



# Office of Health Services Technical Assistance Bulletin



## Practical Applications of Medical, Mental Health and Substance Abuse Policies and Procedures

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Issue 2

Frank Peterman, Secretary  
Charlie Crist, Governor

*Serving the Children of DJJ Providing Quality Medical, Mental Health & Substance Abuse Services*

## Mental Health and Substance Abuse

### SUBSTANCE ABUSE SERVICES IN DJJ FACILITIES AND PROGRAMS

Substance abuse services in DJJ facilities and programs must be provided in accordance with the licensing requirements set forth in Chapter 397, Florida Statutes and Chapter 65D-30.003(15) Florida Administrative Code.

Chapter 65D-30.003(15) F.A.C., states the following:

*“Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. Substance abuse services may be provided in accordance with any one of the four conditions described below.*

- (a) The services must be provided in a facility that is licensed under Chapter 397, Florida Statutes, for the appropriate licensable service component as defined in subsection 65D-30.002(16), Florida Administrative Code.
- (b) The services must be provided by employees of a service provider licensed under Chapter 397.
- (c) The services must be provided by employees of the commitment program or detention facility who are qualified professionals licensed under Chapters 458, 459, 490 or 491, Florida Statutes.
- (d) The services must be provided by an individual who is an independent contractor who is licensed under chapters 458, 459, 490, or 491, Florida Statutes.”

Thus, substance abuse services must be provided by employees of a service provider licensed under Chapter 397, F.S., or in a facility licensed under Chapter 397, F.S., [as specified in condition (a) or (b) of Rule 65D-30.003(15) FAC] or by a qualified professional licensed under Chapter 458, 459, 490 or 491, F.S., (a physician or physician assistant licensed pursuant to Chapter 458 or 459; a psychologist licensed pursuant to Chapter 490; or a mental health counselor, clinical social worker or marriage and family therapist licensed pursuant to Chapter 491) [as specified in condition (c) or (d) of Rule 65D-30.003(15) FAC].

A non-licensed substance abuse clinical staff person may provide substance abuse services in a DJJ facility or program only as an employee of a service provider licensed under Chapter 397, F.S., or of a facility licensed under Chapter 397. A non-licensed substance abuse clinical staff person providing substance abuse services in a DJJ facility or program must hold, at a minimum, a Bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling or related human services field and work under the direct supervision of a “qualified professional” under 397.311(26) F.S.

During the 2009 legislative session, the definition of “qualified professional” under Section 397.311(26) F.S., was changed to the following:

*“Qualified professional means a physician or a physician assistant licensed under chapter 458 or chapter 459; a professional licensed under chapter 490 or chapter 491; an advanced registered nurse practitioner having a specialty in psychiatry licensed under part I of chapter 464; or a person who is certified through a department-recognized certification process for substance abuse treatment services and who holds, at a minimum, a bachelor’s degree...”*

Under this new change, the definition of “qualified professional” now includes a physician assistant licensed under chapter 458 or chapter 459 or an advanced registered nurse practitioner having a specialty in psychiatry licensed under part I of Chapter 464.

**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, early troubleshooting for problem areas and improved collaborations with other state Agencies.

## TUBERCULOSIS (TB) Control and Screening

All detention superintendents and residential commitment program directors shall be responsible for developing and implementing facility-operating procedures for Tuberculosis. The procedures shall generally address the routine screening of all youth for latent and active tuberculosis, as well as environmental controls in the case of a youth with active Tuberculosis. They shall be developed in accordance with the Centers for Disease Control and Prevention *new* 2006 recommendations and OSHA Occupational Safety and Health Standards.

The facility procedures shall incorporate all of the following components: Youth initial symptom screening; Mantoux Tuberculosis skin testing (TST) with Purified Protein Derivative (PPD); Annual re-screening of youth; Treatment for latent and active TB infection; Environmental controls to prevent transmission of TB; Facility TB annual risk assessment; Respirator protection for health care workers and staff; and Precautions for transporting youth with suspected or confirmed infectious TB.

### INITIAL SYMPTOM SCREENING METHOD (TIER I): INTERVIEW WITH YOUTH

The second page of the *Facility Entry Physical Health Screening* form shall be utilized for a youth's ini-

tial Tuberculosis (TB) symptom screening. Emphasis should continue to be on thorough, standardized symptom screening upon each admission to a detention center and residential commitment program (including re-entry after temporary transfers or releases).

Youth with symptoms suggestive of active Tuberculosis would have the following findings on the entry screening: A cough productive of mucous for greater than 3 weeks, AND Any three (3) of the following symptoms: Fever greater than 101 degrees; Significant weight loss without dieting; Fatigue; Night or early evening profuse sweating.

Youth with these symptoms shall not be placed in the general population until medically assessed by the facility DHA or designee, PA or ARNP.

If this evaluation cannot be accomplished immediately, then the youth must be immediately transported to the nearest hospital or local county health department for evaluation. It is advisable to contact the chosen facility prior to departure. While awaiting evaluation or transport, the youth may be placed in an Airborne Infection Isolation Room (a room with a verified effective negative pressure airflow system) or outside in the open air (provided the youth can be accompanied).

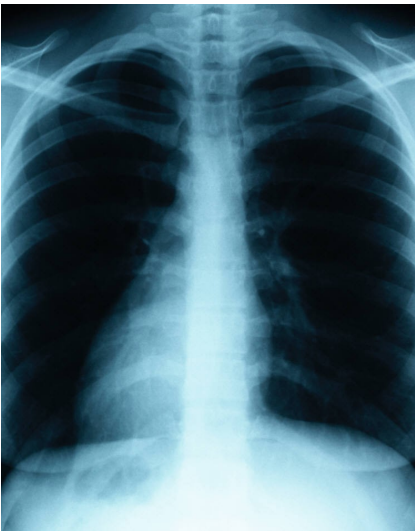
If the facility DHA or designee,

PA or ARNP are on-site, then based on the subsequent medical evaluation the following should occur as clinically indicated: a Tuberculin Skin Test or QuantiFERON-TB Gold blood test (QFT-G), a chest x-ray and, if indicated, sputum examinations. If this extensive an evaluation is warranted, then the youth should be transported to the nearest hospital or local county health department. It is advisable to contact the chosen facility prior to departure.

For those youth known to be infected with HIV, a chest x-ray shall be part of the initial admission screening. Youth who have x-ray results suggestive of TB shall be isolated immediately and the facility shall consult with the DHA or designee, PA or ARNP for further instructions. CDC Recommendations indicate that sputum-smear and culture examinations should be performed for these youth who are symptomatic and whose chest x-rays are consistent with TB disease regardless of their PPD/QFT-G results.

All youth with the following conditions are at increased risk for latent TB infection and the risk of progression from latent to active Tuberculosis disease. They will require further screening with a PPD, a QFT-G or chest x-ray within 7 days of arrival to a detention center or residential commitment program. These conditions include the following: Recent immigration; History of Tuberculosis; Recent close contact with a person with tubercu-

losis disease; Injection-drug use; Diabetes Mellitus; Conditions requiring immunosuppressive therapy; Hematologic malignancy or lymphoma; Chronic renal failure; Medical conditions associated with substantial malnutrition; A person with a history of gastrectomy or jejunoleal bypass; *Note: Do not place youth who have a strong index for active disease in any kind of confinement room unless that room has a negative pressure airflow system, verified to be effective.*



#### VERIFICATION OF PRIOR TST/PPD TESTING

If after screening there is a low index of suspicion for active TB disease, the facility shall determine if a TST/PPD is warranted, based on existing records.

All youth should have on file in the DJJ Individual Health Care Record, one (1) verified PPD skin test result, measured and documented in millimeters (unless skin testing is medically

contraindicated). This documentation may come from prior records, including private health care practitioners, county health departments, or from prior PPD tests administered in DJJ detention centers or residential commitment programs. If a county health department or private health care practitioner has a PPD on file for a youth, a facsimile copy is acceptable and should be filed in the youth's Individual Health Care Record (IHCR), and recorded on the *Infectious and Communicable Disease (ICD)* form in the core health profile.

When utilizing the TB Log please document PPD testing done in your current facility only.

**MEDICAL EVALUATION AND TREATMENT FOR TB** The medical evaluation and treatment of latent or active TB shall be the responsibility of the Designated Health Authority or designee. The physician shall collaborate with the local Department of Health in the medical management of a youth for TB disease and shall provide medical treatment in accordance with the Department of Health and Center for Disease Control standards and regulations.

The Designated Health Authority or designee shall be responsible for the reporting all youth with confirmed TB disease to the Department of Health. The departmental facility shall utilize the Department of Health reporting form

to report TB infection in accordance with DOH policy and procedures.

*(The Disease Report Form can be found at the Florida Department of Health website, Epidemiology link: [http://www.doh.state.fl.us/disease\\_ctrl/epi/index.html](http://www.doh.state.fl.us/disease_ctrl/epi/index.html).)*

If the youth is prescribed anti-tuberculosis medication, this should be noted on the Infectious and Communicable Disease form. Additionally, the actual administration of TB medications should be documented on the *Medication Administration record (MAR)*.

#### DJJ, Held H1N1 Free Vaccination Clinic at Headquarters



*Dr. Johnson, Chief Medical Director*

The Department of Juvenile Justice, Office of Health Services, in collaboration with the Department of Health held the first ever, Free H1N1 Vaccine Clinic for DJJ staff, families and friends, Thursday, February 25th, 2010. 62 employees pre-registered.

## Mental Health

The Office of Health Services Welcomes Judith Lee, PhD Senior Behavioral Analyst Detention, North Region.



During an interview with Dr. Lee she said that her experience as a teacher of 11-19 year olds taught her important organizational skills. She enjoyed a good rapport with students, faculty, and staff. In

fact, students often sought her out to discuss personal/family issues aside from academic ones. She worked closely with the counselors and staff; learned about the operations of a facility; and conducted supervision of counselors. In this arena, she also enjoyed a good working rapport with all staff as well as with the residents. Dr. Lee received an award upon the completion of her tenure. She said that she particularly enjoys working on a team of adults and working with adolescents (clinically). She has been commended for her "people skills" and her life experiences as a Military wife, moving and traveling to many interesting places, has prepared her for a variety of challenges and taught her to be flexible.

Dr. Lee earned her BS degree from University of Great Falls, Great Falls, MT; MA in Psychology, emphasis in Marriage and Family Therapy, from Chapman University, Orange, CA; Doctor of Clinical Psychology degree from University of the Rockies, School of Professional Psychology, emphasis in Trauma, Colorado Springs, CO. She was a Secondary school teacher (Math) for several years and Licensed Marriage & Family Therapist for over 12 years (clinician). Worked in the Zebulon Pike Youth Services and Spring Creek Youth Services facilities in Colorado Springs, CO as a clinician (therapy, assessments, EMDR) and supervision for over 18 months.

[Visit us at www.djj.state.fl.us/HealthServices/index.html](http://www.djj.state.fl.us/HealthServices/index.html)

## Form Updates

**Look for Health Service Manual (2006) Form Updates in the Forms Library and the Juvenile Justice Information System.** These forms are being updated because of suggestions from Medical staff. See below for forms being updated and the update that is being made to the form.

### HS-008 Controlled Medication Inventory Record Form

- The changes to this form are adding three columns for shift initials which required it be changed to landscape viewing.
- We have deleted the reference "This or the pre-printed pharmacy form is required" from the HS-008 Form and the Appendix A - Forms Index.

### HS-015 HIV Antibody Test Youth Consent Form;

- I consent/I do not consent

### HS-020 Parental Notification of Health Related Care – General;

- Date form completed.

### HS-021 Parental Notification of Health Related Care – Medication Management;

- Date form completed.

### HS-022 Parental Notification of Health Related Care – Vaccination, Immunization;

- Date form completed.

### HS-032 Sick Call Request.

- RN Review, RN Name, RN Signature and Date.

## Website Updates

Website Updates have been added to the Office of Health Services Webpage **Presentation/Trainings/CEU's:**

Free CEU continuing education opportunities:

- 2010 Distance Learning CEU Satellite Broadcast Program Schedule is located at: <http://esetappsdohealth.state.fl.us/irm00dln/pagesProgram/ProgramList.aspx>.
- Department of Health (DOH) Children's Medical Services trainings and CEU website at <http://centerforchildwelfare.fmhi.usf.edu/videos/Pages/cms.aspx>.

Trauma Power Point Presentations:

- The Effects of Childhood Trauma presentation to the Drug Policy Advisory Council, and Trauma Informed Care presentation to the Re-Investing in Youth Success Orlando Community Forum, both by Tracy Shelby, MS, EdS, Coordinator of Mental Health and Substance Abuse.

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Please submit suggestions for future Technical Assistance Bulletins to Debra Morris at [Debra.Morris@djj.state.fl.us](mailto:Debra.Morris@djj.state.fl.us).