

YOUTH SERVICES POLICY

Title: Secure Care Mental Health Program	Type: B. Classification, Sentencing and Service Functions Sub Type: 6. Medical/Mental Health Number: B.6.6
Page 1 of 12	
References: Applicable local, state and federal laws; ACA Standards 4-JCF-4C-44, 4-JCF-4D-01, 4-JCF-4D-05 and 4-JCF-4D-08 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policy Nos. B.2.2 “Youth Classification System and Treatment Procedures”, B.2.7 “LAMOD Program and Youth Stage Procedures”, B.2.8 “Behavioral Health Treatment Unit (BHTU)”, B.2.12 “Fast Track Program”, B.2.15 “Substance Use Disorder Treatment Program”, B.3.1 “Secure Care Youth Records; Composition and Maintenance”, B.6.5 “Secure Care Mental Health Screening, Appraisal, and Evaluation”, B.6.7 “Secure Care Suicide Prevention”, B.7.1 “Education”, B.7.2 “Programs for Post-Secondary Education – Secure Care”, B.7.3 “Work Details and Skills Building Incentives – Secure Care”, and C.4.1 “Furlough Process”; OJJ/WP Joint Policy Nos. C-44 “Informed Consent”, D-1 “Mental Health Program”, D-2 “Mental Health Screen”, D-3 “Mental Health Appraisal”, D-4 “Mental Health Evaluation”, D-7 “Suicide Prevention and Intervention” and D-8 “Confidentiality of Mental Health Information”; and the “MHTU Intensive Adolescent Male Mental Health Treatment Program Manual”	
STATUS: Approved	
Approved By: <i>William A. Sommers, Deputy Secretary</i>	Date of Approval: 07/07/2021

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish guidelines for the mental health program administered in the YS secure care facilities.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Secure Facilities Director, Regional Directors, Facility Directors, Regional Managers, Health Services Director, Director of Treatment and Rehabilitation, YS employees assigned to the Mental Health Program, and the contracted Health Care Provider (CHP) staff who have a role in the secure care mental health program.

IV. DEFINITIONS:

Community Based Services (CBS) - Includes all regional probation and parole offices located throughout the state.

Contracted Health Care Provider (CHP) – Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education and environmental conditions.

Electronic Record Management Application (ERMA) - The electronic healthcare management database utilized by the contracted health care provider at the YS secure care facilities.

Mental Health Treatment Unit (MHTU) – A clinical program located at the Swanson Center for Youth (SCY) administered and managed collaboratively by the CHP and YS treatment staff. The program provides diagnostic evaluation and treatment for mentally ill male adolescents with seriously impaired cognitive, emotional, and/or behavioral functioning requiring stabilization or a level of care beyond the capabilities of general population because of severe mental health symptoms in the secure care setting. Care is based on a commitment to respecting the dignity of each youth, while promoting each individual's personal development.

Multidisciplinary Treatment (MDT) Staffing – A team which meets quarterly and consist of representatives from at least three disciplines (e.g., treatment, custody, education, mental health or medical) responsible for developing comprehensive case plans for treating a youth's specific needs and to determine a youth's suitability for placement to, removal from, or progress in a Program. The youth's family shall be encouraged to attend as well.

One-on-One Supervision - Constant observation of a youth by assigned staff who shall remain within six (6) feet of the youth at all times without interruption, and who shall not be permitted to engage in other activities during this assignment.

Probation and Parole Officer/Juvenile (PPO/J) - PPO/J's assist youth and families in locating, accessing and coordinating networks of support to address needs. PPO/J's shall provide case management services in accordance with need assessments, as well as monitor, facilitate and participate in services provided while the youth is in the custody or supervision of YS.

Qualified Mental Health Professional (QMHP) – Contracted mental health professionals who perform clinical duties for mentally ill patients, i.e. licensed counselors, social workers, psychiatrists, psychologists and nurses, in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements. Primary duties are to provide mental health services to youth commensurate with their respective levels of education, experience, training and credentials.

Serious Mental Illness (SMI) – Disorders of mood and cognition (with the exception of individual deficit disorder) that significantly interferes with functioning in at least one essential sphere of the youth's life (e.g. psychotic disorders, mood disorders, the aggressively mentally ill, youth who exhibit self-mutilating or suicidal behavior). Youth with these disorders may be referred to as "SMI" youth. There are five levels of the SMI Program recognized by OJJ.

Transitional Mental Health Unit (TMHU) – A unit at SCY for those youth who have gained significant individual skills to assist in successful re-entry and demonstrate improved functioning (cognitive, behavioral, and emotional) in their environment while housed in the MHTU, and who meet the criteria for placement in the TMHU.

V. POLICY:

It is the Deputy Secretary's policy that a Mental Health Program be established and approved by the Director of Treatment and Rehabilitation for the YS secure care facilities. The program shall be in compliance with all local, state, and federal laws, and shall provide for all activities which shall be carried out by YS treatment staff and qualified mental health professionals (QMHPs), and include the following minimal services:

- Detection, diagnosis and treatment of mental illness;
- Crisis intervention and the management of acute psychiatric episodes;
- Stabilization of the mentally ill and the prevention of psychiatric deterioration;
- Pharmacotherapy when necessary;
- Referral to an appropriate licensed mental health facility when treatment needs exceed the treatment capacity of the secure care facility; and
- Obtaining and documenting informed consent.

VI. PROCEDURES:

A. Enrollment in the Mental Health (MH) SMI Program

1. Youth shall be enrolled in the MH SMI Program through determination of need by the facility's Mental Health Team. The contracted site Psychiatrist shall have final authority regarding enrollment in the program.
2. MH SMI designation shall be utilized under the following conditions:
 - a. Youth who are currently diagnosed with a mental disorder and evidence impairment in daily functioning that is related to the diagnosis (or would evidence impairment in functioning if not involved in active mental health treatment).
 - b. Youth for whom a serious mental health issue is suspected, and who is currently undergoing clinical evaluation to clarify diagnostic impressions and determine treatment needs.

The outcome of the evaluation process shall guide the Mental Health Team's determination of whether placement on the MH SMI list is clinically indicated. Documentation shall be entered in the youth's health record by the QMHP to clearly indicate the level of services considered necessary for the youth.

- c. Youth entering secure care custody with the sole diagnoses of “Attention Deficit/Hyperactivity Disorder (ADHD)”, who are also on psychotropic medication, shall not be placed in the MH SMI Program unless the site Psychiatrist determines that such placement is necessary.

These youth shall be designated as Level 0 to indicate current treatment with psychiatric medications only. Names of these youth shall be maintained on a separate tracking log in the facility’s Mental Health Program by the CHP.

B. Referrals for Re-evaluation and Possible Consideration for Enrollment in MH SMI Program

1. Although many youth arrive with a mental health diagnosis, mental illness may be detected and diagnosed upon direct admission or after the completion of a 30 day evaluation. Some youth may exhibit signs of a mental illness later in their stay within a secure care facility that was not detected during the direct admission process.

YS Policy No. B.6.5 contains additional information concerning evaluations.

Upon identification of mental health symptoms, the youth’s assigned Case Manager shall refer the youth for mental health services by completing the “Request for Mental Health Services/Consultation” form. See Attachment B 6.6 (b) attached to this policy.

The completed form shall be submitted to the facility’s Treatment Director/designee for review and approval prior to submission to the CHP Mental Health Coordinator (MHC).

If the referral is disapproved, the facility’s Treatment Director/designee shall sign and note the reason for the disapproval in JETS, and send the completed form back to the youth’s assigned Case Manager.

If approved, the completed form shall be printed and forwarded to the CHP Mental Health Coordinator (MHC) by the facility’s Treatment Director/designee.

2. Youth may self-refer for mental health services. This would be based upon the youth’s history or current symptoms. This shall be requested through the youth’s assigned Case Manager, who shall confer with the facility’s Treatment Director and the CHP Mental Health Coordinator (MHC) to determine if a referral is appropriate and/or clinically necessary.

If a referral is determined not to be clinically necessary, the youth’s assigned Case Manager shall document the consultation on a Weekly Contact Progress Note in JETS within seven (7) days.

If a referral is determined necessary, the youth's assigned Case Manager shall refer the youth for mental health services by completing the "Request for Mental Health Services/Consultation" form [Attachment B.6.6 (b)] attached to the policy.

The completed form shall be forwarded to the facility's Director of Treatment/designee for review and approval. If the facility's Director of Treatment/designee approves the referral, the form shall be submitted to the QMHP within 24 hours of receipt from the youth's assigned Case Manager, unless an immediate referral is clinically indicated.

3. The CHP Mental Health Coordinator (MHC) shall assess the youth within 24 hours of receipt of a referral, and provide a written disposition on each referral submitted by completing the bottom portion of the "Request for Mental Health Services/Consultation" form, and provide a copy of the form to the facility's Treatment Director/designee, MHC and scan a copy of the completed form into ERMA.
4. A hard copy of all completed "Request for Mental Health Services/Consultation" forms, with signatures, shall also be placed in the youth's Master Record under Clip IV (refer to YS Policy No. B.3.1).

C. Level of Treatment in the MH SMI Program

The five (5) levels of the MH SMI program recognized by YS are as follows:

Levels 1- 4 represent active treatment by both psychiatry and mental health professionals; Level 0 represents treatment only by psychiatry.

Level 0 –

Youth diagnosed with "Attention Deficit/Hyperactivity Disorder (ADHD)" ONLY, and **may receive psychiatric medications while being followed by the site psychiatrist.**

Names of these youth shall be maintained on a separate Program Log by the CHP, from the SMI log in the Mental Health Section, in order to clearly differentiate the level of services received by youth on Level 0. The Program Log will identify each youth's medication regimen as well as medication changes. All counseling services shall be delivered by YS Case Managers utilizing cognitive behavioral interventions (refer to YS Policy No. B.2.8) and LAMOD treatment procedures (refer to YS Policy No.B.2.7).

Level 1 –

Youth diagnosed with disorders, such as Anxiety Disorders, Mood Disorders, Eating Disorders, Psychotic Disorders, Dissociative Disorders, Substance Use Disorders and Personality Disorders may be prescribed medication. **If prescribed medication, these youth are medication compliant and have evidenced a level of stable functioning for a period of time, and shall be seen at least every other week by the assigned QMHP.**

Youth shall participate in educational and/or vocational programming, which may include the post-secondary education and skills building incentives program (refer to YS Policy No. B.7.2).

Youth shall voluntarily participate in mental health treatment in pursuit of the youth's IIP goals and objectives.

Youth may be eligible for escorted absences, furloughs, transition to non-secure programming, and consideration for early release should they meet the eligibility requirements of YS policies (refer to YS Policy Nos. B.2.1 and C.4.1).

Level 2 –

If prescribed medication, these youth may be evidencing non-compliance with medication or may be compliant with medication, but have not yet achieved a level of stability in daily functioning, and shall be seen at least weekly by the assigned QMHP.

Youth shall participate in educational programming (refer to YS Policy No. B.7.1); however, the youth's level of compliance shall determine participation in other programming within the facility.

Non-compliant youth shall be reviewed on a case-by-case basis during the multidisciplinary staffing and may be ineligible for escorted passes, furloughs, transition to non-secure programming, and consideration for early release (refer to YS Policy Nos. B.2.1 and C.4.1).

Level 3 –

Youth assigned to this level shall be transitioned from the facility's Mental Health Treatment Unit (MHTU) to the Transitional Mental Health Treatment Unit (TMHU) at Swanson Center for Youth (SCY). **These youth shall be seen by the assigned QMHP at least two (2) times per week.**

A youth shall be eligible for discharge/transfer from the MHTU when:

1. The youth is not a current danger to self or others;
2. The youth has met the goals of treatment;
3. The youth has completed the Relapse Prevention Plan with the youth's assigned QMHP and Case Manager;
4. The youth has successfully demonstrated appropriate behavior and skill application, and generalization in the MHTU;
5. The Treatment Team agrees that the youth no longer requires treatment in MHTU intensive program; and
6. Ongoing necessary treatment can be effectively provided in a less restrictive treatment environment.

Level 4 –

These youth are housed at the MHTU at SCY. These youth shall be seen daily by a member of the Mental Health staff during regular business hours, and by a member of the nursing staff on weekends. The following applies:

1. Youth is unable to function in general population due to the severity of the youth's mental illness;
2. Youth has a mental health history;
3. Youth is currently prescribed psychotropic medication;
4. Youth shall participate in educational programming on the unit;
5. **Youth shall be seen by the psychiatrist two (2) or more times per week on MHTU and once a week on TMHU, or more as clinically indicated.**

Youth assigned to this level have behavior/symptoms that require frequent oversight and treatment until the youth becomes stable enough to transition into the TMHU. (Refer to "MHTU Intensive Adolescent Male Mental Health Treatment Program Manual" for additional information.)

Mental health recommendations for Levels 0, 1, 2, and 3 shall be documented in the youth's electronic medical record in the "Electronic Record Management Application" (ERMA), within 72 hours of contact.

Intellectual Disability –

Youth identified with a diagnosis of Intellectual Disability (ID) shall be assigned to a QMHP, and shall be seen a minimum of one (1) time per month.

These youth shall be tracked on the same document as the MH SMI list, but shall clearly be designated as ID and not SMI, for ease of tracking both clinical caseloads within the MH Sections.

The youth's assigned QMHP shall attend all required monthly case reviews and shall complete all required documentation on a monthly and quarterly basis.

D. Discharge from the MH SMI Program

1. The site Psychiatrist shall have final authority regarding removal of a youth from the MH SMI program. Youth may be removed from the SMI list based on the outcome of a case review held by the facility's Mental Health Team if one of the following conditions is noted:
 - a. The youth was placed on the SMI list upon admission under a temporary status during a clinical evaluation period, and results of the evaluation indicated that SMI programming is not clinically necessary.
 - b. The youth evidenced a period of decompensation at some point during the placement in secure custody and was placed on the SMI list for enhanced services during that timeframe. The period of decompensation has been resolved and does not appear related to an ongoing diagnosis suggestive of a serious mental illness.
 - c. The youth has fully participated in MH SMI programming, met all treatment plan goals, experienced a stable period of functioning for at least 90 days, and is no longer prescribed psychotropic medications (or was not considered in need of psychotropic medications previously).
 - d. The site Psychiatrist has determined that treatment is no longer clinically indicated, an override has been given to end treatment within the (90 day evaluation) period and/or youth has been transitioned to mental health medication management only.
2. For any youth considered for removal from the MH SMI list, the youth's assigned QMHP shall communicate verbally with the youth's assigned Case Manager at least 30 days in advance of a final case review.

The QMHP shall inform the youth's assigned Case Manager of the clinical rationale for considering the youth's removal from the MH SMI program. If the youth's assigned Case Manager has information about the youth's level of functioning that is contradictory to the proposed decision for removal, the QMHP shall inform the Mental Health Team, and the youth's case shall be reconsidered. These consultations shall be documented by the youth's OJJ Case Manager in JETS within seven (7) days (refer to YS Policy No. B.3.1).

3. If after 30 days the Mental Health Team continues to recommend the youth for removal from the MH SMI program, the QMHP shall verbally communicate this decision to the youth's OJJ Case Manager, who shall document this decision in the youth's JETS record within seven (7) days.
4. Youth who were dual diagnosed (mental illness and substance abuse) on the SMI list, will remain on the SMI list, even if the youth is no longer receiving MH services, due to being discharged from the program. Treatment plans for these youth will focus on substance abuse issues and goals specific to that format of treatment. The assigned QMHP staff will collaborate with the assigned substance abuse counselor to complete monthly reports on these youth until the completion of substance abuse treatment services.

E. Transfer of an MH SMI Enrolled Youth

1. Youth currently on the MH SMI list who are transferred between facilities shall be added to the receiving facility's Mental Health Section's SMI list.
2. The youth shall be assigned to a QMHP for ongoing mental health services.
3. The youth shall be assigned to the site Psychiatrist if the youth presents a need for psychiatric services.
4. Current diagnoses and medication regimens shall remain intact for at least the first 30 days after transfer unless there is an imminent clinical need for change, such as re-evaluation after transfer to the SCY-MHTU. The rationale for such changes shall be clearly documented in the Electronic Record Management Application (ERMA) database by the QMHP.
5. As part of the discharge process from SCY-MHTU and SCY-TMHU), the discharging Psychiatrist at SCY, and the receiving psychiatrist at ACY or BCCY, shall communicate (preferably via telephone) regarding the youth's status within one (1) week after the transfer. Efforts shall be made to maintain the youth on the existing medication regimen unless the safety and well-being of the youth would be negatively impacted by maintaining the regimen. Any medication change shall be clearly documented in ERMA by QMHP.

6. Youth assigned to the Fast Track Program (refer to YS Policy No. B.2.12) shall be allowed to remain on their admitting medication regimens until a determination of whether to continue medication can be made by the treating physician at the conclusion of an evaluation at the facility.
7. Prior to transfer to another facility with ample prior notice, a "Medical Transfer Summary" shall be completed by the QMHP in ERMA, and the sending facility's staff, detailing any special requirements that need to be considered while in transit and upon arrival at the youth's destination. Discharge planning shall be included as appropriate.

VII. MENTAL HEALTH CRISIS INTERVENTION:

- A. In the event a youth experiences a mental health crisis, the facility's staff shall notify the Health Services Administrator (HSA)/designee, and/or the QMHP on-call after hours. A face-to-face assessment shall be conducted immediately during regular working hours or within two (2) hours on weekends/holidays by the on-call QMHP. In these instances, the QMHP shall initiate the necessary treatment and confer with the on-call psychiatrist, if clinically indicated.
- B. Until such time as the youth is assessed by the QMHP, the youth shall remain under constant observation in the infirmary and/or the Behavioral Health Treatment Unit by facility staff. If the youth is assigned to a single room housing unit, facility staff shall provide constant observation in the assigned unit until the QMHP arrives.
- C. If the youth exhibits self-injurious behavior while under constant observation in the assigned unit, the youth shall be immediately transferred to the infirmary and suicide precautions immediately initiated pursuant to YS Policy No. B.6.7.
- D. It shall be the responsibility of the QMHP to ensure provision for the stabilization of acute psychiatric illness, through the use of individual psychotherapy and/or the use of pharmacotherapy and multidisciplinary treatment team planning. Following stabilization, the youth shall continue to receive the necessary mental health treatment as determined by the multidisciplinary treatment team.
- E. In conjunction with the youth's assigned Case Manager, the contracted Psychiatrist and the youth's assigned QMHP shall determine the need to request that a youth be transferred to MHTU. The youth's assigned Case Manager shall schedule a Transfer Staffing, to include the following:
 1. The Group Leader of requesting facility;
 2. The Facility Treatment Directors of both facilities/designee;
 3. The QMHP of both facilities;
 4. The Medical staff of both facilities;
 5. Education staff of both facilities;
 6. The youth's assigned PPO/J;
 7. The youth's parent/guardian; and the
 8. Director of Treatment and Rehabilitation/designee.

Upon completion of the staffing, the treatment team shall make a decision on the transfer of the youth to MHTU. If a decision is made that transfer is necessary, a "Request for Transfer" (RFT) is completed in the "Case Management" database by facility staff, and forwarded to the Central Office Secure Care Placement Section for approval the same day.

Once approved, the Facility Director's shall be notified and the transfer initiated. JETS shall be updated by the sending facility upon transfer.

If the MHTU is full following the decision to transfer, the treatment team shall recommend steps to be taken to maintain the youth's safety, including specific interventions, supervision protocols, etc. until such time as the transfer takes place.

VIII. INFORMED CONSENT:

Youth who enroll in mental health treatment, including psychiatric medication management, shall be provided with information regarding the risks and benefits to treatment, and indicate their agreement with treatment via completion of the "Consent for Treatment with Psychotropic Medication" form [see Attachment B.6.6 (a)], through the CHP staff.

The QMHP shall place the signed form in the youth's medical record.

IX. MENTAL HEALTH TREATMENT PLAN:

- A. A "Mental Health Treatment Plan" shall be established within 30 days following the completion of the Psychological Evaluation for all youth who are determined to have an SMI or ID designation, and are being followed by the QMHP for mental health treatment.

The "Mental Health Treatment Plan" shall indicate the frequency of planned mental health contacts, the primary symptoms of the youth's mental illness most likely to interfere with the youth's functioning, and steps to assist the youth in managing these symptoms.

If the youth is dual disordered and has a mental illness or developmental disability and a substance use diagnosis, the "Mental Health Treatment Plan" shall also include the same information addressing the youth's substance use needs using the YS approved substance use treatment program (refer to YS Policy No. B.2.15).

- B. In the unusual event that a youth is housed at a secure facility for less than 30 days before being released to the community, the "Mental Health Treatment Plan" may appear as part of the progress note completed for initial visits with mental health staff.

- C. “Mental Health Treatment Plan”/Multidisciplinary Quarterly Reviews for all youth shall be reviewed and updated every 90 days at a minimum to correspond with YS Policy No. B.2.2.
- D. Youth at some secure facilities may be enrolled in substance use treatment with the QMHP, but not be designated as SMI. “Mental Health Treatment Plans” for these youth shall focus on substance use issues and goals specific to the approved YS “Substance Use Treatment Program”, pursuant to YS Policy No. B.2.15.
- E. Upon completion of the youth’s psychological evaluation within 30 days of admission, the treatment plan shall be entered in ERMA by the QMHP.

X. CONFIDENTIALITY:

Information about a youth’s mental health status is confidential and shall be maintained by the QMHP separately from the youth’s secure care case record.

XI. QUALITY ASSURANCE:

- A. The Director of Treatment and Rehabilitation shall direct a team of auditors biannually, to conduct a JETS audit and a Master Record review, using the “YS Case Management Tool”, to determine if youth are being provided treatment pursuant to this policy.
- B. The Central Office Health Services Director shall conduct quarterly reviews of mental health services provided by the CHP to determine if youth are being provided appropriate mental health services pursuant to this policy.

Previous Regulation/Policy Number: B.6.6

Previous Effective Date: 06/26/2019

Attachments/References: B.6.6 (a) Consent for Treatment June 2019.doc
B.6.6 (b) Request for Mental Health Services/Consultation Form June 2019.doc

CONSENT FOR TREATMENT WITH PSYCHOTROPIC MEDICATION

ACY BCCY SCY SCYC

Date: _____ Youth Name: _____ Client ID#: _____ DOB: _____

I, _____, am a patient of _____.
(Youth Name) *(Doctor)*

I have been informed of my illness and advised to receive the medication _____,
(Generic or trade name of medication)
which is a _____.
(Specify antipsychotic, antidepressant, mood stabilizer, anti-cholinergic)

I have been informed of the nature of the treatment and understand risks and possible side effects; including but not limited to dry mouth, excessive thirst, blurry vision, constipation, and sedation. With use of antipsychotic medication, possible side effects include tremor, muscle spasms, and restlessness. I specifically understand the risk of tardive dyskinesia, which may cause involuntary tic-like movements in my face, tongue, neck, arms and/or legs, and which may persist even after treatment with the medication has been stopped. If prescribed *Closaril*, I specifically understand the risk of agranulocytosis and the required lab work.

I understand that although my health care provider has explained to me the most common side effects of this treatment, there may be other side effects, and that I should promptly inform my health care provider or another member of the staff if there are any unexpected changes in my condition.

I understand that I may discontinue this medication if I choose, but I should inform my health care provider before doing so. I also understand that although my health care provider believes that this medication will help me, there is no guarantee as to the result that may be expected. I have been informed of the risk of refusing the recommended treatment. I have been informed that refusing medication does not prevent me from receiving other types of treatment.

On this basis, I authorize my health care provider or anyone authorized by my health care provider to administer the above-named medication at such intervals as deemed advisable.

SIGNATURE OF PATIENT: _____ DATE: _____

SIGNATURE OF PROVIDER: _____ DATE: _____

REFUSAL

I have been advised to take the medication(s) listed above but I am unwilling to take the medication as recommended. The possible consequences of not taking the medication have been explained to me. Specifically:

SIGNATURE OF PROVIDER: _____ DATE: _____

SIGNATURE OF PATIENT: _____ DATE: _____

SIGNATURE OF WITNESS: _____ DATE: _____

SIGNATURE OF 2ND WITNESS: _____ DATE: _____

REQUEST FOR MENTAL HEALTH SERVICES/CONSULTATION FORM

YOUTH _____ JETS # _____ DOB _____ HOUSING UNIT _____

FROM: _____ DATE OF REQUEST: _____

I. REASON(S) FOR REFERRAL: (Check all that apply)

- MEDICATION CHECK, ASSESS NEED FOR MEDICATION, FURLOUGH/EARLY RELEASE REQUEST FOR EVALUATION, COURT ORDERED EVALUATION, HALLUCINATIONS, Auditory, Visual, ALTERCATION, # COC VIOLATIONS WITHIN 30 DAYS, DEPRESSION, ANGER PROBLEMS, BEREAVEMENT ISSUES, SLEEP DISTURBANCE, UNRESOLVED GRIEF ISSUES, SYMPTOMS OF ANXIETY, POOR PARTICIPATION IN ACTIVITIES, CURRENT SELF-MUTILATION, ATTENTION/ACTIVITY IN CLASSROOM, ADJUSTMENT PROBLEMS, OTHER (Specify)

II. COMMENTS: State the specific reason for the referral, as well as any relevant information to be considered by Mental Health Staff.

Symptoms : _____

Time Frame (how long have symptoms been present): _____

Setting(s) where s&s present: _____

SIGNATURE: _____ DATE: _____
Person Making the Referral

SIGNATURE: _____ DATE: _____
Treatment Director

THIS SECTION SHOULD BE COMPLETED BY THE MENTAL HEALTH DEPARTMENT

III. REVIEWED AND APPROVED: _____ DISAPPROVED: _____

IV. SERVICE PROVIDER ACTION TAKEN: _____

SIGNATURE: _____ DATE: _____
Service Provider's Signature

cc: Master Record
Principal