

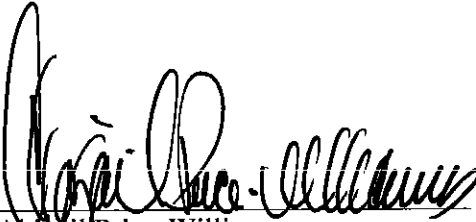
MEMORANDUM

Agenda Item No. 9(A)(1)

TO: Honorable Chairwoman Audrey M. Edmonson and Members, Board of County Commissioners **DATE:** February 19, 2020

FROM: Abigail Price-Williams
County Attorney **SUBJECT:** Resolution authorizing the County Mayor to execute a memorandum of understanding, on behalf of Miami-Dade County with the Florida Department of Children and Families, South Region, permitting law enforcement to transport children believed to be victims of commercial sexual exploitation to the Miami-Dade Juvenile Assessment Center; and authorizing the County Mayor to execute other memoranda of understanding and required agreements and documents, and to exercise amendment, modification, termination, and other provisions set forth therein; and authorizing the County Mayor to apply for, receive, and expend grant funds for this purpose

The accompanying resolution was prepared by the Juvenile Services Department and placed on the agenda at the request of Prime Sponsor Public Safety and Rehabilitation Committee.


Abigail Price-Williams
County Attorney

APW/uw

Memorandum



Date: February 19, 2020

To: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over the printed name of the Mayor.

Subject: Resolution Authorizing the County Mayor or County Mayor's Designee to Execute a Memorandum of Understanding and other related documents, on behalf of the County with the Florida Department of Children and Families, Southern Region Permitting Law Enforcement to Transport Children believed to be Victims of Commercial Sexual Exploitation to the Miami-Dade Juvenile Assessment Center

Recommendation

It is recommended that the Board of County Commissioners (Board) approve the attached resolution authorizing the County Mayor or County Mayor's designee to execute a memorandum of understanding ("MOU"), in substantially the form attached hereto as Exhibit A, on behalf of the County with the Florida Department of Children and Families, South Region ("DCF"), permitting law enforcement to transport children believed to be victims of commercial sexual exploitation to the Miami-Dade Juvenile Assessment Center ("JAC"). Additionally, it is further recommended that the Board authorize the County Mayor or County Mayor's designee to execute other memoranda of understanding and required agreements and documents, and to exercise modification, amendment, termination, renewal, and other provisions set forth therein. It is also recommended that the Board authorize the County Mayor or County Mayor's designee to apply for, receive, and expend grant funds for this purpose.

Scope

The impact to Miami-Dade County for the provision of these services is countywide.

Fiscal Impact/Funding Source

There is no fiscal impact to the County to execute this MOU.

Track Record/Monitor

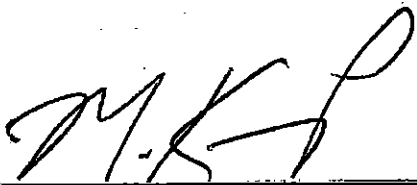
The Director of the Miami-Dade County Juvenile Services Department, Morris Copeland, will monitor compliance with the MOU attached hereto as Exhibit A, and any other MOUs with DCF related to the transport of children believed to be victims of commercial sexual exploitation.

Background

On January 1, 2013, the Florida Safe Harbor Act, Chapter 2012-105, Laws of Florida, which extended greater protections to children believed to be victims of commercial sexual exploitation became effective. Among other things, the law authorized law enforcement

officers who had probable cause to believe a child was the victim of sexual exploitation to transport said child to DCF. DCF identified the JAC as a location where such children could be safely transported 24 hours, 7 days a week, 365 days a year.

Pursuant to chapter 63D-11, Florida Administrative Code, "JACs provide co-located central intake and screening services for youth referred" to the Florida Department of Juvenile Justice. Because the JAC is the existing intake and screening center for youth picked up by law enforcement, it is also sensible to use the JAC as the screening location for children to believed to be victims of sexual exploitation, pursuant to section 39.401(2)(b), Florida Statutes.



Maurice L. Kemp, Deputy Mayor



MEMORANDUM
(Revised)

TO: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

DATE: February 19, 2020

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 9(A)(1)

Please note any items checked.

- "3-Day Rule" for committees applicable if raised
- 6 weeks required between first reading and public hearing
- 4 weeks notification to municipal officials required prior to public hearing
- Decreases revenues or increases expenditures without balancing budget
- Budget required
- Statement of fiscal impact required
- Statement of social equity required
- Ordinance creating a new board requires detailed County Mayor's report for public hearing
- No committee review
- Applicable legislation requires more than a majority vote (i.e., 2/3's present ____, 2/3 membership ____, 3/5's ____, unanimous ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) ____, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) ____) to approve
- Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 9(A)(1)
2-19-20

RESOLUTION NO. _____

RESOLUTION AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE A MEMORANDUM OF UNDERSTANDING, ON BEHALF OF MIAMI-DADE COUNTY WITH THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES, SOUTH REGION, PERMITTING LAW ENFORCEMENT TO TRANSPORT CHILDREN BELIEVED TO BE VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION TO THE MIAMI-DADE JUVENILE ASSESSMENT CENTER; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE OTHER MEMORANDA OF UNDERSTANDING AND REQUIRED AGREEMENTS AND DOCUMENTS, AND TO EXERCISE AMENDMENT, MODIFICATION, TERMINATION, AND OTHER PROVISIONS SET FORTH THEREIN; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE, AND EXPEND GRANT FUNDS FOR THIS PURPOSE

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memoranda, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board:

Section 1. Authorizes the County Mayor or County Mayor's designee to execute a memorandum of understanding, in substantially the form attached hereto as Exhibit A, on behalf of Miami-Dade County, through its Juvenile Services Department, with the Florida Department of Children and Families, South Region, permitting law enforcement to transport children believed to be victims of commercial sexual exploitation to the Miami-Dade Juvenile Assessment Center.

Section 2. Authorizes the County Mayor or County Mayor's designee to execute other memoranda of understanding and required agreements and documents, for the transportation of

children believed to be victims of commercial sexual exploitation to the Miami-Dade Juvenile Assessment Center, and to exercise amendment, modification, termination, and other provisions set forth therein; following approval of legal form and sufficiency by the Miami-Dade County Attorney's Office.

Section 3. Authorizes the County Mayor or County Mayor's designee to apply for, receive, and expend grant funds for this purpose.

The foregoing resolution was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Audrey M. Edmonson, Chairwoman

Rebeca Sosa, Vice Chairwoman

Esteban L. Bovo, Jr.

Jose "Pepe" Diaz

Eileen Higgins

Joe A. Martinez

Dennis C. Moss

Xavier L. Suarez

Daniella Levine Cava

Sally A. Heyman

Barbara J. Jordan

Jean Monestime

Sen. Javier D. Souto

The Chairperson thereupon declared this resolution duly passed and adopted this 19th day of February, 2020. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Shanika A. Graves

MEMORANDUM OF UNDERSTANDING
 BY AND BETWEEN MIAMI-DADE COUNTY, THROUGH ITS JUVENILE SERVICES
 DEPARTMENT
 AND FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
 SOUTHERN REGION

This Memorandum of Understanding ("MOU"), is between Miami-Dade County, through its Juvenile Services Department ("JSD") and the Florida Department of Children and Families, Southern Region ("DCF" or "Department"), individually referred to as "Party" and collectively referred to as the "Parties."

Section 1: PURPOSE:

This MOU outlines the collaboration between DCF and JSD and authorizes the JSD Juvenile Assessment Center ("JAC") to be used as an initial delivery point for law enforcement, which includes to transport children believed to be victims of commercial sexual exploitation ("Protected Children").

Pursuant to chapter 63D-11, Florida Administrative Code, "JACs provide co-located central intake and screening services for youth referred" to the Florida Department of Juvenile Justice. As the JAC is the existing intake and screening center for youth picked up by law enforcement, it will also screen Protected Children as defined in section 39.401(2)(b), Florida Statutes.

To ensure law enforcement transfers Protected Children to DCF in the safest and most efficient manner, DCF is authorized to designate the JAC, located at 275 Northwest 2nd Street, Miami, FL 33128, as a location where law enforcement may initially deliver Protected Children. DCF, or its designee, will take physical custody of Protected Children from the JAC within four hours of receiving notification that Protected Children were transported to the JAC. The JAC is not a "safe house" as defined in section 39.401(2)(b), Florida Statutes. Instead, the JAC is an initial location designated by DCF where, pursuant to this MOU, law enforcement can safely deliver Protected Children.

The Parties understand this MOU conforms to existing state law, administrative rules, and DCF policy. Should any changes in state law, administrative rule, or DCF policy require an amendment to this MOU, DCF shall propose an amendment to JSD for review and approval.

This MOU does not involve exchange of funds between the Parties.

Section 2: THE PARTIES' OBLIGATIONS

ROLES AND RESPONSIBILITIES OF DCF:

1. DCF's centralized Florida Abuse Hotline ("Hotline") receives reports from any person who knows or has reasonable cause to suspect that a child is abused, abandoned, or neglected. A report may be made to the Hotline 24 hours a day, 365 days a year, by calling 1-800-96-ABUSE, TTY 1-800-955-8771, Fax 1-800-914-0004, and on line at

www.MyFLFamilies.com. Reports that meet lawful criteria are assigned to a Child Protective Investigator ("CPI") for investigation. When the Hotline receives a call from law enforcement alleging a child is believed to be a victim of commercial sexual exploitation, which may include human trafficking, Hotline personnel create an intake report and enter the information into the Florida Safe Families Network ("FSFN"). If appropriate, the intake report will be classified with the human trafficking maltreatment code.

2. When the Southern Region receives an intake report alleging that a child is believed to be a victim of commercial sexual exploitation a CPI is assigned. The CPI will treat each intake report as an immediate response priority. The CPI shall respond to the JAC within four hours and assess all allegations as required by law and DCF Operating Procedures. Upon determining that the legal requirements to take physical custody of Protected Children have been satisfied, the CPI will so act.
3. The Department will conduct its investigation and assessment as otherwise required by law.
4. The Department's Operations Manager for Child Protective Investigations, the five Program Administrators around the county to include: North Service Center, South Service Center, Central Service Center, West Service Center and Weekend staff, and Operations Management Consultant II over the Receiving unit, or other designated Department personnel will be available seven days a week, 24 hours a day, via telephone, to confirm the Florida Abuse Hotline received the call from law enforcement, and the intake report was properly categorized with a human trafficking maltreatment code. Any other questions shall be directed to the Department's Human Trafficking Coordinator or other designated Department personnel.
5. DCF shall train law enforcement on its responsibilities under the Safe Harbor Act, chapter 2012-105, Laws of Florida and related legislation that extends protections to children believed to be victims of commercial sexual exploitation as well as this MOU.

ROLES AND RESPONSIBILITIES OF JSD:

1. JSD shall accept temporary custody of Protected Children who have been transported to the JAC, as described herein.
2. JSD shall maintain temporary custody of Protected Children for up to four hours. DCF shall assume responsibility of Protected Children within four hours of their transport to the JAC. It is the policy of JSD to administer the Probation Medical and Mental Health Clearance Form, a copy of which is attached hereto as Attachment A, on all clients presented for screening at the JAC, in accordance with applicable law. Per section 985.115, Florida Statutes, JSD will not accept custody of any child in need of immediate medical and/or mental health attention. Law enforcement will be advised that Protected Children in need of immediate medical and/or mental health attention shall not be transported to the JAC. JSD shall not accept custody of such Protected Children at the JAC. Law

enforcement shall have the child transported to the nearest hospital or appropriate health care or mental health facility or proceed as provided by law enforcement policy. Law enforcement must still file mandated reports with the abuse hotline as required by law. Law enforcement shall inform the Hotline operator of the child's current location so that a CPI can be dispatched to the location where the child has been transported for medical and/or mental health attention. The exchange of custody from law enforcement to the Department may take place at this location, if appropriate.

3. Protected Children in the temporary custody of JSD will be searched and JSD staff will inform law enforcement if contraband is found. Thereafter, law enforcement will be responsible for addressing the matter, as deemed appropriate.
4. Protected Children transported to the JAC will be fingerprinted. JSD staff will advise law enforcement if a child is found to have any open warrants. Thereafter, law enforcement will be responsible for addressing the matter, as deemed appropriate.
5. JSD staff shall administer the human trafficking screening tool, to Protected Children to assist in determining whether the child is a victim of human trafficking. This screening tool is used to assess potential or current child victims of commercial sexual exploitation.
6. A child delivered to the JAC pursuant to this MOU will remain at the JAC in a location apart from the general population until a CPI or other DCF designee arrives to accept custody of the child. JSD expects and DCF shall strictly comply with the timing provisions set forth herein.
7. This section describes the extent of JSD's responsibilities. DCF remains responsible for its obligations under the Safe Harbor Act and in determining its authorized agents thereunder.

Section 3: MISCELLANEOUS

- A. Any modifications or amendments to this MOU shall be made in writing and will not be effective until signed by an authorized representative of each Party.
- B. Each Party assumes all risks attributable to its negligent acts or omissions and those of its employees and agents.
- C. This MOU in no way restricts the Parties from participating in similar activities with other public or private agencies, organizations, and individuals.
- D. Either Party may terminate this MOU without cause at any time before the date of expiration by delivering written notice to the principal administrative contact no later than 30 days prior to the effective date of the termination.
- E. The principal administrative contacts for this MOU, and the persons to whom notices under this MOU must be sent, are:

For DCF: Lesline Anglade
Family and Community Services Director
Florida Department of Children and Families
Southern Region
401 NW 2nd Avenue, N-1007
Miami, Florida 33128
(786) 423-4529

For JSD: Morris Copeland, Director
Miami-Dade County Juvenile Services Department
275 NW 2nd Street, Second Floor
Miami, Florida 33128
(305) 755-6202

- F. All contact information will be exchanged between the Parties in writing prior to implementation of this MOU. The Parties will update each other in writing and within a reasonable time, but no later than 10 calendar days after the contact information above changes.
- G. There are no intended third-party beneficiaries, whether known or unknown, to this MOU.
- H. If any provision herein shall be deemed void or unenforceable by a court of law, the remainder of this MOU shall remain in full force and effect.

Section 4: REVIEW AND MODIFICATION


Upon the request of either Party, the Parties will review this MOU to determine whether modification of its terms and conditions is warranted. The Parties agree to use best efforts to renegotiate the terms and conditions hereof, if it is mutually agreeable. However, neither Party is obligated to further amend this MOU.

Section 5: TERMINATION


The Parties reserve the right to terminate this MOU, in writing, at any time with no less than 30 days' prior notice. This MOU shall automatically continue unless modified or terminated by the Parties.

The authorized Parties hereto have executed this five-page MOU, effective as of the last date written below.

For Florida Department of Children and Families, Southern Region:

 Date: 12/19/19
By: Gilda Ferradaz
Title: Interim Regional Managing Director

For Miami-Dade County Juvenile Services Department

 Date: 12-19-2019
By: Morris Copeland, CPM
Title: JSD Director

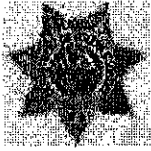
ATTEST:

MIAMI-DADE COUNTY
a political subdivision
of the State of Florida

HARVEY RUVIN, CLERK

BY: _____
DEPUTY CLERK

Date:



Probation Medical and Mental Health Clearance Form

ATTACHMENT A

PROBATION MEDICAL AND MENTAL HEALTH CLEARANCE FORM

THIS FORM MUST BE COMPLETED PRIOR TO THE YOUTH BEING ACCEPTED FOR DETENTION SCREENING

Youth's Name: _____ DOB: _____

Today's Date: _____ Arresting Agency: _____

PART 1 SERIOUS PHYSICAL CONDITION: F.S. 985.115(2)(c) requires that instead of the department accepting a youth suffering from a physical condition who appears to be in need of prompt diagnosis or prompt treatment the youth must be released to a law enforcement officer who shall deliver the youth to a hospital for necessary evaluation and treatment. The answers to questions 2 through 13 will help the screener comply with this sub-paragraph of the statute but may not automatically require medical screening.

NOTE: THE PRESENTING OFFICER MUST NOT DEPART UNTIL THIS FORM HAS BEEN COMPLETED IN ITS ENTIRETY AND THE YOUTH HAS BEEN ACCEPTED FOR ADMISSION INTO THE JAC.

The following questions must be asked of the presenting law enforcement officer:

1. Has an electronic stun gun (such as a taser) been used on this youth? [] No [] Yes
If yes please check the appropriate boxes describing the youth's condition

- [] Unconsciousness [] Seizure Activity
[] Delirium [] Paralysis
[] Confusion [] Shortness of Breath
[] Memory Loss [] Chest pain
[] Other: (Please describe) _____

A check in any of the above boxes will require medical clearance by a licensed health care professional.

The next series of questions will be asked of the youth:

2. Do you have any open wounds or injuries? [] No [] Yes, explain: _____

3. Do you have any serious medical problems or illnesses that require prompt/immediate medical attention?

[] No [] Yes, explain: _____

4. Do you have any health complaints such as sickness or pain at the present time?

[] No [] Yes, explain: _____

13

Probation Medical and Mental Health Clearance Form

5. Do you have any of the following health problems?

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Sickle cell disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Kidney Disease requiring Dialysis |
| <input type="checkbox"/> Head Injury within past 24 hours | | |
| <input type="checkbox"/> Other, Explain: | | |

6. Are you taking any of the following medications? If yes, provide the name(s), the last time you took a dose, and the time that the next dose is due, in the space below.

- | | | |
|--|--|--|
| <input type="checkbox"/> Seizure medication | <input type="checkbox"/> Asthma medication | <input type="checkbox"/> Heart medication |
| <input type="checkbox"/> Psychotropic medication | <input type="checkbox"/> Blood pressure medication | <input type="checkbox"/> Diabetes medication (NOT Insulin) |

Time of last dose: _____ AM PM

Time next dose is due: _____ AM PM

7. Are you taking insulin? No Yes

If YES, does the youth report or demonstrate any of the following signs or symptoms?

- | | | |
|---|---|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Pale, Cool or Clammy Skin | <input type="checkbox"/> Increased Hunger/Thirst | <input type="checkbox"/> Abnormal Behavior |
| <input type="checkbox"/> Rapid Heart Rate/Tachycardia | <input type="checkbox"/> Shallow Respirations/Breathing | |

A check in any box in Item 7 will require medical clearance by a licensed health care professional.

8. Are you taking any *other* medication(s) not listed above, if so please provide the name(s) and times that the next dose is due?

Medication: _____ Time next dose due: _____ AM PM

Medication: _____ Time next dose due: _____ AM PM

Medication: _____ Time next dose due: _____ AM PM

*The following series of questions will be answered by the **screener** from his or her observations of the youth.*

9. Youth has an obvious injury (refer to question 2) No Yes, if yes explain: _____

Probation Medical and Mental Health Clearance Form

10. Youth appears ill No Yes, if yes explain: _____

11. Youth has difficulty moving No Yes, if yes explain: _____

12. Youth has visible abrasions, cuts or bruises No Yes, if yes explain: _____

13. Female youth only:

Youth is pregnant? No Yes Pregnancy Suspected

PART 2 MENTAL ILLNESS: F.S. 985.115(2)(d) requires that instead of the department accepting a youth who appears to be mentally ill as defined in 394.463(1) or who has threatened, attempted, or inflicted physical harm on him or herself or others due to mental illness, the youth must be released to a law enforcement officer who shall deliver the youth to a designated public receiving facility as defined in s. 394.455 for examination under s. 394.463. The answers to question 14 through 22 will help the screener comply with this sub-paragraph of the statute.

The following question must be asked of the presenting law enforcement officer:

14. Do you have reason to believe that this youth has a mental illness and because of his or her mental illness has refused voluntary examination or is unable to determine whether examination is necessary?

No Yes If, yes please explain. _____

15. Does the youth appear to be incapacitated as a result of mental illness? No Yes, explain:

16. Has this youth tried to kill himself/herself recently? No Yes, Please explain and list the date(s):

Probation Medical and Mental Health Clearance Form

17. Do you have reason to believe that there is a substantial likelihood that without care or treatment the youth will cause serious bodily harm to himself/herself or others in the near future, as evidenced by recent behavior?
 No Yes, if yes explain: _____

*The following questions will be answered by the **screener** from his or her observations of the youth.*

18. Does the youth appear to be incapacitated as a result of mental illness? No Yes, explain:

19. Has the youth threatened, attempted or inflicted physical harm on self or others due to mental illness? No Yes, explain:

*The following questions must be asked of the **youth**:*

20. Have you tried to kill yourself in the last 24 hours? No Yes, explain:

When? _____

How? _____

21. Are you thinking about killing yourself now? No Yes, explain: _____

22. Would you kill yourself if you had the chance? No Yes

A YES answer to any question between 14 and 22 above AND presence of any ONE of the behavioral symptoms below requires that the law enforcement officer must transport the youth to a mental health receiving facility prior to screening .

- | | |
|--|--|
| <input type="checkbox"/> Youth is extremely upset or distressed | <input type="checkbox"/> Youth appears depressed (sad) |
| <input type="checkbox"/> Youth has a plan for suicide | <input type="checkbox"/> Youth reports hopelessness (negative thoughts about future/nothing to live for) |
| <input type="checkbox"/> Youth's suicide plan is feasible | <input type="checkbox"/> Youth reports a mental health diagnosis (e.g., depression, anxiety, ADHD, alcoholism, etc.) |
| <input type="checkbox"/> Youth appears determined to kill himself/herself | <input type="checkbox"/> Youth reports history of mental health counseling |
| <input type="checkbox"/> Youth's past suicide attempt was serious (attempt caused injury or hospitalization) | <input type="checkbox"/> Youth reports relationship problems |
| <input type="checkbox"/> Youth knows someone who committed suicide recently | |

16

Probation Medical and Mental Health Clearance Form

★ The youth must remain on one-to-one supervision while awaiting transportation by law enforcement to a mental health receiving facility. One-to-one supervision refers to the supervision of one youth by one staff member who remains within five feet of the youth at *all* times.

PART 3 INCAPACITATED: F.S. 985.115(2)(e) requires that instead of the department accepting a youth who appears incapacitated by substance use, the youth must be released to the law enforcement officer who shall deliver the youth to a hospital, addictions receiving facility, or treatment resource center. The answers to questions 23 and 24 will help the screener comply with this sub-paragraph.

The following question must be asked of the **youth**:

23. Have you used drugs or alcohol in the last 24 hours? No Yes, explain which drugs and how much:

Which Drug(s) and/or Alcohol:	How Much:
1.	
2.	
3.	
4.	
5.	
6.	
7.	

The following series of questions will be answered by the **screener** from his or her observations of the youth:

24. Does the youth appear to be incapacitated as a result of substance abuse? No Yes, explain:

A YES answer requires medical clearance by a licensed health care professional.

17

Probation Medical and Mental Health Clearance Form

PART 4 YOUTH DISPOSITION BASED ON SCREENING PROCESS: Note the status of the youth's acceptance for screening or referral for medical clearance prior to screening.

25. Youth Disposition Based on Screening Process (Please check one):

- Transfer to hospital or local receiving facility by law enforcement officer for clearance
- EMS must be summoned immediately by calling 911
- Accepted for Screening as a priority
- Accepted for Screening, but requires call to parent or guardian
- Accepted for standard Screening

Please document any refusals to answer questions by youth or notification of supervisor(s), with details:

Staff Signature

Printed Name

Title

Date and Time

THIS FORM SHALL BE PROVIDED TO THE FACILITY WHERE THE YOUTH IS NEXT RELEASED (SUCH AS DETENTION CENTER, SHELTER). THIS FORM MAY ALSO BE RELEASED TO THE PARENT OR GUARDIAN UPON REQUEST OR WHEN THERE IS A NEED FOR FOLLOW UP.



18