

**CHAPTER 63D-11  
JUVENILE ASSESSMENT CENTERS**

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**63D-11.001 Purpose and Scope.**

~~This rule specifies the requirements and criteria describing the role that the department has in the operation of juvenile assessment centers (JACs). JACs are also subject to Chapter 63D-9, F.A.C., relative to the provision of assessment services.~~

~~*Rulemaking Authority 985.64 FS. Law Implemented 985.135 FS. History—New 9-20-10, Repealed*~~

**63D-11.001 Purpose and Scope.**

~~*Rulemaking Authority 985.64 FS. Law Implemented 985.135 FS. History—New 9-20-10, Repealed*~~

**63D-11.002 Design and Operation.**

~~(1) JACs provide co-located central intake and screening services for youth referred to the department. The department's role is to ensure that an adequate number of staff, either department employees or contracted provider staff, are deployed at a JAC to cover the functions of detention screening and the initiation of the intake process. The local JAC advisory committee, which shall be comprised of individuals who represent the agencies participating in the JAC, shall develop an interagency agreement that includes provisions regarding the development of protocols and procedures for conflict resolution, resource identification, roles, responsibilities, and communication between the agencies, and the daily operation of the JAC. In JACs where the department is not directly responsible for the functions defined herein, the interagency agreement must satisfy all requirements of this rule prior to department approval.~~

~~(2) Because local law enforcement agencies and local departments of corrections are often involved in staffing a JAC, the department shall rely on law enforcement standards where applicable except, as regards to specific statutory direction such as, for example, found in Section 985.645, F.S.~~

*Rulemaking Authority 985.64 FS. Law Implemented 985.135(2), (3), 985.645 FS. History–New 9-20-10,  
Repealed.*

### **63D-11.002 Design and Operation.**

*Rulemaking Authority 985.64 FS. Law Implemented 985.135(2), (3), 985.645 FS. History–New 9-20-10,  
Repealed.*

### **63D-11.003 Safety and Security.**

~~All JACs that use holding cells for youth shall include in their process for utilization of these holding cells the following conditions:~~

- ~~(1) Males and females shall never be placed together in the same holding cell;~~
- ~~(2) Staff shall visually observe youth in holding cells every 10 minutes;~~
- ~~(3) A review of the youth's behavior shall be held every 30 minutes for the purpose of assessing and documenting any signs or indications that the youth poses a risk to self or others;~~
- ~~(4) The observations and reviews shall be documented in writing; and,~~
- ~~(5) If a holding cell is used by more than one youth at a time, a safety decision shall be made as to the potential risk of one youth to the other. Risk factors to consider are contagious disease, a marked difference in size, strength or age, predatory history, and emotional stability.~~

*Rulemaking Authority 985.64 FS. Law Implemented 985.135(3), (4) FS. History–New 9-20-10,  
Repealed.*

### **63D-11.003 Safety and Security.**

*Rulemaking Authority 985.64 FS. Law Implemented 985.135(3), (4) FS. History–New 9-20-10,  
Repealed.*

#### **63D-11.004 Admission of Youth.**

(1) Each youth shall receive an initial medical and mental health clearance using the Probation Medical and Mental Health Clearance Form. The Juvenile Probation Officer (JPO) shall evaluate the condition of each youth prior to being accepted into the JAC for detention screening. The clearance process shall help ensure an appropriate response when law enforcement delivers a youth for screening who appears to be physically impaired due to drugs, alcohol, injury, or illness. The Probation Medical and Mental Health Clearance Form (HS 051, July 2010) is incorporated, and is available from the Office of Health Services at 2737 Centerview Drive, Suite 2426, Tallahassee, FL 32399-3100. Requirements governing the use of the form are detailed in Rule 63D-8.001, F.A.C.

(a) If the clearance process reveals one or more medical or mental health concerns, the law enforcement officer shall be informed immediately so that law enforcement can transport the child to the appropriate facility to be seen by a qualified health care professional.

(b) If the law enforcement officer disagrees with the resulting need for medical clearance, or refuses to transport the youth to the appropriate facility, the JPO shall provide the law enforcement officer with copies of Sections 985.115(2)(c)-(e), F.S., and the local interagency agreement. Both should be posted in a prominent place.

(c) If the disagreement has still not been resolved, the JPO shall contact the Juvenile Probation Officer Supervisor (JPOS), who shall contact the law enforcement officer's supervisor. The department and law enforcement agency should subsequently resolve any issues of dispute following the appropriate chain of command.

(d) The Probation Medical and Mental Health Clearance Form shall be made a part of the packet of documents transferred to the detention center if the youth is eligible for, and is transported to, secure detention. A copy of the form shall be placed in the youth's case file.

(e) During the initial JAC intake each youth shall be screened for suicide risk. The JPO shall complete the Assessment of Suicide Risk Form (MHSA 004, August 2006). The form shall be sent with the youth if he or she is admitted to secure detention. If the youth is released to the custody of the parent or legal guardian, then the parent or legal guardian must be provided the form entitled Suicide Risk Screening Parent/Guardian Notification (MHSA 003, August 2006). Requirements governing the use of these forms are detailed in Rule 63D-9.004, F.A.C.

(2) There are circumstances where a youth who has already been admitted to the JAC becomes severely ill or injured while awaiting detention screening, transfer to detention, or release to the parent(s)/guardian(s). If it is

obvious that the condition of the youth is severe or appears to be life threatening, the first person who becomes aware of the emergency shall call 911 immediately to request emergency medical services (EMS).

(a) If EMS determines that the youth requires prompt medical attention, the youth shall be immediately transported to the hospital via ambulance, regardless of his or her screening status. The JAC interagency agreement shall identify which staff shall accompany the youth to and remain present at the hospital until such time as the parent(s)/guardian(s) arrives (in the case of a youth not eligible for secure detention).

(b) If the detention screening was completed and the youth was determined to be eligible for secure detention, then a security plan while in the hospital shall be implemented in accordance with the JAC interagency agreement.

(c) If the youth requires hospitalization and has not been screened for detention, the JPO shall collect sufficient information telephonically and by other sources to complete the Detention Risk Assessment Instrument (DRAI) to make a preliminary determination as to the youth's qualification for secure detention, non-secure detention, or release with no detention status. Requirements governing the use of the DRAI are detailed in Rule 63D-9.002, F.A.C., and the DRAI is incorporated by reference in Rule 63D-9.001, F.A.C.

(d) If the youth requires hospitalization, has been screened for detention, and is to be released, then the JPO shall facilitate the release of the youth to the parent(s)/guardian(s), who shall then assume custody of the youth.

(e) If the youth requires hospitalization, has been screened for detention, and is awaiting transportation to the detention center, the JPO shall contact the detention center superintendent or designee to inform them as to which hospital the youth has been transported. As part of this process, the detention center shall deploy detention center staff to the hospital as soon as possible, but no later than three hours after receiving notice of the medical emergency.

(3) Mental health or substance abuse emergencies may occur in the JAC after the custody of the youth has been accepted from law enforcement. Procedures shall be in place at the JAC to ensure that staff immediately contact emergency medical services (911) for youth who are believed to be an imminent danger to themselves or others because of mental illness or substance abuse impairment.

(a) Procedures shall be in place for contacting the designated law enforcement agency and arranging for transportation of a youth believed to be mentally ill from the facility to a mental health receiving facility when the youth appears to meet the criteria for involuntary examination set forth in Section 394.463, F.S.

~~(b) Procedures shall be in place for transporting a youth who is believed to be substance abuse impaired, for emergency admission to a hospital, licensed detoxification facility, or addictions receiving facility. If involuntary substance abuse admission is initiated under Section 397.675, F.S., a law enforcement officer may implement protective custody measures as described in Section 397.677, F.S., and take the youth to a hospital or licensed detoxification or addictions receiving facility.~~

*Rulemaking Authority 985.64 FS. Law Implemented 985.135 FS. History--New 9-20-10, Repealed.*

#### **63D-11.004 Admission of Youth.**

*Rulemaking Authority 985.64 FS. Law Implemented 985.135 FS. History--New 9-20-10, Repealed.*

#### **63D-11.005 Screening for Medical Conditions and Handling.**

~~(1) If the youth reports that he or she is taking insulin, the JPO shall advise the law enforcement officer to take the youth to a licensed health care professional for an assessment to ensure that the youth's blood sugar levels are at satisfactory levels for admission into the JAC. The youth shall not be accepted for screening until documentation is provided by a licensed health care professional that the youth has an acceptable blood sugar level. Upon return to the JAC the youth shall be kept on constant sight and sound observation, and shall be prioritized for completion of the screening process.~~

~~(2) Youth who report taking any one of the following medications shall be accepted for detention screening at the JAC: seizure medication, asthma medication, heart medication, psychotropic medication, blood pressure medication, or non-insulin diabetes medication. These youth shall be prioritized for completion of the screening process.~~

~~(3) If any youth taking the medication identified in subsection (1) or (2), above, is screened as eligible for secure detention, detention staff shall be notified immediately that a youth awaiting placement is using one of the critical medications. The JPO shall advise the parent(s)/guardian(s) to deliver the youth's medication as soon as possible.~~

~~(4) If the youth is on medication, in need of the next dose, and is not eligible for secure detention, the parent(s)/guardian(s) shall be notified to bring the medication when they come to the JAC to pick up the youth. In the event that the JPO cannot reach the parent(s)/guardian(s), or if they refuse to respond, the JPO shall make~~

~~arrangements to transport the youth home, or to a responsible adult, and the JPO shall verbally advise the parent or the responsible adult of the youth's need for medication.~~

~~(5) In the event that the youth needs to be placed in a shelter, the JPO shall verbally advise the shelter supervisor prior to admission of the youth's imminent need for medication.~~

~~Rulemaking Authority 985.64 FS. Law Implemented 985.135 FS. History--New 9-20-10, Repealed.~~

### **63D-11.005 Screening for Medical Conditions and Handling.**

~~Rulemaking Authority 985.64 FS. Law Implemented 985.135 FS. History--New 9-20-10, Repealed.~~

### **63D-11.006 Responding to Gangs.**

~~(1) During the screening, intake, and supervision process, the JPO shall collect information to be used in determining a youth's gang involvement or affiliation, if any. A referral for suspected gang involvement for known gang activity will be reviewed by the identified circuit gang liaison prior to submission to local law enforcement. A gang member alert shall be entered into the Juvenile Justice Information System (JJIS) for any youth identified as a member of a criminal gang as defined by Section 874.03, F.S., as follows:~~

~~(a) Other Suspected Gang Affiliation – A referral has been submitted to local law enforcement with information that indicates youth's potential gang involvement or activities based on staff observations, youth statements, statements by other youth or sources, and or supplemental information such as pictures, drawings, or other documents.~~

~~(b) Documented Gang Associate – Written documentation has been received from law enforcement certifying youth as a gang associate per Sections 874.03(2)(a)-(b), F.S.~~

~~(c) Documented Gang Member – Written documentation has been received from law enforcement certifying youth as a gang member per Sections 874.03(3)(a)-(k), F.S.~~

~~(2) The methods and procedures in the interagency agreement shall ensure a coordinated effort between the department and local law enforcement agencies for the purpose of sharing information related to gang-involved youth. All gang-related information shall be shared with local law enforcement agencies, the assigned JPO and the educational provider or local school district providing educational services at a community based non-residential day treatment program.~~

**63D-11.006 Responding to Gangs.**

**63D-11.007 Release of Youth.**

(1) A goal of the department is that a youth shall not be held in a JAC for longer than six hours from the time he or she is turned over to the JPO from law enforcement or other authorities. If a youth is held over the six-hour period for any reason, the reason for the delay and the actions taken to comply with this six-hour goal shall be documented. Management shall use this documentation to identify any systemic problems with meeting the six-hour timeframe.

(2) If it is determined that the youth is in need of non-emergency medical attention, the following shall take place based on the youth's screening status:

(a) Upon arrival to pick up the youth from the JAC, the parent(s)/guardian(s) shall be notified verbally and in writing by the JPO that the youth appears to be ill or has complained of illness or injury, and that further medical assessment is needed after release. The parent(s)/guardian(s) shall provide written acknowledgement indicating their understanding of the situation.

(b) For youth being released to secure detention, the detention center superintendent or designee shall be notified immediately by phone of the youth's illness or injury. This person shall be provided all available information regarding the youth's specific symptoms or complaints in order to facilitate an appropriate and timely medical assessment.

(3) If a youth admitted to a JAC is identified through screening or other sources as a potential suicide threat, but the youth does not meet the criteria for immediate transportation to a facility for evaluation, the following is required:

(a) If the youth is to be released to the parent(s)/guardian(s), the parent(s)/guardian(s) shall be informed that suicide risk factors were disclosed during preliminary screening, and that a full assessment of suicide risk should be conducted by a qualified mental health professional. The parent(s)/guardian(s) shall be provided with the Suicide Risk Screening Parent/Guardian Notification form (MHSA 003, August 2006). A copy of the form shall be permanently filed in the youth's case file.

~~(b) If the youth is being detained in secure detention, a suicide risk alert shall be immediately entered into JJIS and the youth placed on constant observation until an assessment of suicide risk is conducted. The JPO will write “suicide risk” on the top page of the detention packet and verbally notify the detention center superintendent or designee prior to the youth’s transfer from the JAC, and notify the transportation staff upon their arrival.~~

*Rulemaking Authority 985.64 FS. Law Implemented 985.135 FS. History–New 9-20-10, Repealed.*

**63D-11.007 Release of Youth.**

*Rulemaking Authority 985.64 FS. Law Implemented 985.135 FS. History–New 9-20-10, Repealed.*