

**PROBATION DEPARTMENT  
JUVENILE HALL MANUAL**

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**Notes and  
References**

## **Alcohol, Drug and Mental Health Procedures**

### **I. General Policy**

To provide quality alcohol/drug and mental health psychotherapeutic services to youth who are detained in the Juvenile Hall and provide appropriate referrals for psychiatric services, including medication assessments, and aftercare services.

### **II. Mental Health Staffing**

- A. The Juvenile Probation Institutions Mental Health program staff will consist of Behavioral Wellness Mental Health Practitioners (Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Psychologists), Mental Health Practitioner Interns (Social Worker Associates; Marriage, and Family Therapist Interns; or student trainees who are supervised by Licensed Clinicians), Case Workers, Psychiatric Technicians, and Psychiatrists.
- B. Coverage
1. Behavioral Wellness staff will provide mental health services during scheduled work hours, which will vary according to the needs of the facility.
  2. For any mental health crisis regarding a youth's potential harm to self during non-scheduled work hours, Probation facility staff will first contact Safe Alternative For Treating Youth (SAFTY) at 888-334-2777 for assessment/evaluation and appropriate level of mental health intervention recommendations based on risk factors. SAFTY can be contacted between the hours of 8:00 AM and 8:00 PM. During the hours of 8:00 PM and 8:00 AM, the North County Mobile Crisis Team can be contacted. If SAFTY or the North County Mobile Crisis Team determines that a 5585 WIC evaluation is appropriate, they will proceed with

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Chapter 1.0

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IV pg 2

See Attachment  
B this Chapter

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## Notes and References

### Behavioral Wellness Procedures (Continued)

the 5585 WIC evaluation in consultation with Behavioral Wellness staff.

#### III. Mental Health Services

At the Juvenile Hall, Behavioral Wellness staff will provide mental health services, which may include the following:

- A. Intake Assessments
- B. Individual counseling
- C. Family counseling
- D. Group counseling, including gender-specific groups
- E. Group psycho-education
- F. Alcohol/drug counseling
- G. Psychiatric services, including evaluation and psychotropic medication assessments when needed, prescription, and medication management
- H. Crisis intervention
- I. 5585 WIC evaluations
- J. Case management
- K. Case planning and consultation with facility Probation and California Forensic Medical Group (WELLPATH) staff
- L. Individualized Behavior Plans and No-Harm Contracts
- M. Aftercare and community-based service referrals for continuity of care

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**IV. Access to Mental Health Services: Intake/ Mental Health Screening**

During the intake process, the Intake Officer will advise the youth of the available mental health services at the Juvenile Hall. This information is posted in the intake area and documented in the Orientation Handbook given to all youth at intake. A youth may access mental health services by direct contact with mental health staff or by a written referral by staff and/or any youth.

- A. Upon entrance to the facility, Probation staff interview each youth regarding need for mental health services, including a screening for suicide risk using the MAYSI-II.
- B. As part of the intake screening process and immediately upon completion of the medical screening, each youth will be interviewed and complete an initial assessment with a Behavioral Wellness clinician. The BW Clinician will provide the facility administrator with a copy of the assessment results.
- C. Probation staff will submit a referral to the facility Behavioral Wellness staff for each youth who requests mental health services, screens at-risk for suicide, and/or meets criteria for referral (see Referral section).
- D. Behavioral Wellness staff will respond to mental health referrals by the end of the next workday. Mental health staff will respond immediately to mental health emergencies.
- E. SAFTY is a local agency that provides after hours and weekend services to those youth who are at risk of committing suicide. SAFTY provides triage care and consultation over the telephone and will provide on-site assessment, crisis intervention, and counseling when warranted.
- F. The North County Mobile Crisis Team is a local agency that provides after hours and weekend services to those youth who are at risk of committing suicide. The North County

Chapter 4108  
  
See  
Attachment A  
MH Referral

NCCHC  
  
Title 15  
1329

SAFTY  
Crisis Hotline  
1-888-334-  
2777

North County  
Mobile Crisis  
1-805-739-  
8709

See  
Attachment C

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Mobile Crisis Team provides care and consultation over the telephone and will provide on-site assessment and crisis intervention if warranted.

**V. Massachusetts Youth Screening Instrument (MAYSI) – II**

The MAYSI-II is designed specifically to assess psychological distress experienced by youth in custody for the purpose of making appropriate referrals for mental health services. The assessment includes 52 yes/no questions and takes approximately 10 to 15 minutes to complete. The results obtained by the MAYSI-II are not intended for psychiatric diagnoses, but as a first step in identifying youth who may need immediate attention and further assessment. The following scales are included in the MAYSI-II assessment: alcohol/drug use, anger/irritability, depressed/anxious, somatic complaints, suicide ideation, thought disturbances, and traumatic experiences.

- A. The MAYSI-II will be administered to all intakes, with the exception of youth who are physically out of control, are too emotionally upset to complete the assessment, or are under the influence of drugs/alcohol and therefore too impaired to complete the assessment. The MAYSI-II will also be completed on weekend commitments and detainees who are removed from the Los Prietos Boys Camp.
- B. If a MAYSI-II is not completed during the intake process, it must be completed within 24 hours. The reason for non-completion of the MAYSI-II during intake will be documented on the end of shift report.
- C. Each youth's IMPACT overview page will note the completion of MAYSI-II. The file will also contain a copy of the most recently completed MAYSI-II.
  - 1. A copy of any MAYSI-II that includes warnings (caution or warning for suicide) will be provided to Behavioral Wellness and medical staff.

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- D. A separate tracking sheet will be kept in the same location as the computer that is being used to administer the MAYSI-II. The tracking sheet will list the youth’s name, the date the MAYSI-II was completed, the staff who administered the test, and the follow-up required.
  
- E. Administering the MAYSI-II
  - 1. Staff must remain posted by the room while a youth is completing the assessment to ensure the youth is appropriately completing the assessment. The step-by-step process is listed next to the computer that is designated for the MAYSI-II.
  
  - 2. The computer on which the MAYSI-II is installed cannot be used for any other purpose than to administer the assessment and print the assessment. All JIO staff, regardless of assigned facility, will have the same user name and password. The user name and password can only be changed by the IT unit.
  
  - 3. The results of the MAYSI-II assessment may include cautions or warnings based on how the youth answers the questions.
    - a. If a “warning” is listed on the suicide ideation scale, an immediate response is required. During normal business hours, an urgent Mental Health referral will be completed and given to Behavioral Wellness staff. After hours, SAFTY will be contacted and asked to speak with the youth to determine if any additional follow up is necessary. These youth will be placed on SLI-5 status until seen by Behavioral Wellness or a SAFTY consultation is completed.
  
    - b. If a “warning” is listed on any of the other scales, a non-urgent Mental Health referral will be completed and a copy of the MAYSI-II results will be attached.

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Attachment A

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- c. If a “caution” or “warning” is listed on the suicide ideation scale, the intake officer should complete the secondary follow up MAYSI-II suicide questions with the youth to determine if more urgent action is necessary. Based on the outcome of the secondary follow up questions, either an urgent or non-urgent Mental Health Referral Form along with their prospective procedures should be followed.
- d. If a “caution” or “warning” is listed on any other scales, the intake officer should complete the secondary follow-up MAYSI-II questions for that domain to determine if more urgent action is necessary. Based on the outcome of the secondary questions, a chrono entry should be made in the youth’s IMPACT file as well as in the unit file. A Mental Health Referral Form will be completed at the appropriate urgency and a copy of the MAYSI-II results will be attached.

**VI. Access to Mental Health Services: Referrals**

Referrals for mental health services can be made by the youth, facility staff, education personnel, medical staff, and non-facility individuals (i.e., Deputy Probation Officers, juvenile court, parents/guardians, etc.). Copies of all referrals will be kept in the Behavioral Wellness file and youth’s unit file. A Worker Special Report (WSR) will be completed for any referral made by facility staff; this information is on file and retrievable from the Probation IMPACT system. Copies of the recommendations for treatment are placed in the Behavioral Wellness file and the youth’s facility file and scanned in to the youth’s IMPACT file.

- A. Youth’s self-referral: any youth in the facility can request mental health counseling at any time through a confidential self-written referral or a verbal request to facility Probation, Medical, or Behavioral Wellness staff.
  - 1. Youth can request a confidential mental health referral form at any time from the Probation staff. Youth complete the

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referral form and then place the referral in a locked box labeled “Mental Health Referrals” located in each occupied living units. The confidential referrals are not viewed by Juvenile Institutions Officers (JIO).

2. Probation staff will document youths’ verbal requests for mental health counseling on the mental health referral form and forward the referral to Behavioral Wellness mental health staff.
3. Youth can request a mental health referral form from facility Medical staff, who will complete the referral form and forward to Behavioral Wellness staff.

**B. Referral from facility Probation staff**

1. Probation staff will complete a mental health referral form when a youth displays speech or behavior indicating any of the following: risk of self-harm, risk of harm to others, significant emotional disturbance, bizarre thoughts/ actions, agitation, depression, confused thinking, sleep disturbances, etc.
2. Probation staff will forward all referrals to Behavioral Wellness staff.
3. Referral from facility Medical staff
  - a. Medical staff will complete a mental health referral form when they assess a youth to be in need of mental health services or adjustment in psychotropic medications.
  - b. Medical staff will forward all referrals to Behavioral Wellness staff.
4. Referrals from parents/guardian, Probation Officers, Court Officers, etc.

Wellpath  
Y-E-5

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- a. When Probation staff receives a mental health referral request (including referral for medication evaluations) from others (including the Court, Probation Officers, parent(s)/guardian(s), etc.), they will complete a mental health referral form and forward to the facility Behavioral Wellness staff.
  
- C. Behavioral Wellness staff will respond to mental health referrals by the end of the next workday that mental health facility staff is available, with the exception of emergency situations. Behavioral Wellness staff will return the referral form with outcome/treatment recommendations to referring party.
  
- D. In mental health emergencies during normal work hours, Behavioral Wellness staff will respond immediately. During non-scheduled work hours, Probation facility staff will contact SAFTY/The North County Mobile Crisis Team for assessment/evaluation and appropriate level of mental health intervention.

**VII. Consent for Mental Health Treatment**

- A. In non-emergency situations, written consent for mental health treatment of the youth will be obtained from parent/guardian before mental health treatment is provided. As the youth are in custody and routine mental health services are a part of the institutional milieu, the Probation consent satisfies this requirement.
  
- B. In emergency situations, mental health treatment may be provided with consent of youth age 12 years or older, without consent from parent/guardian. However, all efforts will be made to obtain parent/guardian consent.
  
- C. Informed consent for administration of psychotropic medications is a separate consent from the consent for mental health treatment and will be secured before administration of psychotropic medications. (See section on “Psychotropic Medications”)

Family Code  
Section  
6924:3Bb

See Chapter X  
Behavioral  
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- D. Behavioral Wellness staff will maintain a record of contacts and will consult with one another to assure adequate treatment planning. Treatment planning will include parents/guardian where feasible.

**VIII. Mental Health Treatment Plan**

- A. A mental health treatment plan will be prepared for any facility youth in custody for 30 days or more within 40 days.
- B. Treatment plans will include short-term and long-term measureable goals.
- C. Treatment plans will include parental involvement whenever possible.
- D. Behavioral Wellness staff will coordinate continuity of the mental health treatment plan with collateral mental health staff upon transfer of the youth to other placements or aftercare in the community.

**IX. Behavioral Wellness Consultation and Training in Probation Facilities**

- A. Behavioral Wellness, Probation, Medical, and School staff will meet in routine Treatment Team Meetings to assess, plan and coordinate therapeutic interventions and safety plans for identified at risk and/or difficult-to-manage, conduct-disordered youth.
  - 1. Intervention plans will include parental involvement whenever possible.
  - 2. Probation staff will communicate the intervention plan to all facility staff to ensure continuity of the plan.
  - 3. Treatment teams will meet weekly to both evaluate effectiveness and refine the intervention plan.

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4. Behavioral Wellness staff will coordinate continuity of the intervention plan with collateral mental health staff upon transfer of the youth to other placements or aftercare into the community.
- B. Behavioral Wellness staff will provide on-going training for facility staff in topics such as suicide prevention, psychotropic medications, de-escalation of problem situations, working with Severely Emotionally Disturb (SED) youth, Attention Deficit Hyperactive Disorder (ADHD), adjustment to life within a detention setting, therapeutic group interventions, etc.

**X. Psychotropic Medication**

- A. Psychotropic medication will only be administered/delivered to facility youth when:
  1. Prescribed/or approved by the facility psychiatrist.
  2. Psychiatric assessment and diagnosis supports the administration of the psychotropic medication. Psychotropic medication is never used for disciplinary reasons.
  3. A youth has consented to or has been ordered by the Court to take prescribed medications.
  4. Written informed consent for administration of specific psychotropic medications is obtained from the parent/guardian before administration of psychotropic medications prescribed by the facility psychiatrist. Consent for administration of psychotropic medications is separate from the consent for mental health treatment.
  5. In emergency situations, psychotropic medication may be administered with or without parental/guardian consent or court authorization (369 WIC). However, in these situations, all efforts will be made to obtain parental/guardian consent, and or a court order.

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- B. Youth entering Juvenile Hall with prescribed psychotropic medication
1. Should a youth come into the juvenile facility and be taking a prescribed medication, he/she will be evaluated by the Behavioral Wellness psychiatrist assigned to the facility. The psychiatrist will collaborate with the physician/nurse assigned to the facility.
  2. If the assigned psychiatrist is not available during regular working hours of 8:00-5:00, Monday-Friday and a youth needs to be seen or should require telephone orders from a psychiatrist, a licensed medical staff will contact the psychiatrist at the local Behavioral Wellness Children's Clinic (Santa Barbara 1-805-884-1600, Lompoc 1-805-737-6600, and Santa Maria 1-805-934-6385) to discuss the appropriate course of treatment.
  3. When the above options are not available, the Behavioral Wellness children's psychiatrist who is on call on that assigned day will be contacted. The on-call list is administered by the Psychiatric Hospital Facility (1-805-681-5244). This on-call list (with the name and phone number of the Behavioral Wellness psychiatrists on call) will be posted in the Bridge Order binder in the medical office at SMJH.
  4. If the on-call psychiatrist is not available, contact will be made with Behavioral Wellness Medical Director Dr. Ole Behrendtsen at 1-805-729-4835.
  5. For Juvenile Hall after hour contacts with the On-Call Psychiatrist – see Chapter 4124, III.C.4-5 for contact protocol.
- C. Wellpath physician and/or nursing staff should contact the Behavioral Wellness On-Call Psychiatrist for medication orders after the following conditions have been met:
1. The youth has been examined sufficiently by Wellpath licensed nursing staff to provide Psychiatrist with a

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description of the youth's current physical and mental condition, including: behavior and mental state; presence or absence of acute substance intoxication; presence or absence of substance withdrawal signs and symptoms; and presence or absence of other significant medical conditions relevant to the decision whether or not to prescribe psychiatric medications, e.g., chest pain, physical trauma, delirium, seizures, fever, etc.

2. The youth's current medications have been verified independent of the youth's report by one or more of the following methods:
  - a. A letter, fax, or phone call from the youth's prescribing physician; direct observation of medication vials dispensed to the youth and brought to the Hall in the youth's property; hospital, pharmacy, or clinic records documenting the youth's current medications.
  - b. Generally, Behavioral Wellness or Wellpath nursing staff should not contact the Behavioral Wellness on-call psychiatrist for medication orders if the following conditions exist:
    - i. The youth is unable or unwilling to be examined,
    - ii. The youth is unable or unwilling to give informed consent for psychoactive medication(s), or
    - iii. Medication information cannot be adequately verified by nursing staff.
- D. Considerations for prescribing psychiatrists for youths:
  1. Prescription of psychoactive medications in the Juvenile Hall setting by the On-Call Psychiatrist includes awareness of the following considerations when being requested to give telephone orders to the Juvenile Hall nursing staff for youths:

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- a. The safety of the youth is the primary consideration. The Psychiatrist may decline to prescribe when prescribing might subject the youth to unnecessary risk. When in doubt, it is usually safer to defer prescribing until the youth can be examined and treated by the regular Juvenile Hall Psychiatrist. A few days delay in resuming psychiatric medications rarely results in significant adverse effects. The psychiatrist may request additional information in order to make a determination based upon current status in conjunction with psychiatric history, consideration of the nature of the medication, and other medical or situational factors.
- b. Youth will at times fail to give correct information about their current medications, recent medication adherence, and diagnosis. For this reason, it is critical to obtain independent verification of the youth's history and current medications.
- c. The likelihood of substance intoxication or withdrawal symptoms in a youth recently brought into custody is very high. In general it is safer not to prescribe until these symptoms have abated. Exceptions include treatment of profound psychotic symptoms resulting in behaviors which may be unsafe for the youth or others in the facility.

**XI. Institutional Security**

In order to maintain a safe and secure environment with the Behavioral Wellness offices, the following security measures should be taken by Behavioral Wellness personnel.

- A. Upon arrival at the facility, all Behavioral Wellness staff will:
  - 1. Retrieve their keys from the key room at Intake.

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2. Sign out a Personal Alarm (PA) from the Intake area.
- B. All Behavioral Wellness staff will secure their facility keys /fob or on their person. Under no circumstances will a youth be allowed to touch personal or facility keys/fobs.
- C. Staff will place their purses in a cabinet or desk drawer out of sight of the youth.
- D. Counseling sessions involving the youth and a clinician will only take place in the Intake area, counseling rooms adjacent to the units, classrooms, or other areas deemed appropriate by Behavioral Wellness and the DPO Sr. on duty.
- E. Staff will arrange the seating in the counseling area in a way that offers them easy, unobstructed access to the door.
- F. Should a youth become agitated, is not responding to counseling and/or poses a threat to staff, the staff should immediately activate their PA and calmly exit the office.
- G. Staff can choose to excuse themselves from their session, step outside the counseling area and secure Probation staff assistance in situations where a youth is not complying.
- H. When allowing therapeutic phone calls for youth, Behavioral Wellness staff will submit an email request to the on-duty DPO Sr. or Unit JIO Sr. to whom the call is intended. The on-duty DPO Sr. or Unit JIO Sr. will document the event in IMPACT. Behavioral Wellness staff will ensure the person answering the phone is the person to whom the call is intended. Behavioral Wellness staff will terminate phone calls whenever youth conversations are outside of the therapeutic purpose of the call.

**Attachment A**

**PART A. FILLED OUT BY ANY STAFF MEMBER**

**(Please Print)**

Name: \_\_\_\_\_ Unit/Facility: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_ **Urgent**    **Clinician Notified** \_\_\_\_\_    **Date:** \_\_\_\_\_    **Time:** \_\_\_\_\_  
\_\_\_ **Non-Urgent, referral in MH Box**    \_\_\_ **WSR Written**

**I. Reason for Referral (circle all that apply):**

- |                       |                         |                                |
|-----------------------|-------------------------|--------------------------------|
| A. Detainee's Request | E. Adverse Event        | I. History of suicidal acts    |
| B. Non-Compliant      | F. Aggression / threats | J. Suicidal ideation/ behavior |
| C. Appears Sad        | G. Bizarre Behavior     | K. Other                       |
| D. Withdrawn          | H. Self-Mutilation      |                                |

**II. Describe specific detainee behaviors and suspected cause:**

**III. Action Taken/Other Referral: (i.e., Medical referral made, Supv. Notified, parent notified)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART B. MENTAL HEALTH STAFF RECOMMENDATIONS:**

Evaluated by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. Clinical impression/summary:**

**V. Recommended security level (select one):**

- SLA     1:1 supervision     SLI-5     SLI     standard precautions
- Initiate Camera Room     Discontinue precautions (specify): \_\_\_\_\_
- 5150    Psychiatrist Consulted: \_\_\_\_\_  
Date & Time Transported: \_\_\_\_\_ Person transporting: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Admitting staff: \_\_\_\_\_

**VI. Disposition/Resolution (select all that apply):**

- Referred to psychiatry     Referred for counseling     safety smock/blanket
- VII. Recommendations:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ACTIVITY CODE: \_\_\_\_\_ CONTACT DURATION \_\_\_\_\_ RECIPIENT CODE \_\_\_\_\_ STAFF # \_\_\_\_\_

**Safe Alternatives For Treating Youth  
(SAFTY)  
The North County Mobile Crisis Team  
(Mobile Crisis)**

**PROTOCOL FOR JUVENILE HALL**

1. SAFTY/Mobile Crisis provides crisis support services to children and youth up to the age of 21, that lives within the borders of Santa Barbara County and are in danger of a psychiatric hospitalization. The goal of our services is to prevent psychiatric hospitalization of children and youth.
2. SAFTY/Mobile Crisis provides a service to Santa Barbara County Juvenile Hall's when County Mental Health staff is unavailable to assess juveniles who are presenting with a risk of harm to self or others due to a mental illness.
3. SAFTY/Mobile Crisis is available immediately by phone and can be at the Juvenile Hall site within 60 minutes. SAFTY provides services county-wide and during times when we experience a high frequency of calls it might take longer than 60 minutes to respond in person. SAFTY also has limited staff available during non-peak hours (before 8:00 pm).
4. The North County Mobile Crisis Team will take over between the hours of 8:00 PM to 8:00 AM. The on-call worker will provide you with an estimate time of arrival and discuss possible interventions that can be utilized by staff to keep the client safe while waiting for SAFTY/Mobile Crisis to arrive.
5. When SAFTY/Mobile Crisis receives a call, the first step is to obtain information from the caller in order to determine an appropriate response. Juvenile Hall staff should provide the SAFTY/Mobile Crisis staff with the following information:
  - Name of staff member calling and position
  - Name of client and age
  - What behaviors is client exhibiting and when did it start?
  - Does client have physical injuries (i.e. cuts) and the extent of these?
  - Does client take any psychotropic medication and what are they?
  - Prior history of suicide attempts and involuntary hospitalization
  - Mental health history? (i.e. seeing MH therapist)
  - Any significant medical history?
  - Possible trigger for behaviors? (i.e. had upsetting call from parent)
  - Is the client currently in restraints?
  - Has client been smocked?



6. SAFTY's/Mobile Crisis treatment philosophy is to use the least intrusive means possible to contain a situation. The initial intervention will therefore be to provide juvenile hall staff with directions for interventions to attempt first. If these interventions are not successful, SAFTY/Mobile Crisis will consult with the Juvenile Hall staff as well as the SAFTY/Mobile Crisis on-call clinical supervisor about the next level of intervention.
7. SAFTY/Mobile Crisis staff will respond to the Juvenile Hall in-person if based on their assessment the client is a high risk for harm to self or others due to their mental health condition or the client is un-responsive to initial interventions.
8. SAFTY/Mobile Crisis requests that a Juvenile Hall staff be present during the assessment interview to ensure staff's safety.
9. If SAFTY/Mobile Crisis determines that, a client is meeting criteria for involuntary hospitalization they will contact the on-call County staff to obtain authorization and proceed with the hospitalization process.
- 10 In the event that SAFTY/Mobile Crisis is unable to secure a hospital bed for a juvenile that is a high risk for harm to self or other, staff will consult with Juvenile Hall staff as well as County Mental Health staff, on interventions to keep client safe until a hospital bed can be found.
- 11 SAFTY/Mobile Crisis believe in working collaboratively with all team members that are involved with a juvenile's care. If at any point during the interaction between Juvenile Hall and SAFTY/Mobile Crisis there is dissatisfaction with the process, the Juvenile Hall Supervisor can request to speak with the SAFTY/Mobile Crisis on-call clinician to resolve the problem. If necessary, the SAFTY/Mobile Crisis on-call clinician will also consult with the BW Juvenile Justice Manager.
- 12 SAFTY/Mobile Crisis will collaborate with Juvenile Hall Mental Health in pre and post crisis treatment planning, to ensure continuation of treatment of juvenile's who are at risk of harming themselves. These will include contacting the BW Juvenile Justice Program Manager and Juvenile Hall Manager the next day, to ensure that the client is receiving follow-up services.

# Attachment C

**Detainee Name** \_\_\_\_\_

| Staff | Date | Time | Follow Up                             |   |                                   |                                  |
|-------|------|------|---------------------------------------|---|-----------------------------------|----------------------------------|
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |
|       |      |      | Urgent MH<br><input type="checkbox"/> | Non-urgent MH<br><input type="checkbox"/> | SAFTY<br><input type="checkbox"/> | None<br><input type="checkbox"/> |