



Office of Health Services

County Operated Medical, Mental Health and Substance Abuse Services Overview

July 19, 2010

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Chief Medical Director

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Secretary



Office of Health Services

- First established in **2005**.
- Role: To provide oversight for the delivery of medical, mental health, substance abuse and developmental disability services to the youth adjudicated delinquent.
- **Majority of services are delivered by contracted providers.**



Office of Health Services

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Serves:

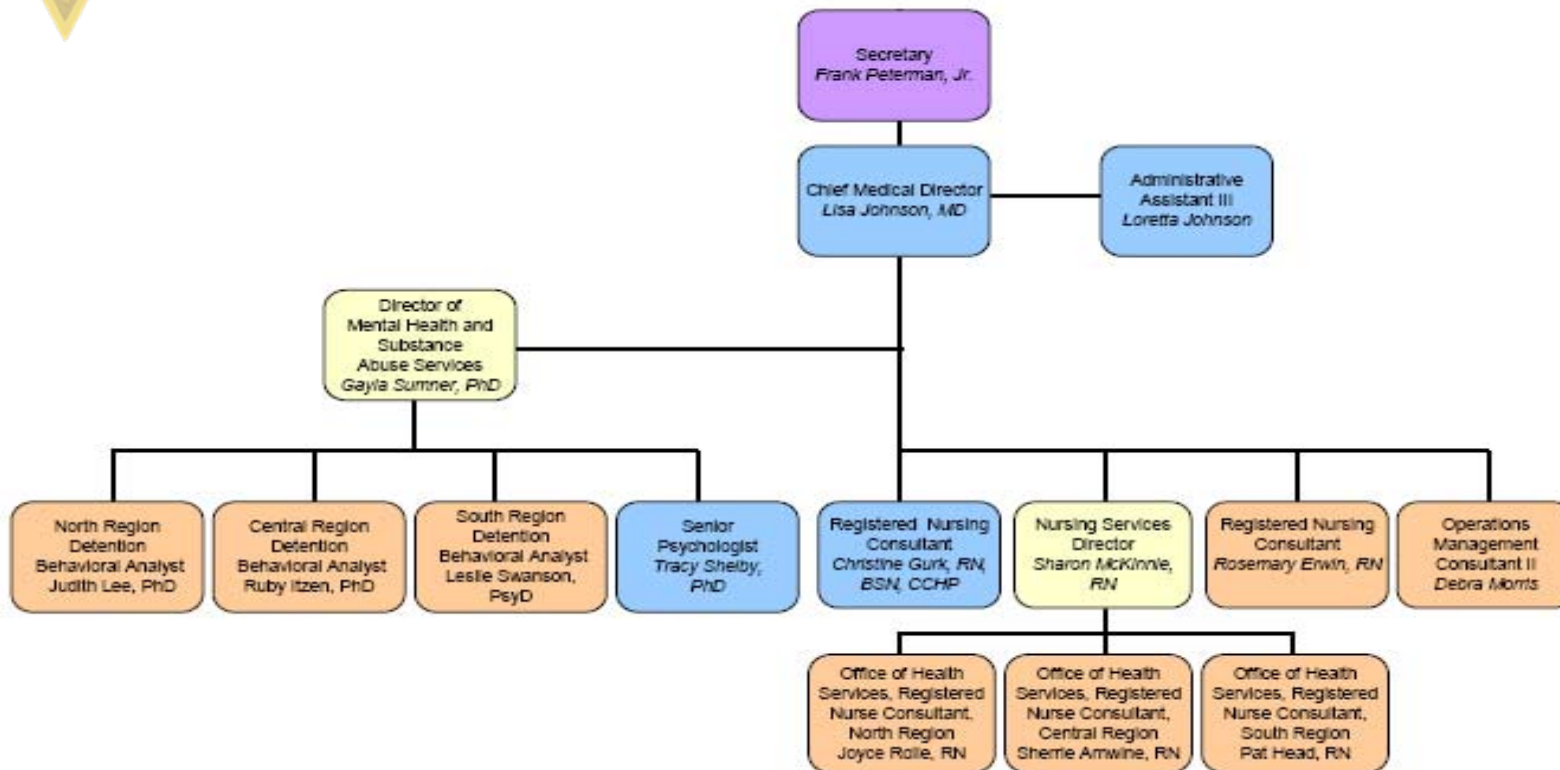
- Over 150,000 Youth;
- 4 Major Program Areas;
- All of Headquarters;
- 55 State Clinical Staff.



Office of Health Services

FLORIDA DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF HEALTH SERVICES

ORGANIZATIONAL CHART Actual (2010)



 Funded by Office of Health Services
 Funded by Residential Services
 Funded By Detention Services



Office of Health Services Responsibilities

- Clinical Assistance;
- Policy and Rule Development;
- Contract Enhancement and Standardization;
- Legislative Support;
- Data Collection;
- Staff Training;
- Surveillance;
- Quality Assurance;
- Interagency Collaborations;



A Profile: Who Are Our Youth?

- Impoverished;
- Minorities;
- Males;
- Mentally Ill;
- Substance Abusers (Co-Occurring Disorders);
- Medically complex and neglected;
- High Risk behaviors (STDs, Teen Pregnancies);
- Developmentally Disabled;
- Disenfranchised families in crisis;
- Delinquent and Dependent.



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Primarily.....

Non-violent minority males referred for misdemeanor offenses.



Our Girls

- One of three youth referred to the Department for delinquency is a girl;
- 45% of those referred are African-American Girls;
- 21% of Detention admissions;
- Extensive trauma histories;
- 50-75% suffer from PTSD;
- Unique health needs.



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Medical

Mental Health and Substance Abuse (Co-Occurring Disorders)



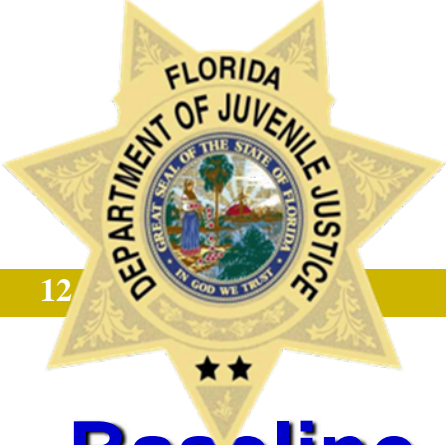
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Medical



Services Provided to Youth

- Intake Screenings
- Physical Assessments
- Sick Call Encounters
- Immunizations
- Medication Management
- Acute and Chronic Disease Management
- Obstetrical Services (pre and post-natal)
- Gynecological Services
- Emergency Services
- Health Education



The Health Status of Incarcerated Youth

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Baseline Health

- Asthma
- Diabetes
- Dermatologic Problems
- Dental Caries
- Hypertension
- Obesity
- Seizure Disorders
- Traumatic Injuries
- Orthopedic Injuries

Greater Risk for

- Sexually transmitted diseases
- Hepatitis B and C
- HIV/AIDs
- Teen Pregnancy
- TB exposure
- Mental Illness
- Substance Abuse



Complex Conditions

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- Cardiac Disorders
- Cystic Fibrosis
- Inflammatory Bowel Disease
- Existing and New Cancers/Tumors
- Sickle Cell Disease
- Kidney Failure

****A Medically Underserved Population****



Role of the Registered Nurse Consultant

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- Provides managerial oversight;
- Leadership;
- Clinical support for department regional staff and facilities;
- Ensure effective and consistent delivery of medical services.



Role of the Registered Nurse Consultant

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- Collaborative communication between Office of Health Services, Detention Services Headquarters, Regional Directors, Regional Contract Managers, Detention Superintendents and the contracted providers.
- Provide technical assistance, education and training.
- Conduct quarterly reviews of the delivery of medical services.



Quarterly Monitoring Report (RNC)

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Evaluates the providers delivery of medical services and compliance with :

- Departmental policies;
- Quality Assurance Standards;
- Contracted Scope of Services.



Detention Technical Assistance Report

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- Designated Health Authority
(and other medical staff);
- Processes for Mandatory Health Care
Components at the Facility.



Mandatory Health Care Components at the Facility

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- Health Care Admission Screenings
- Comprehensive Physical Assessments
- Screening for Sexually Transmitted Infections
- Immunization Records
- Sick Call
- Episodic and Emergency Care
- Medication Administration
- Medication Control
- Infection control
- Consent and Notification
- Prenatal care



The Office of Health Services

Mental Health and Substance Abuse Services



Services Provided to Youth

- **PACT Risk Needs Assessment**
- **Suicide Screenings**
- **Psychological Assessments**
- **Counseling**
- **Crisis Intervention**
- **Psychiatric Services**
- **Medication Management**



Complex Conditions

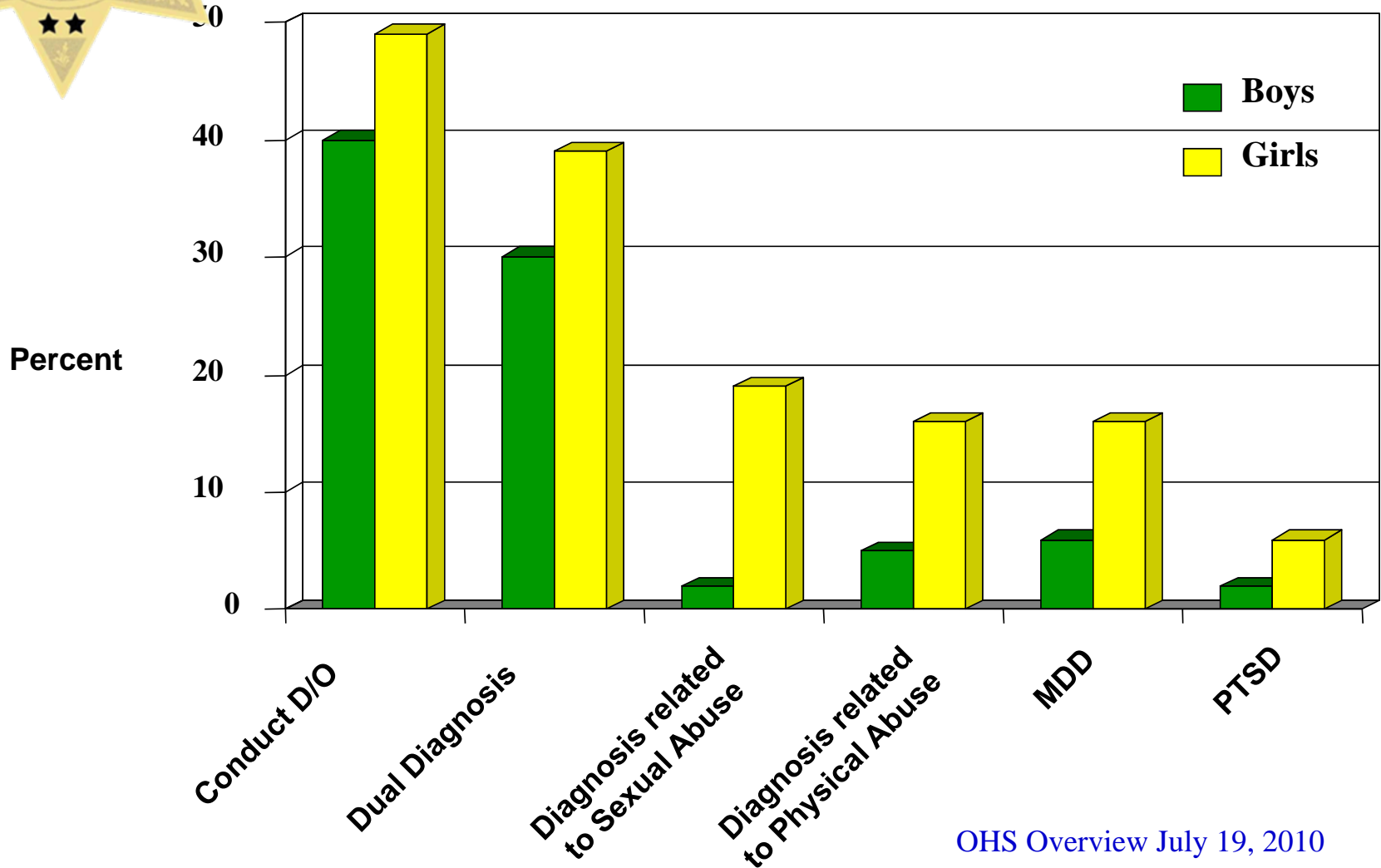
Our Survey on DJJ Youth In Need of Specialized Services

- 49% of youth in DJJ programs had a diagnosed DSM-IV **mental illness** and an additional 14% demonstrated behaviors which suggested a mental health problem **(63%)**
- 35% of youth had a diagnosed DSM-IV **substance-related disorder** and an additional 30% demonstrated behaviors which suggested a substance abuse problem **(65%)**
- 52% of the children reported for all substance related disorders had a diagnosis of Substance Abuse AND 36% had a diagnosis of Poly-substance dependence.



Mental Illness and Girls DJJ Diagnosis by Gender

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Role of the Senior Behavioral Analysts

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- Provide managerial oversight;
- Leadership;
- Clinical Support;
- Collaborative communication;
- Technical assistance, education and training.



Quarterly Reports (SBA)

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- Coordination of Mental Health and Substance Abuse Services;
- Contracts for mental health/ substance abuse and psychiatric services;
- Suicide prevention kits;
- Facility Operating Procedures;
- Current Chapter 397 license;
- Documented process for parental notification; of release on suicide precautions.



Coordination of Mental Health and Substance Abuse Services

- Mental Health and Suicide Prevention Training;
- Mock Suicide Drills;
- Mental Health Staff Participation in Mini-Treatment Team Meetings.



Mental Health/Substance Abuse and Suicide Risk Screening

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- Completion of an SRSI by the JPO, JDO or nursing;
- PACT Mental Health and Substance Abuse Screening Report/Referral;
- Comprehensive Assessments/Evaluations were made available for youth whose intake information indicated the need for assessment.



Mental Health /Substance Abuse Treatment Planning and Delivery of Service

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- Current AET;
- Accuracy of JJIS mental health /medical alert;
- Treatment Plans;
- Clinical Psychiatric Progress Note;
- Parental Notification;
- Medication Administration Records.



Suicide Precautions

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- Youth on Precautionary Observation;
- Youth on Secure observation;
- Monitoring of youth on suicide precautions;
- JJIS alerts;
- Review of Suicide Precaution Log Sheets;
- Appropriate Transition of Youth on Suicide Precautions to lower levels of supervision;



Crisis Intervention/Implementation of Emergency Mental Health and Substance Abuse Service

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- Mental Health and Substance Abuse Crises were assessed using a crisis assessment;
- Review of youth by the DMHA;
- Notification-Parent/guardian, Superintendent, DMHA.



Health Insurance Portability and Accountability Act

Children in the Department of Juvenile Justice are exempt from HIPAA requirements as long as any disclosure of protected health information contained in a youth's health care record are necessary for:

- The youth's treatment;
- The health and safety of the youth or others in custody;
- The health and safety of officers, employees, law enforcement at the facility;
- Administration and maintenance of the safety, security and order of the facility.



Health Insurance Portability and Accountability Act

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The information can be shared, without authorization by youth or parent:

- Between relevant DJJ personnel;
- Between physicians and hospitals and DJJ personnel or DJJ contracted providers.

Cannot share:

- Psychotherapy notes (not inclusive of reports);
- HIV status or results without youth's permission.

However ... ***All efforts to protect a child's privacy must be maintained!***



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Authority for Evaluation and Treatment



Authority for Evaluation and Treatment

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Who is Responsible?

★ Juvenile Probation Officer

- ◆ Signed by parent/guardian at first contact.
- ◆ Filed in Individual Health Care Record (IHCR) or Commitment Packet.
- ◆ Notifies Department's Regional Counsel if parent/guardian refuses or revokes (for possible court order).

★ Detention Staff

- ◆ Ensure AET is filed in Individual Health Care Record.
- ◆ Notifies Department's Regional Counsel if parent/guardian refuses or revokes.
- ◆ Notify and consent parent on new health related care.

★ Residential Staff

- ◆ As outlined for Detention Staff.



Authority for Evaluation and Treatment

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How Long is it Valid?

As long as youth is under any supervision or legal control of the Department.

OR

For one year after it was signed by parent/legal guardian.

WHICHEVER COMES LATER

OR

The youth's 18th Birthday (At which time he/she should re-sign it)

OR

Until revoked by parent/guardian or the court.



Authority for Evaluation and Treatment

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What happens after the child turns 18?

- Parental consent is no longer required;
- Youth consents for him/herself ;
- Youth must give permission for parental release of information.



Authority for Evaluation and Treatment

How can it be revoked? What happens then?

- Can be revoked by parent/guardian (or court) for any or all treatments.
 - ❖ Can be verbally revoked-must document and follow with written revocation.
 - ❖ Notify regional counsel if written cannot be obtained.
- Superintendent should consult regional counsel for court order if the Designated Health/Mental Health Authority deems treatment necessary.



Authority for Evaluation and Treatment

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What does it authorize?

- ✓ Thorough health and mental health history and physical exam;
- ✓ Drug screening;
- ✓ TB testing;
- ✓ Dental screening;
- ✓ Vision Screening;
- ✓ Gynecological exam;
- ✓ Treatment for new illnesses;
- ✓ Obtaining prescriptions for new medications;
- ✓ Continuation of all current medications;
- ✓ Release of youth's health information or medical records to appropriate treating staff/providers.
 - ❖ **HIV status requires youth consent for disclosure.**
- ✓ Provision of Emergency Treatment



Authority for Evaluation and Treatment

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What is NOT authorized?

- Parental choice of provider;
- Any treatment or procedure specifically excluded by the parent/guardian;
- Routine vaccinations:
 - ❖ Parental Notification of Health-Related Care: Vaccinations
- Participation in Research Studies.



Authority for Evaluation and Treatment

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Non-Psychotropic Medications

- AET covers continuation of all current medications (renewals and refills), with valid prescription at current dose.
- AET cannot be used to begin new prescription medications, change dosages on existing meds or discontinue medications once child in Department's custody.
 - ❖ In these cases the Parental Notification of Health-Related Care must be sent and signed by parent/guardian.
 - ❖ Witnessed telephone consent documented.



Authority for Evaluation and Treatment

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Psychotropic Medications

- AET covers continuation of all current medications (renewals and refills), with valid prescription at current dose.
- AET cannot be used to begin new prescription medications, change dosages on existing meds or discontinue medications once child in Department's custody.
 - ❖ In these cases the Clinical Psychotropic Progress Note (CPPN) and the Acknowledgement of Receipt of CPPN sent to parent AND Telephone consent/discussion.



Authority for Evaluation and Treatment

Referral to General Counsel is required when:

- **Parent refuses to sign AET.**
- **Parent revokes AET verbally without written documentation.**
- **Parent refuses to consent for medically necessary procedure or treatment.**



The Office of Health Services

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For More Information:

Please go to this link to read the Health Services and Mental Health Services Manual:

<http://www.djj.state.fl.us/HealthServices/index.html>



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The Office of Health Services

Thank you !

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