



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
DETENTION SERVICES
FACILITY MEDICAL POLICIES**

Superintendent Signature Designated Health Authority Signature	Effective Date: November 1, 2016	Revised Date: July 5, 2018		Procedure Number: 8002 Medical Services
Subject: PSYCHIATRIST OR DESIGNEE AND TELE-PSYCHIATRY			Reference: 63N-1.002 Quality Assurance Standard 4.02	
Purpose:	The purpose of this policy is to outline the role and responsibilities of the Psychiatrist or Designee for the facility.			

PROCEDURE:

A. Role and Responsibilities of the Psychiatrist/Designee

- a. The Psychiatrist is responsible for the provision of psychiatric services, the development or review of facility operating procedures or other protocols related to psychiatric services, the management of psychiatric conditions, and the prescribing of psychotropic medications for all youth at the facility, as outlined in the FOPs and 63N-1 F.A.C..
- b. The above services shall be the responsibility of the facility Psychiatrist, duly licensed/certified in the State of Florida.
- c. The Psychiatrist is a physician licensed under Chapter 458 or 459, Florida Statutes, who is board certified in Child and Adolescent Psychiatry or Psychiatry or has completed a training in Forensic Psychiatry and has prior experience and training in psychiatric treatment with children or adolescents.
- d. Final clinical decision-making, with regard to the provision of mental health care, rests with the on-site Designated Mental Health Clinical Authority. This person is responsible for the overall clinical direction of the facility.
- e. The Psychiatrist will be on-site at the facility every two weeks, at a minimum, and available to evaluate and monitor youth as needed.
- f. The Psychiatrist will be available for emergency consultation as needed.
- g. When a psychiatric ARNP is used, this position is a designee for clinical responsibilities only. The ARNP’s education, experience, and certification/license shall be in psychiatry/mental health.
- h. A current and updated copy of the official collaborative practice protocol between the supervising Psychiatrist and Psychiatric ARNP will be kept on site where the Psychiatric ARNP provides psychiatric services.
- i. A copy of the Curriculum Vitae shall also be maintained on site for both the Psychiatrist and the ARNP.

B. Tele-psychiatry is defined as the practice of psychiatry by a licensed Florida physician (“Psychiatrist” as defined in Rule 63N-1, F.A.C.) where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. Tele-psychiatry shall not include the provision of psychiatric

services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof. Tele-psychiatry shall be provided in accordance with the “Standards for Tele-Medicine Practice” set forth in Rule 64B8-9.0141, Florida Administrative Code.

- a. The terms “Tele-psychiatry” and “Tele-medicine” are both intended to represent a modality of medical practice governed by section 64B8-9.0141, F.A.C., “Standards for Tele-Medicine Practice.” The practice of medicine affected by this Protocol are subordinate to the requirements of that rule.
- b. The standard of psychiatric care delivered through Tele-psychiatry shall remain the same as that rendered in-person. Psychiatric services delivered via Tele-psychiatry shall be provided in accordance with the Department’s rules (Rule 63N-1.0085, Rule 63M-2.010-2.023 and 63M-2.025-2.027, F.A.C.) QI Standards, and Detention FOP MH8 and detention medical FOP 8002 & 8007. With the exception to FOP 2008 that the psychiatrist will provide weekly off-site services via Tele-psychiatry when applicable.
- c. Tele-psychiatry shall be utilized only for youth who agree to participation in the Tele-psychiatry session and the parent/legal guardian has provided consent as set forth in Rule 63N-1, F.A.C.
- d. Prior to the Tele-Psychiatry Session, the Psychiatrist, DMHCA and Registered Nurse will discuss whether a youth may be inappropriate for Tele-psychiatry. Examples of youth that may not be appropriate are below:
 - i. Youth that have symptoms that could worsen with Tele-psychiatry (psychosis with ideas of reference, paranoid/delusions related to technology).
 - ii. Concerns regarding violence, suicidality, self-harm.
 - iii. Medical issues
 - iv. Cognitive/sensory issues
- e. The Tele Psychiatry Clinics at each detention center will be under the direction of the Designated Mental Health Clinical Authority (DMHCA).
- f. The Tele Psychiatry clinic will be held at each detention center in accordance to clinic times meeting the needs of the patients, staff and facility and in compliance with all applicable standards and contract requirements.
- g. Detention staff will ensure staff and patient safety, as well as the confidentiality of the patient encounters.
- h. The DMHCA, or designee, will ensure there is connectivity with the Tele-Psychiatrist 15 minutes prior to the clinic start time, to avoid unnecessary movement of patients. Technical problems may be addressed by contacting the Helpdesk at 1-866-631-0051.
- i. The DMHCA, or designee, will fax to the psychiatrist a listing of the patients to be seen along with all required patient documentation by close of business the day before the clinic. The fax will be confirmed by the Psychiatrist, or designee, to ensure all appropriate documentation was received.
- j. Documentation provided to the psychiatrist must include:
 - i. Most recent Clinical Psychotropic Progress Note (CPPN) (HS 006Current Medication Administration Record (MAR)
 - ii. Latest Comprehensive Physical Assessment
 - iii. Pertinent medical records Copy of the properly executed AET
 - iv. Vital signs, laboratory results
- k. The DMHCA, or designee, will explain the Tele Psychiatry process to the patients prior to the encounter.

- l. All facility mental health and medical FOP's pertaining to informed consent for treatment and psychiatry services will be followed.
- m. All Department EMR forms will be completed by the psychiatrist in the Department's JJIS OHS EMR system.
- n. The nurse or DMHCA will verify parent/legal guardian verbal consent is documented on page 3 of the CPPN and witness signature is provided on page 3 of the CPPN.
- o. Should complex medical issues exist with the patient, a nurse will be present during the tele-psychiatry session.
- p. Should an emergency occur, a nurse will respond.
- q. Nursing staff will assist the psychiatrist in obtaining parent/legal guardian verbal consent for a new psychotropic medication, any significant change in current psychotropic medication or discontinuation of psychotropic medication.
- r. Nursing staff will assist the psychiatrist in obtaining parent/legal guardian written consent on the Acknowledgement of Receipt of CPPN Form (HS 001)
(The Registered Nurse may only obtain informed consent when the attempt to contact the parent or legal guardian is not successful and the Psychiatrist or ARNP completes the third page of the CPPN to ensure adequate information for the parent to provide informed consent.)
- s. Following the clinic, the psychiatrist will;
 - i. Upload all practitioner's orders, clinical psychotropic progress notes (CPPN), acknowledgment of page 3 of the CPPN (when applicable) and any other required documentation into the Department's JJIS OHS EMR.
 - ii. Fax all practitioner's orders to the nursing clinic designated fax line.
 - iii. Confirm with nursing staff that orders were received.
 - iv. FedEx all practitioner's original orders for controlled substances to Diamond pharmacy.
- t. All original orders for non-controlled substances will be mailed to the appropriate detention center for placement in the patient's IHCR. Fax copies will be removed from the medical files and destroyed upon receipt of the original documentation.