1. POLICY:

Secure facilities of the Department of Juvenile Justice shall provide mental health care staffing patterns sufficient to meet the needs of youth assigned to the facilities. The size and mission of each facility will be primary considerations in determining its staffing pattern.

II. DEFINITIONS:

Mental Health Emergency: An occurrence in which the youth presents a risk of harm to themselves or others or is so unable to care for their own health and safety as to create an imminent life endangering crisis.

Qualified Mental Health Professional (QMHP): Mental health staff with education, training, and experience adequate to perform the duties required in accordance with professional standards. When the QMHP is required to complete assessments, or provide individual counseling to youth with mental illness, the QMHP must have at least a master’s degree in a mental health related field, training, and experience in the provision of mental health assessment and counseling procedures. A master’s-level student under the supervision of a QMHP may perform the functions of a QMHP.

Regional Behavioral Health Services Administrator: Mental health staff who provide support to facility behavioral health staff and oversight to ensure the quality and accessibility of all behavioral health services provided in the facility.
III. PROCEDURES:

A. The Director of the Office of Behavioral Health Services will determine the level and type of staffing, the job responsibilities of behavioral health staff and positions assigned to each facility based on:

1. Youth population;
2. Type of facility;
3. Legal requirements; and
4. Treatment goals.

B. The Regional Behavioral Health Services Administrator (RBHSA) will be notified of the date, time, and location of all interview panels for behavioral health positions as soon as the panel is scheduled. Whenever possible the RBHSA will serve as a member of the interview panel, however, their participation should not delay the hiring process. The RBHSA and facility Director will make joint hiring decisions.

C. Each facility will schedule on-site staffing coverage to provide for the mental health needs of the youth, to include regular evening and weekend coverage, except in those facilities with only one social service provider. The mental health hours of operation for each facility will be included in the program plan (see DJJ 12.2, Scope of Behavioral Health Services).

1. In the event of vacancies or extended absences the RBHSA and facility Director will jointly develop a plan for coverage using the Behavioral Health Staff Coverage Protocol (Attachment A).
2. The facility Director must notify the RBHSA as soon as possible of any anticipated vacancies.

D. Secure facilities shall have a qualified mental health professional and a psychiatrist on-call for the mental health program at all times. The on-call mental health staff shall be notified of all mental health emergencies that occur when mental health staff are not on site. The on-call mental health staff shall be responsible for giving overall direction to the management of mental health emergencies.

E. On a monthly basis, the Designated Mental Health Authority or designee will prepare a mental health on-call roster.

1. The roster will identify, at a minimum:
a) Name of the on-call mental health staff member;
b) Name of the on-call psychiatrist;
c) Specific time periods of on-call responsibility for each person; and
d) Telephone number where the on-call person can be contacted.

2. Any changes to this roster will require the approval of the Designated Mental Health Authority. Changes will be reflected on the roster and necessary staff, including the facility director and facility administrative duty officer, must be immediately informed of the change.

3. The roster will be submitted to:
   a) Facility control center;
   b) Facility Director;
   c) Facility Administrative Duty Officer; and
d) On-call medical services staff member.

F. The on-call QMHP must have contact information for the facility Director, Administrative Duty Officer, psychiatrist, psychologist, and on-call medical services staff member.

G. The on-call QMHP will ensure that he/she can be immediately contacted by the facility.
   1. The facility will provide a cell phone.
   2. While on duty the on-call QMHP must be ready to respond immediately.

H. When contacted about a mental health emergency the on-call QMHP will talk to the on-site staff and return to the facility as clinically indicated.
   1. The on-call QMHP will advise the facility Administrative Duty Officer of all serious mental health emergencies (including hospitalizations) and how each emergency is being managed.
   2. The on-call QMHP will consult with the psychiatrist and/or psychologist as clinically indicated.
3. The on-call QMHP will log all phone calls and time spent handling emergencies.

   a) The log will be maintained in a bound logbook with numbered pages provided by the facility.

   b) Only one on-call mental health logbook will be active in a facility at a time. The logbook will be passed between on-call clinicians in order to maintain a chronological record of all on-call activity.

   c) When the logbook is passed to the incoming on-call QMHP, the outgoing QMHP will document that the logbook was passed and to whom it was passed. The incoming on-call QMHP will document receipt of the logbook and a review of the logbook entries for the previous 72 hours.

   (1) The on-call QMHP will log:

   - The start time of each call;
   - The end time of each call;
   - The person calling the clinician or the person that the clinician is calling;
   - The name of the youth(s) discussed in the call;
   - The nature of the incident generating the call; and
   - Any decisions made or instructions given in the course of the call.

   - The on-call QMHP will record entries sequentially with no breaks between entries. If there are no calls during a 24-hour period, the on-call QMHP will document that there were no calls for that time period. This documentation will be the first item documented at the start of the next 24-hour period.

   - Where no documentation is required by policy, any documentation by the on-call QMHP will be in accordance with DJJ 5.8, Documentation Standards.
4. Clinical information will be documented in an OBHS progress note in the Juvenile Tracking System during the next working day.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO