

REFERRAL OF YOUTH TO MENTAL HEALTH

- AUTHORITY:** Administrative Directive
Welfare & Institutions Code Sections 210 & 885
California Code of Regulations, Title 15 Section 1437
California Penal Code Section 4011.6
California Code of Regulations, Title 15, Section 1437
- RESCINDS:** Procedure Manual Item 3-1-404, dated 02/20/15
- FORMS:** Special Incident Report (F0507-7018.12)
Psychological/Psychiatric Evaluation Referral Form (F0502-4090)
Application For Emergency Psychiatric Evaluation Of a Detained **Youth** (F057-6198)
- PURPOSE:** To establish a uniform procedure for referring youth to a mental health specialist, for allowing the confidential submission of requests for service by youth, and for securing psychiatric hospitalization of youth pursuant to Section 5585 WIC.

I. GENERAL INFORMATION

- A. Youth in custody may need short or long-term counseling and/or hospitalization to help them deal with situational or chronic emotional problems.
- B. Be alert to any indications of situational or chronic emotional distress. Staff should consider referrals when they see or are aware of: extremely low self-esteem, failure orientation, extreme impulsiveness, refusal to eat, rapid weight change, insomnia, death or serious injury/illness of significant other, quick and/or extreme mood changes, feelings of futility, delusions, fantasies, verbalization of harm to oneself or another, rejection by family (no visits or court attendance), etc.

II. PROCEDURE

- A. Referrals for non-emergency situations (Consultation)
1. Youth in custody may be referred to counseling with a psychologist or psychiatrist, or other mental health specialist.
 2. Youth in custody may submit a confidential request for service from a mental health worker. Each facility will make available a form for requesting service on a "self-service" basis. Drop boxes will be placed in accessible locations that will contain both blank forms and a compartment for completed forms **for youths** choosing to utilize this method. Youth may continue to verbally request mental health services from any staff. Each facility shall designate an appropriate person (CEGU or drug abuse counselor) to check the drop boxes on a daily basis, for follow-up by mental health staff.

3. Referrals usually go to the Clinical Evaluation and Guidance Unit (CEGU) of the Orange County Health Care Agency.
4. Referrals to a private psychologist or psychiatrist need the approval of the Juvenile Court or the Division Director and assigned **Chief** Deputy Probation Officer.
5. Referrals may be made by:
 - a. The Juvenile Court
 - b. The assigned Deputy Probation Officer (DPO)
 - c. Any Deputy Juvenile Correctional Officer (DJCO)
 - d. A Supervising Juvenile Correctional Officer (SJCO) or Duty Officer
 - e. A Division Director or Assistant Division Director
6. Any youth in custody may also request to see a mental health specialist via one of the staff listed in II A.5. These requests will be honored and arrangements will be made as soon as possible.
7. Any staff member or family familiar with the **youth's** case dynamics may initiate a referral, but the formal referral will come from one of the staff listed above.
8. Criteria for referring a **youth** to a mental health specialist **may** include:
 - a. Current or past history of psychopharmacological management problems
 - b. Past history of psychiatric hospitalization
 - c. History of any self destructive behavior
 - d. History of remarkable family mental illness
 - e. Chronic maladaptive behavior, especially while in institutions
 - f. Custody related to a sexual offense
 - g. Confirmed history of abuse
 - h. The youth demonstrates or expresses anxiety, depression, or other psychological stressors affecting his/her emotional stability
 - i. The youth refuses to eat. The following protocol shall be followed in such cases:

- 1) One meal missed- notation made in ICMS.
 - 2) Two consecutive meals missed - notation made in ICMS logbook, SJCO and Medical notified.
 - 3) Three consecutive meals missed and any meals thereafter - notation made in ICMS logbook, SJCO, CEGU and Medical notified. SJCO is to notify the Judge hearing the **youth's** case and/or the on-call Judge if after-hours.
9. Make non-emergency referrals by phone or on a form approved by the Director and assigned CEGU staff.
10. When a **youth** is referred to a mental health specialist, the referring staff member is responsible to ensure that the unit SJCO and the **youth's** assigned DPO and DJCO are informed as soon as possible.

B. Referrals for Emergency Situations

1. Any staff may initiate an emergency referral, as there should be no delays in emergency situations.
2. The SJCO/Duty Officer will ensure that **youths** are quickly referred to CEGU for consultation in any situation deemed an emergency.
3. Emergency situations include:
 - a. Any self-destructive behavior (attempted or threatened suicide, self-inflicted wounds, **or causing harm to self or others due to mental state**)
 - b. Extreme depression
 - c. Hallucinations
 - d. Uncontrollable acting out and/or violent behavior
 - e. Any situation that might require an involuntary hold (5585 WIC)
4. Make emergency referrals in person or by phone to the CEGU staff on duty (714-935-6363) seven days a week, or to the Juvenile Hall Medical Unit (**714-935-7160**).
5. Complete documentation and make notification on all emergency referrals:
 - a. Write a Special Incident Report (SIR): must be written by the staff member initiating the referral and signed by the unit SJCO or Duty Officer on duty at the time.
 - b. Enter the emergency referral in ICMS.

- c. Notify the Division Director (or Assistant Director) and the **youth's** assigned DPO (or supervisor) in person or by phone as soon as possible.
- d. Send copies of the SIR to:
 - (1) **Youth's** institutional file
 - (2) Assigned DJCO
 - (3) Assigned DPO
 - (4) Director/Assistant Director
 - (5) CEGU and/or any medical personnel that may have been involved in the situation

C. Evaluations

1. In some cases it may be necessary for an SJCO or DJCO to request a complete psychological evaluation by CEGU for a **youth** where there is no emergency but the **youth** appears to have severe problems requiring more than routine consultation.
2. This type of request and the reasons for the request will be directed to the **youth's** assigned DPO, who will make the formal referral to CEGU.

D. Emergency Psychiatric Hospitalization

1. Emergency psychiatric/psychological hospitalization should be sought only for those **youth** who appear to be severely disabled or dangerous to themselves or others because of their mental state. Severe disability indicators are:
 - a. Danger to others (e.g., assaultive, homicidal, combative)
 - b. Danger to self (e.g., suicidal, self-destructive)
 - c. Gravely disabled (e.g., unable to provide for his/her basic personal needs for food, clothing, or shelter)
2. In these instances, any Probation staff member or any medical personnel may request an emergency consultation from CEGU staff, who will make the clinical determination for the need to seek hospitalization pursuant to 5585 WIC.
3. The unit SJCO/Duty Officer or any administrator will complete an "Application for Emergency Psychiatric Evaluation of a Detained **Youth**" form, and have it ready for responding CEGU staff. CEGU staff will sign the bottom portion of the form, and along with involuntary commitment documents, the original will accompany the **youth** to the psychiatric hospital.

4. CEGU staff will utilize the current listing of authorized Medical Transportation Services Providers (HCA Contract Services 714-834-3875), and arrange for the transporting the youth via ambulance to the psychiatric hospital.
5. CEGU staff will determine which psychiatric hospital will be utilized for the 5585 WIC commitment (per the current Short-Doyle contract list), and will advise the SJCO/Duty Officer of its location. Refer to HCA/Behavioral Health Care Policy & Procedure No. 8.00 for details.
6. Upon arrival of the assigned ambulance, DJCO/SJCO staff will supervise the transfer of youth to ambulance service personnel. Staff will apprise the ambulance service personnel of the youth in-custody status, if the youth involved is a high profile **youth**, DJCO/SJCO staff will contact an administrator for additional guidance regarding accompanying the youth to the psychiatric hospital.
7. In the event that a youth is subsequently transferred to another psychiatric facility, the unit SJCO or Duty Officer will contact the new facility upon obtaining the information that the youth has been transferred from the responsible medical or administrative agent of the original facility. The receiving facility will be informed of the youth's in-custody status, and pertinent information may be shared with the receiving facility to ensure the youth's secure detention pending return to Juvenile Hall.
8. Should a **youth** be committed via a 5585 WIC application, the unit SJCO or Duty Officer shall notify Probation administration, the Court, and the **youth's** assigned DPO. The HCA Medical Unit doctor or CEGU psychiatrist will notify the **youth's** parent(s) or guardian of commitment.
9. In most cases, time spent in a psychiatric hospital pursuant to 5585 WIC commitments shall count towards any sentence the **youth** may be serving. The expiration date of any sentence the **youth** is serving at the time of commitment shall be noted on the "Application for Emergency Psychiatric Evaluation" form. Youth who continue to serve a commitment or who have not yet completed the Court process shall be returned to Juvenile Hall upon discharge from the psychiatric hospital. In those cases, hospital staff will be apprised to contact Juvenile Hall Control staff (714-935-7688) when the **youth** is ready for discharge. Control staff and/or the Duty officer will arrange for the youth's secure transportation back to Juvenile Hall utilizing the services of institutional security or medical transportation staff.
10. Upon the youth's return to Juvenile Hall, the unit SJCO or Duty Officer shall notify the youth's assigned DPO and parents of their return to custody.
11. Youth returning from 5585 **holds** with or without hospitalization will be placed on Level III supervision and will be housed in **the facility's mental health unit**.

12. Youth whose sentences expire or who have court proceedings terminated during the time of psychiatric commitment may be released to an appropriate party at the discretion of hospital staff.

REFERENCES:

Procedures:	1-4-002	Emergency Services for Mentally Ill Probationers
	1-4-003	Suicide Prevention
	3-1-406	Procedure for Referring Youth to Mental Health Facilities as a 5585 Hold

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APPROVED BY: