followed.

Procedure I: Mental Health Therapeutic Restraints

1. Therapeutic restraints authorized for a mental health reason may be used only when the safety or health of the resident or others cannot be protected by less restrictive alternatives. The following provisions shall be adhered to any time therapeutic restraints are used in resident care:
 - a. Therapeutic restraints may not be used for punishment;
 - b. Therapeutic restraints may not be used to force unwanted treatment on a competent resident who has attained the age of 18;
 - c. Therapeutic restraints may be ordered only by a psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor. The documentation shall include the order, the mental health reason for the order, the justification for using restraints, the justification for the type of restraints ordered, and the length of time restraints are to be applied.
 - d. The order shall be obtained by mental health care staff prior to the initiation of the use of therapeutic restraints. In an emergency situation, to protect the health or safety of the resident or others, security staff may restrain the resident until the order for therapeutic restraints is obtained. In an emergency situation, security staff shall contact mental health care staff for authorization immediately after restraining the resident.
 - e. A therapeutic restraints order shall be documented by the health care staff in the health care record.

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- f. Mental health care staff shall immediately inform the Juvenile Program Manager, or if unavailable, the Juvenile Facility Operations Supervisor when therapeutic restraints have been ordered.
- g. The application of the therapeutic restraints shall be done by security staff. Only the amount of force reasonably necessary may be used in the application of therapeutic restraints.
- h. The least restrictive restraints possible shall be used. Only restraints that would be appropriate for use in hospitals shall be used for therapeutic restraints. These include, but are not limited to, fleece-lined leather, rubber, or canvas hand and leg restraints, and 2-point and 4-point ambulatory restraints. Metal or hard plastic devices, such as handcuffs and leg shackles, shall not be used as therapeutic restraints, except in an emergency situation.
- i. A resident may be restrained in an infirmary bed, stretcher, wheelchair, or regular chair. A resident may not be restrained in an unnatural position.
- j. A resident placed in therapeutic restraints shall be observed by health care staff or security staff at least every fifteen (15) minutes and these observations shall be documented on the Therapeutic Restraint Sheet. (See Attachment E, Therapeutic Restraint Sheet)
- k. Whenever therapeutic restraints are authorized, medical staff shall assess the resident as soon as possible and at least every two (2) hours thereafter, and the following shall be checked:
 - 1. Circulation, movement, and sensation in extremities,
 - 2. Respiratory status,
 - 3. Mental status,
 - 4. Vital signs,
 - 5. That food, water, and use of the toilet has been offered as appropriate, and
 - 6. That the resident has been offered the opportunity to have each limb removed from restraints for the purpose of exercise every two (2) hours as appropriate.

During the resident's hours of sleep, health care staff may make the determination not to awaken the resident to complete the assessment.

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The results of the assessment shall be documented in the resident's health care record, including any reason for security staff not offering food, water, use of the toilet, or exercise of restrained limbs.

- l. Less restrictive treatment plan alternatives shall be developed and implemented as soon as possible.
- m. A psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor shall personally examine the resident within twenty-four (24) hours of the initial use of therapeutic restraints, if the use has not been discontinued in the meantime.
- n. The need for continued therapeutic restraints of the resident shall be reevaluated at least every four (4) hours by health care staff. If the health care staff believes that the use of therapeutic restraints is no longer necessary, the staff shall contact the psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor for an order to discontinue the use of the restraints.
- o. In all cases in which therapeutic restraints are used and bodily injury or compromise to health is apparent or the resident complains of bodily injury or compromise to health related to the use of the restraints, the security staff shall consult with appropriate health care staff immediately, unless safety or security considerations cause a delay.
- p. A new order, including the reason for the continuation, must be written for every twelve (12) hour continuation in the use of therapeutic restraints;
- q. Health care staff shall immediately inform the Juvenile Program Manager, or if unavailable, the Juvenile Facility Operations Supervisor when the discontinuation of therapeutic restraints has been ordered.
- r. The removal of the therapeutic restraints shall be done by security staff. Only the amount of force reasonably necessary may be used in the removal of therapeutic restraints.
- s. The Chief Administrative Officer, or designee, shall be notified by health care staff of any order for the use of therapeutic restraints and of any order to discontinue the use of the restraints.
- t. An after-incident review shall take place following the use of therapeutic restraints.

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2. If the purpose of the restraints is to provide treatment to a resident who has attained the age of 18 who is refusing the treatment, and who has a legal guardian, the following shall apply:
 - a. An attempt shall be made to contact the resident's guardian for specific consent to provide the treatment. The attempt and the result of that attempt shall be documented. If the resident's guardian cannot be contacted and it appears that contact cannot be made in a reasonable period of time, the Chief Administrative Officer, or designee, shall contact Adult Protective Services (Department of Health and Human Services) in an effort to obtain emergency guardian.
 - b. The resident shall be counseled in an effort to persuade the resident to accept the treatment.
 - c. If the resident continues to refuse the treatment, and the guardian has consented to the treatment, health care and security staff shall develop a plan for providing the treatment using only the degree of physical force necessary.
3. If the purpose of the restraints is to provide treatment to a resident who has not attained the age of 18 and who is refusing treatment, consent for the treatment shall be obtained from the Chief Administrative Officer, or Deputy Chief Administrative Officer.
4. If the purpose of the restraints is to provide treatment to a resident who has not attained the age of 18, who is refusing treatment, and who does not have a guardian and the resident is determined incompetent by mental health care staff, the Chief Administrative Officer, or designee shall contact Adult Protective Services (Department of Health and Human Services) in an effort to obtain an emergency guardian.
5. In an emergency in which a resident who has attained the age of 18 is unable to consent to or refuse treatment (is unconscious, unable to communicate, or disoriented) and where it is necessary to provide treatment before consent can be obtained, necessary treatment shall be provided, using only the degree of physical force necessary.
6. If psychotropic medication is to be administered to a resident who is refusing the medication, in addition to the required documentation relating to any use of therapeutic restraints, and in addition to obtaining the consent of the resident's guardian if the resident has attained the age of 18, the psychiatrist, physician, physician assistant or nurse practitioner shall specify the medical reason for the medication administration, including why less restrictive treatment alternatives are not being used, when, where and how the medication is to be administered,

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and the expected duration of the therapy, to include a plan for the use of less restrictive treatment alternatives as soon as possible. The resident shall be monitored for adverse reactions and/or side effects.

Procedure J: Mental Health Therapeutic Seclusion

1. Therapeutic seclusion authorized for a mental health reason may be used only when the safety or health of the resident or others cannot be protected by less restrictive means. The following provisions shall be adhered to any time therapeutic seclusion is used in resident care:
 - a. Therapeutic seclusion may not be used for punishment;
 - b. If therapeutic seclusion is used, it shall be used only for the period of time necessary;
 - c. Therapeutic seclusion may be ordered only by a psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor. The documentation shall include the order, the mental health reason for the order, and the justification for using seclusion;
 - d. The order shall be obtained by mental health care staff prior to the initiation of the use of therapeutic seclusion. In an emergency situation, to protect the health or safety of the resident or others, staff may isolate the resident until the order for therapeutic seclusion is obtained.
 - e. A therapeutic seclusion order shall be documented by the health care staff in the health care record.
 - f. Health care staff shall immediately inform the Juvenile Program Manager, or if unavailable, the Juvenile Facility Operations Supervisor when therapeutic seclusion has been ordered.
 - g. The movement of the resident to therapeutic seclusion shall be done by appropriate staff.
 - h. Log book entries shall include the name and title of the psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor authorizing seclusion, names and titles of all persons visiting the resident, records of time checks, the name of the health care staff authorizing release from seclusion and the time of release from seclusion.

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- i. A resident placed in therapeutic seclusion shall be observed by health care staff or security staff at least every fifteen (15) minutes and these observations shall be documented in the appropriate log book.
- j. A psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor shall personally examine the resident within twenty-four (24) hours of the initial use of therapeutic seclusion, if the use has not been discontinued in the meantime.
- k. The need for continued therapeutic seclusion of the resident shall be reevaluated at least every four (4) hours by health care staff. If the health care staff believes that the use of therapeutic seclusion is no longer necessary, the staff shall contact the psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor for an order to discontinue the use of the restraints.
- l. Staff having personal contact with the resident or entering the seclusion area shall follow all seclusion protocols as required by the facility Medical Director.
- m. Residents on therapeutic seclusion shall be visited at least once each day by health care staff, unless health care is needed more frequently, administrative staff, social services staff, and, if requested, religious staff.
- n. Health care staff shall immediately inform the Juvenile Program Manager, or, if unavailable, the Juvenile Facility Operations Supervisor when the discontinuation of mental health therapeutic seclusion has been ordered.
- o. The movement of the resident from therapeutic seclusion shall be done by appropriate staff.
- p. The Health Services Administrator, or designee, and the Chief Administrative Officer, or designee, shall be notified by mental health care staff as soon as possible of any order for the use of mental health therapeutic seclusion and of any order to discontinue the use of the seclusion.

Procedure K: Clinic Space, Equipment and Supplies

- 1. The Chief Administrative Officer of each facility shall assure that there is sufficient and suitable space, equipment and supplies to provide on-site mental health services designated for that facility, to include:

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- a. The availability of testing materials and other mental health treatment resources.
- b. Adequate office space with file cabinets, secure storage for health care records, computers and writing desks.
- c. Private interview space for both individual assessment and group treatment, desk(s), chairs, and lockable file space when mental health services are provided on-site.

Procedure L: Mental Health Records

- 1. Mental Health Records shall follow the chronological format for resident health care records as described in Policy 13.9, Procedure A, and shall be placed in the Mental Health Records section of the Health Care Record.
- 2. Mental health problems shall be listed on the Problem List of the Health Care Record.
- 3. Each entry into a resident’s health care record shall be written so that it is legible and includes the writer’s signature, title, date and time of entry. All entries shall be made in black ink.
- 4. The chronology for the entry of data and information into each section of resident health care records shall be with the most recent activity or data on top, with the following exceptions, physician’s authorizations and all progress notes. These two exceptions shall follow a book format with the most recent entries occurring on the last page in the first available line or space.
- 5. All clinical encounters and findings shall be recorded in the resident’s health care record.

Procedure M: Mental Health Research

- 1. Disclosure of mental health information for purposes of research must comply with all legal requirements, including the requirement for authorization by the Commissioner, or designee.
- 2. The Department of Corrections does not permit experimental mental health treatment or other experiments on its residents.

Procedure N: Mental Health Confidentiality and Limits

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1. During the initial mental health intake, the limitations of confidentiality of information disclosed by the resident to mental health staff shall be reviewed with the resident. (See Attachment F).

VII. PROFESSIONAL STANDARDS

ACA:

4-JCF-4C-45 (MANDATORY) Involuntary administration of psychotropic medication(s) to juveniles complies with applicable laws and regulations of the jurisdiction. When administered, the process shall include:

1. Authorized administration by a physician for a specific duration
2. Less-restrictive-intervention options have been exercised without success, as determined by the physician or psychiatrist
3. Specific details about why, when, where, and how the medication is to be administered
4. Monitoring for adverse reactions and side effects
5. Less-restrictive-treatment plan alternatives are prepared as soon as possible

4-JCF-4D-01 There is a mental-health program approved by the designated mental health authority in compliance with local, state, and federal law that provides for all activities carried out by qualified mental-health-care professionals and includes the following minimum services:

- a. Detection, diagnosis, and treatment of mental illness
- b. Crisis intervention and the management of acute psychiatric episodes
- c. Stabilization of the mentally ill and the prevention of psychiatric deterioration
- d. Pharmacotherapy, when necessary
- e. Referral to an appropriate, licensed mental-health facility when treatment needs exceed the treatment capability of the facility or agency
- f. Obtaining and documenting informed consent

4-JCF-4D-02 (MANDATORY) All juveniles (both intersystem and intrasystem) receive an initial mental-health screening at the time of admission to the facility by a qualified mental-health-care professional or mental-health-care trained personnel. The mental health care screening includes but is not limited to the following:

Inquiry into:

1. History of self-injurious and/or suicidal behavior
2. History of inpatient and outpatient psychiatric treatment
3. History of alcohol and other drug use
4. History of treatment for alcohol and other drug use
5. Current suicidal ideation
6. Current mental health complaint
7. Current treatment for mental health problems
8. Current prescribed psychotropic medication

Observation of:

9. General appearance and behavior

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- 10. Evidence of abuse or trauma
- 11. Current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of the juvenile:

- 12. Cleared for general population
- 13. Cleared for general population with appropriate referral to mental-health-care service
- 14. Referral to appropriate mental-health-care service for emergency intervention

4-JCF-4D-03 All juveniles, excluding intrasystem transfers, will undergo a mental health appraisal by a qualified mental-health-care professional within 14 days of admission to a facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental-health appraisals include but are not limited to the following:

- 1. Review of available records of inpatient-and-outpatient mental-health, and alcohol and other drug treatment;
- 2. Inquiry into prior mental health and alcohol and other drug treatment;
- 3. Inquiry into history of emotional, physical, and sexual abuse;
- 4. Inquiry into educational history;
- 5. Assessment of current mental status
- 6. Assessment of current suicidal and self-injury potential
- 7. Assessment of violence potential
- 8. Assessment of alcohol and other drug abuse and/or addiction
- 9. Use of additional assessment tools or referral for a mental health evaluation, as indicated based on need as determined by the mental health authority or provider
- 10. Referral for treatment, as indicated
- 11. Recommendations concerning housing and program participation

4-JCF-4D-04 Juveniles referred for a mental-health evaluation and/or mental health treatment will receive a comprehensive evaluation by a qualified mental-health-professional. The evaluation is to be completed within 30 days of the referral request date and includes at least the following:

- 1. Review of mental-health-screening and appraisal data
- 2. Review of the individual's mental health history
- 3. Direct observations of behavior
- 4. Collection and review of additional data from individual diagnostic interviews and tests, as appropriate, assessing personality, intellect, and/or coping abilities
- 5. Recommendations for treatment with appropriate referral to include transfer to a specialized unit or appropriate mental-health facility when psychiatric needs exceed the treatment capability of the facility or agency

4-JCF-4D-05 A mental-health-treatment plan shall be developed for juveniles being treated on a ongoing basis by a qualified mental-health-care professional. The plan will be developed within 30 days of initiation of treatment and revised as needed. Treatment plans will include juvenile participation to the extent that is possible.

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- 4-JCF-4D-06** When necessary, juveniles with severe mental illness or who are severely developmentally disabled are referred for placement in noncorrectional facilities or in units specifically designed for handling this type of individual. Emergency transfers to mental health facilities will be approved and supervised by the responsible health-care practitioner and/or mental-health authority and reported to the court the next working day.
- 4-JCF-4D-08** Information about a juvenile’s mental health status is confidential. The active mental-health record is maintained separately from the confinement case record. Access to the mental-health record is controlled by the mental-health authority in accordance with state and federal law.
- 4-JCF-5B-03** Single-occupancy rooms shall be available, when indicated, for the following:
1. Juveniles with severe medical disabilities
 2. Juveniles suffering from serious mental illness
 3. Sexual predators
 4. Juveniles likely to be exploited or victimized by others
 5. Juveniles who have other special needs for single housing

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