

## **Rule 9. Mental Health**

### **210 IAC 8-9-1 Mental health services**

**Authority: IC 11-8-2-5; IC 31-31-8-2**

**Affected: IC 31-31-8**

Sec. 1. (a) Written policy, procedure and practice:

(1) Provide mental health services for juveniles; and  
(2) Assure juvenile detention facilities are not intended to be mental health treatment facilities.

(b) Mental health services include, but are not limited to, those services provided by qualified mental health care professionals who meet the educational and license and certification criteria specified by their respective professional disciplines.

### **210 IAC 8-9-2 Mental health screening MANDATORY**

**Authority: IC 11-8-2-5; IC 31-31-8-2**

**Affected: IC 31-31-8**

Sec. 2. Written policy, procedure, and practice provide that juveniles receive an initial mental health screening at the time of admission to the facility by a qualified mental health professional or mental health care trained personnel. The mental health screening includes, but is not limited to, the following:

(1) Use of the MAYSI-2 screen or the screen currently being used by the Indiana Juvenile Mental Health Screening, Assessment, and Treatment Project.

(2) Inquiry into the following:

- (A) History of self-injurious and suicidal behavior.
- (B) History of inpatient and outpatient psychiatric treatment.
- (C) History of alcohol and other drug use.
- (D) History of treatment for alcohol and other drug use.
- (E) Current suicidal ideation.
- (F) Current mental health complaint.
- (G) Current treatment for mental health problems.
- (H) Current prescribed psychotropic medication.

(3) Observations of the following:

- (A) General appearance and behavior.
- (B) Evidence of abuse or trauma.
- (C) Current symptoms of the following:
  - (i) Psychosis.
  - (ii) Depression.
  - (iii) Anxiety.
  - (iv) Aggression.

(4) Disposition of juvenile of one of the following:

- (A) Cleared for general population.
- (B) Cleared for general population with appropriate referral to mental health care service.

(C) Referral to appropriate mental health care service for emergency intervention.

**210 IAC 8-9-3 MAYSI-2 caution or warning levels**

**Authority: IC 11-8-2-5; IC 31-31-8-2**

**Affected: IC 31-31-8**

Sec. 3. (a) Written policy, procedure, and practice provide that when a juvenile scores either a “caution” or “warning” level on the MAYSI-2 suicidal ideation scale, the detention facility will immediately take any emergency action necessary to protect the life of the juvenile, including the completion of a mental health assessment.

(b) Juveniles:

(1) Scoring:

(A) A “caution” or “warning” on the suicide ideation scale; or

(B) Two or more “warnings” on any other combination of scales;

Will be provided a clinical follow-up assessment unless;

(2) The results of a secondary screening process (built into the MAYSI 2 screening tool) indicate:

(A) This follow-up assessment is not warranted; and

(B) Evidence for not referring the juvenile for a clinical follow-up assessment is:

(i) Clearly documented; and

(ii) Reviewed by the facility administrator or their designee.

(c) If there is documented evidence that a mental health assessment has been completed within the previous ninety (90) days, a new mental health assessment is not required, except as determined by a qualified mental health professional.

(d) Mental health assessments include, but are not limited to the following:

(1) Review of available records of inpatient and outpatient mental health and alcohol and other drug treatment.

(2) Inquiry into prior mental health, alcohol, and other drug treatment.

(3) Inquiry into history of emotional, physical, and sexual abuse.

(4) Inquiry into educational history.

(5) Assessment of current mental status.

(6) Assessment of current suicidal and self-injury potential.

(7) Assessment of violence potential.

(8) Assessment of alcohol and other drug abuse and addiction.

(9) Use of additional assessment tools or referral for a mental health evaluation, as indicated based on need as determined by mental health authority or provider.

(10) Referral for treatment, as indicated to qualified mental health professionals.

(11) Recommendations concerning housing and program participation.

**210 IAC 8-9-4 Comprehension evaluation**

**Authority: IC 11-8-2-5; IC 31-31-8-2**

**Affected: IC 31-31-8**

Sec. 4. (a) Written policy, procedure, and practice provide that juveniles referred for a mental health evaluation or treatment, or both, will receive a comprehensive evaluation by a qualified mental health care professional.

(b) The evaluation is to be initiated as soon as possible, and within thirty (30) days of the referral date, and will include at least the following:

- (1) Review of mental health screening and appraisal data.
- (2) Review of the individual's mental health history.
- (3) Direct observations of behavior.
- (4) Collection and review of additional data from individual diagnostic interviews and tests, as appropriate.
- (5) Recommendations for treatment with appropriate referral to include transfer to an appropriate mental health facility when psychiatric needs exceed the treatment capability of the facility.

(c) Notice shall be provided to all parties of record, of the juvenile's referral for mental health evaluation.

#### **210 IAC 8-9-5 Written suicide prevention program MANDATORY**

**Authority: IC 11-8-2-5; IC 31-31-8-2**

**Affected: IC 31-31-8**

Sec. 5. (a) Written policy, procedure, and practice provide that a written suicide-prevention program is approved by the designated health care and mental health care authority and reviewed by the facility administrator.

(b) The suicide-prevention program includes:

- (1) Specific procedures and documentation for:
  - (A) Performing intake screening;
  - (B) Identifying suicide-prone juveniles; and
  - (C) Supervising suicide-prone juveniles;
- (2) Management of suicidal incidents;
- (3) Suicide watch;
- (4) Death of a juvenile; and
- (5) Staff and juvenile critical incident debriefing.

(c) The suicide-prevention program is reviewed and signed annually.

(d) All staff with responsibility for juvenile supervision is trained on an annual basis in the implementation of the program. Training should include but not be limited to the following:

- (1) Identifying the warning signs and symptoms of suicidal behavior.
- (2) Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors.
- (3) Responding to suicidal and depressed juveniles.
- (4) Improving communication between detention and health care personnel.
- (5) Understanding referral procedures.
- (6) Understanding special housing, juvenile observations, and suicide watch-level procedures and requirements.

(7) Follow-up monitoring of juveniles who make a suicide attempt.

**210 IAC 8-9-6 Emergency transfers**

**Authority: IC 11-8-2-5; IC 31-31-8-2**

**Affected: IC 31-31-8**

Sec. 6. (a) Written policy, procedure, and practice provide that when necessary a request is made for juveniles with severe mental illness or who are severely developmentally disabled to be placed in a facility specifically designated for meeting the special needs of the juvenile.

(b) Emergency transfers to a mental health facility will be approved and supervised by the responsible health care practitioner or mental health care authority, or both, and reported to the placing agency and parent or legal guardian the next business day.

**210 IAC 8-9-7 Involuntary administration of psychotropic medication MANDATORY**

**Authority: IC 11-8-2-5; IC 31-31-8-2**

**Affected: IC 31-31-8**

Sec. 7. (a) Written policy, procedure, and practice provide that the involuntary administration of psychotropic medication(s) to juveniles complies with applicable laws and regulations of the jurisdiction.

(b) When the administration of psychotropic medications, such as antipsychotics or antidepressants and other drugs used for psychiatric purposes, is performed by injection, the administration process shall include the following:

- (1) Psychotropic medication is prescribed only by a health care practitioner for a specific duration.
- (2) Documentation that less-restrictive-intervention options have been attempted without success.
- (3) Specific details about why, when, where, and how the medication is to be administered.
- (4) Monitoring for adverse reactions and side effects.
- (5) Medication is administered only by a qualified health care professional.
- (6) A treatment plan to address the issue resulting in the involuntary administration of psychotropic medication(s) will be prepared and implemented as soon as possible.

**210 IAC 8-9-8 Mental health status and records**

**Authority: IC 11-8-2-5; IC 31-31-8-2**

**Affected: IC 31-31-8**

Sec. 8. (a) Written policy, procedure, and practice provide that a juvenile's mental health status is confidential and maintained separately from the confinement case record.

(b) Access to the mental health record is determined by the mental health authority in accordance with state and federal law.

**210 IAC 8-9-9 Substance abuse treatment MANDATORY**

**Authority: IC 11-8-2-5; IC 31-31-8-2**  
**Affected: IC 31-31-8**

Sec. 9. Written policy, procedure, and practice provide the following:

- (1) Detoxification from
  - (A) Alcohol;
  - (B) Opiates;
  - (C) Hypnotics;
  - (D) Other stimulants; and
  - (E) Sedative hypnotic drugs;

Is conducted in a hospital or community detoxification center.

(2) Juveniles with a Blood Alcohol Content (BAC) of .08 or higher shall be diverted to a hospital or community detoxification center and receive medical clearance prior to being admitted into a detention center.

(3) Detention center staff may require medical clearance prior to admission when:

- (A) Juveniles show signs of physical impairment; or
- (B) Evidence suggests that excessive use of drugs, alcohol, or the combination of both, exists.

(4) Specific guidelines are followed for the treatment and observation of individuals manifesting symptoms of intoxication or withdrawal from alcohol and other drugs.

#### **210 IAC 8-9-10 Substance abuse screening or assessment**

**Authority: IC 11-8-2-5; IC 31-31-8-2**  
**Affected: IC 31-31-8**

Sec. 10. Written policy, procedure, and practice provide that juveniles with alcohol and other drug abuse problems are identified through a standardized screening or assessment.

#### **210 IAC 8-9-11 Chemical dependency treatment programs**

**Authority: IC 11-8-2-5; IC 31-31-8-2**  
**Affected: IC 31-31-8**

Sec. 11. Written policy, procedure, and practice provide that in facilities where juveniles have access to chemical dependency treatment programs, the clinical management includes at a minimum the following:

- (1) There is a written treatment philosophy consistent with current professional standards of practice for alcohol and other drug treatment within the context of the total correctional system.
- (2) Standardized diagnostic needs assessment administered to determine the extent of use, abuse, and dependency.
- (3) The program provides for an appropriate range of primary treatment services for alcohol and other drug-abusing juveniles.

- (4) Collaboration in the development of an individualized treatment plan developed by a substance abuse professional and the clinical team that may include the following staff:
- (A) Medical.
  - (B) Mental health.
  - (C) Education.
  - (D) Social service.
  - (E) Recreation.
  - (F) Unit staff, as deemed necessary.
- (5) Involvement of the juvenile and, when possible the family or guardian, in:
- (A) Treatment;
  - (B) Aftercare; and
  - (C) Discharge planning.
- (6) The program provides incentives for targeted treatment achievements to increase and maintain the juvenile's motivation for treatment.