

REFERRAL OF YOUTH TO MENTAL HEALTH

- AUTHORITY:** Administrative Directive
 California Code of Regulations, Title 15 – Minimum Standards for Juvenile Facilities, Section 1437 and 1437.5
 Welfare & Institutions Code, Section 210 and 885
 California Penal Code, Section 4011.6
- RESCINDS:** Procedure Manual Item 3-1-404, dated 06/01/18 (Major Revision)
- 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 youth service requests, and for securing psychiatric hospitalization of youth pursuant to Section 5585 WIC.

I. GENERAL INFORMATION

- A. Screening for behavioral/mental health problems at intake performed by either behavioral/mental/medical 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; initial and periodic medication support services;
- F. 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.
- G. Transition planning for youth undergoing behavioral/mental health treatment, including arrangements for the continuation of medication and services from

behavioral/mental health providers, including providers in the community, where appropriate.

- H. A Mental Health Emergency is a life-threatening situation in which a youth is imminently threatening harm to self or others, severely disorientated or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.
- I. Any youth who is experiencing a Mental Health Emergency will be separated in a manner that is as least restrictive as possible to protect the youth's well-being.
- J. Youth who appear to be a danger to themselves or others or to be gravely disabled due to a mental health condition shall be evaluated at the direction of the Clinical Evaluation and Guidance Unit (CEGU) pursuant to section 4011.6 of the California Penal Code and section 6551 of Welfare and Institutions Code.

II. PROCEDURE

A. Referrals for non-emergency situations (Consultation)

- 1. Youth in custody may be referred to counseling with a psychologist, psychiatrist, or other mental health specialists.
- 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 (Clinical Evaluation Guidance Unit "CEGU" or drug abuse counselor) to check the drop boxes daily for follow-up by mental health staff.
- 3. Referrals usually go to the 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 youth to a mental health specialist may include:
 - a. Current or past history of psychopharmacological management problems
 - b. 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 Integrated Case Management System (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 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 for ensuring that the unit SJCO and the youth's assigned DPO and DJCO are informed as soon as possible.

B. Referrals (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 youth 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 [REDACTED] or to the Juvenile Hall Medical Unit [REDACTED].
5. Complete documentation and make notifications 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 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 or any medical personnel that may have been involved in the situation.

C. Evaluations

1. In some cases, it may be necessary for a DJCO or SJCO 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 or 5150 WIC (over 18 years of age).
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 [REDACTED]) and arrange for the transporting of 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 the 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's 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 [REDACTED] 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 may 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: 3-12-002 Mental Health Screening

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APPROVED BY: