

HEALTH SERVICES

Lisa M. Johnson, M.D.
 Chief Medical Director
 (850) 921-9269
lisa.johnson@djj.state.fl.us



- ❖ **Vision:** Comprehensive health systems that provide quality services, accountability, and responsibility for the children in the care of the Department of Juvenile Justice (DJJ).
- ❖ **Overarching Goals:** The long-term vision and planning for the Office of Health Services is to extensively improve the quality of medical, dental, mental health, substance abuse, and developmental disability services provided to the youth in our care through increased resources, improved staffing, increased contract monitoring and compliance, and early troubleshooting for problem areas/programs, as well as improved collaborations with other state agencies, such as the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, and the Agency for Persons with Disabilities.

Office Mission:

To ensure the Department, and our stakeholders, provide professional, high quality, comprehensive, and timely health, mental health, substance abuse, and developmental disability services to our children.

The Office of Health Services (OHS) was established February 21, 2005. As Florida is the fourth most populous state with over 109,000 delinquency referrals annually, it was critical that the Department have a Chief Medical Director and an organizational unit dedicated to the health, mental health, substance abuse, and developmental disability needs of delinquent youth.

OHS is responsible for assisting the Department with the oversight of medical, mental health, substance abuse, and developmental disability services to all youth adjudicated delinquent and placed under the supervision of the Department. The primary goals of OHS are to:

1. Ensure medical, mental health, substance abuse, and developmental disability services provided in DJJ facilities and programs are rendered in accordance with state and federal health care regulations and rules and professional standards of care.
2. Promote delivery of high quality health care services for delinquent youth under DJJ custody or supervision.
3. Assist healthcare staff in developing and consistently implementing necessary and appropriate medical, mental health, substance abuse, and developmental disability services in DJJ facilities and programs.

OHS does not have specific program areas, but instead collaborates with nearly every other branch in the Department. The Office strives to ensure quality and timely care to our youth within the Department's

shelters administered by Prevention and Victim Services, facility-based day treatment centers administered by Probation and Community Interventions, 23 state-operated detention centers, and 100+ residential programs/facilities. The vast majority of health care services provided in DJJ facilities and programs are procured through contracted providers. To adequately fulfill its responsibilities to the Department and the youth in its care and custody, OHS must provide technical assistance, contract standardization and enhancement, contract compliance and monitoring, youth placement reviews, assistance with medical investigations, policy, rule and decision making, training of medical, mental health and direct care staff, and the support of interagency collaborations.

Many of the youth who enter the Department's care have pre-existing chronic medical conditions such as diabetes, hypertension, hemophilia, sickle cell disease, renal failure, etc., and serious dental disease, as well. Some have not accessed medical care prior to entering the Department's facilities and new diseases are discovered while they are in custody. Other youth have new injuries, illnesses, and emergencies that arise. Nonetheless, the Department is responsible for ensuring that these youth receive the same degree of care that would be available to them in the community.

Over 65% of the youth in the Department's care have a mental illness or substance abuse issue. These issues must be addressed through assessments, evaluations, and crisis intervention and treatment services. There is also a subset of DJJ youth who are developmentally disabled. A snapshot analysis conducted in 2005 of DJJ youth in detention centers and residential commitment programs indicated that 213 youth had a documented IQ less than 70. The Department is responsible for ensuring that youth with a developmental disability receive appropriate care and treatment services. Each of the Department's primary program areas has a means in place to begin to approach these issues, but OHS has been actively engaged in the process of improvement, oversight, and further development.

Rule Authority

DJJ medical services and mental health, substance abuse and developmental disability services administrative rule authority was enacted by the Florida Legislature during the 2010 legislative session. Draft administrative rules 63M and 63N are under development.

DJJ Health Services Rule (63M) will establish the statewide requirements for the Department's health care treatment services for youth in its custody. The purpose is to:

- Ensure that health care services provided in facilities and programs are rendered in accordance with state and federal health care regulations and rules and professional standards of care.
- Promote delivery of high-quality health care services for delinquent youth under department custody or supervision; assist medical health care staff in developing and consistently implementing necessary and appropriate health care services in department facilities and programs.

- Establish health care services within the continuum of services that promote adolescent health, well-being, and development.

This rule applies to all state and privately operated juvenile justice detention centers and residential commitment programs. It is intended to direct Physicians, Physician's Assistants, Advanced Registered Nurse Practitioners, licensed nurses and other clinical and departmental staff involved in the care or treatment of youth receiving health care services. It is also intended to direct the Department's regional juvenile justice staff that have the responsibility of monitoring and ensuring the appropriate delivery of quality health care services to youth within the Department's facilities and programs.

The DJJ Mental Health, Substance Abuse and Developmental Disability Services Rule (63N) will establish the standards and requirements for delivery of mental health, substance abuse and developmental disability services in Department of Juvenile Justice facilities and programs.

Trauma-Informed Care

DJJ is very committed to meeting the needs of the youth in our care. By providing Trauma-Informed Care, we have an opportunity to impact the lives of children like never before. We will be undergoing a paradigm shift in how we provide treatment services. Staff will no longer ask, "What's wrong with you," but instead, "What happened to you?" This shift is based on the premise that many of the children and families in the juvenile justice system come from lives filled with trauma, abuse, violence, and fear.

The effect of trauma is realized by every age group, race, ethnicity, socio-economic group, gender, community, and workforce. In order for us to be successful, we must ensure that our employees are provided the resources and support to assist them in working with young people who may present very challenging behaviors. We are resolved that in DJJ, trauma will be acknowledged and addressed. By providing Trauma-Informed Care we will continue to be "part of the solution," and the children we serve will be afforded the opportunity to live with more hope than fear.

Upon completion of the initial mandatory Trauma-Informed Care training, Department employees will be provided additional trauma training that will address the practical application of trauma-informed practices.

The next step in the Department's Trauma-Informed Care initiative will be to teach youth about triggers, help them to identify their personal triggers, and assist them in developing calming and self-soothing strategies when triggered. All youth in residential care will participate in developing a safety plan prior to their discharge to the community.

Effective Programming and Services for Girls

Girls entering DJJ facilities and programs often have serious unmet healthcare needs, especially girls who are runaways, living in poverty or have limited access to healthcare. Incarcerated girls and young women have high rates of infectious and communicable diseases; sexually transmitted diseases, genitourinary disorders,

and injuries. There are high rates of physical, sexual, and emotional abuse victimization histories among both boys and girls involved in the juvenile justice system, though rates among girls are even greater than among boys. Additionally, research and observational evidence indicate that there is often a more direct link between victimization histories and delinquent offending among girls than among their male counterparts. These differences make it very important that all services are delivered through a gender-specific model. Extensive implementation of Trauma Informed Care practices should involve all staff working with girls. Focused efforts on the redirection of seclusion and restraints must be prioritized.

Ongoing support and technical assistance is provided through the National Council on Crime and Delinquency's National Center for Girls and Young Women. The **Girl Matters Train-the-Trainer** curriculum was offered to all female residential programs, and many residential providers sent program and/or corporate representatives. DJJ managers in Residential, Detention, OHS, and the Office of Staff Development and Training are working in collaboration with internal and external stakeholders by encouraging and supporting our girl-serving programs. This initiative represents the major component of Goal #6 in the agency's Strategic Plan (2008-09 to 2011-12): **"Ensure Gender-Specific Services Are Provided."** Within the Strategic Plan's goal, we state: *"Across all diagnoses, the percent of girls exhibiting mental illness is significantly higher than that of boys . . . Half of girls who are in the DJJ system have someone in their immediate family who is incarcerated. . . "* The train-the-trainer component is specifically outlined in Objective #17 of Goal #6.

Formal Notification and Clinical Procedures - Residential Placement Program

The Office of Health Services has a formalized process for providing medical recommendations for committed youth identified as requiring increased or high-level medical care. The system provides a tool for probation officers and commitment managers for youth with chronic medical conditions that then requires assistance from the Office of Health Services.