

MEMORANDUM OF UNDERSTANDING

Protocol for DJJ Youth Placed in Secure DJJ Facilities who are referred to a DBHDD Crisis Stabilization Unit

ADMISSIONS

1. Any youth placed at a DJJ secure facility that appears to need crisis stabilization will be evaluated by a qualified mental health professional to determine the need for urgent psychiatric treatment. Whenever possible, the evaluation will be conducted by or in consultation with the DJJ facility psychiatrist or psychologist.
2. The qualified mental health professional who conducted the evaluation will contact the appropriate Crisis Stabilization Program as indicated in the following “**DECISION TREE FOR YOUTH IN SECURE DJJ FACILITIES IN NEED OF CRISIS STABILIZATION**”.
3. At the same time DJJ will complete and fax or email the following information to the identified CSU:

If a child is being referred from a Youth Development Campus (YDC's), DJJ staff will complete the PARF and send:

- a. Physicians Assessment
- b. Last Psychodiagnostic Evaluation
- c. Known mental health history
- d. Last Laboratory Report
- e. List of Current Medications
- f. Description of recent behaviors/symptoms indicating crisis
- g. Documents indicating that YDC staff can give consent to treat and consent for medications.
- h. Current privileges/alert level at YDC so that that privilege level can be replicated at CSU.

If a child is being referred from a Regional Youth Detention Center (RYDC), DJJ staff will complete the PARF and send, **if available**:

- a. Last MD Assessment
- b. Last Psychodiagnostic Evaluation
- c. Known mental health history
- d. Last Laboratory Report
- e. List of Current Medications
- f. Description of recent behaviors/symptoms indicating crisis
- g. Documents indicating that DJJ staff can give consent to treat and consent for medications
- h. Current privilege level at RYDC so that that privilege level can be replicated at the CSU.

If items a-e are not available because the child is new to the RYDC and has no prior history with DJJ, DJJ staff will send MH screen and physical health screen. If anything in the screening indicates the child may have an ongoing medical issue, CSU staff may request that the DJJ midlevel/MD see the child and send a copy of the physical health assessment as a part of the medical clearance process. Though the CSU may request that labs be drawn at the referring facility prior to referral (for review post admission), there is agreement that lack of labs will not hinder admission; if stat labs are needed, the CSU will draw post admission. If there appears a situation when labs could not wait 24-48 hours, CSU staff may ask DJJ midlevel to draw the labs prior to referral.

4. **If DJJ transporter can sign consent to treat and consent for meds, the CSU will accept youth from RYDCs and YDCs without a 1013.**
5. Upon review of the information provided, if the receiving CSU has concerns regarding the medical stability of a youth, they will request that the youth be taken to the local ER for medical clearance prior to admission. An explanation of the concern will be provided to the DJJ referring clinician.
6. If the admitting CSU physician agrees that the conditions for admission have been met, DJJ staff will make arrangements for transportation and will forward a copy of the following to the CSU:
 - Psychological evaluations
 - Mental Health Assessments to include legal charges or information regarding legal charges and history
 - MAR for the past month
 - Recent labs
7. If the CSU Psychiatrist finds that the criteria for involuntary admission are not met, the psychiatrist will explain the decision to the referring clinician at DJJ. If the referring clinician from DJJ disagrees with this decision, the referring clinician will then contact the DJJ Administrative Psychiatrist (or designee) for resolution.
8. If the DJJ Administrative Psychiatrist (or designee) believes that youth requires admission and that the criteria have been met, they will contact the CSU admitting psychiatrist to discuss the case further.
9. If resolution cannot be reached, the DJJ Administrative Psychiatrist and/or Director of the DJJ Office of Behavioral Health Services will contact the Department of Behavioral Health and Developmental Disabilities Medical Director and/or Director of Mental Health Services to discuss the case further and come to resolution.

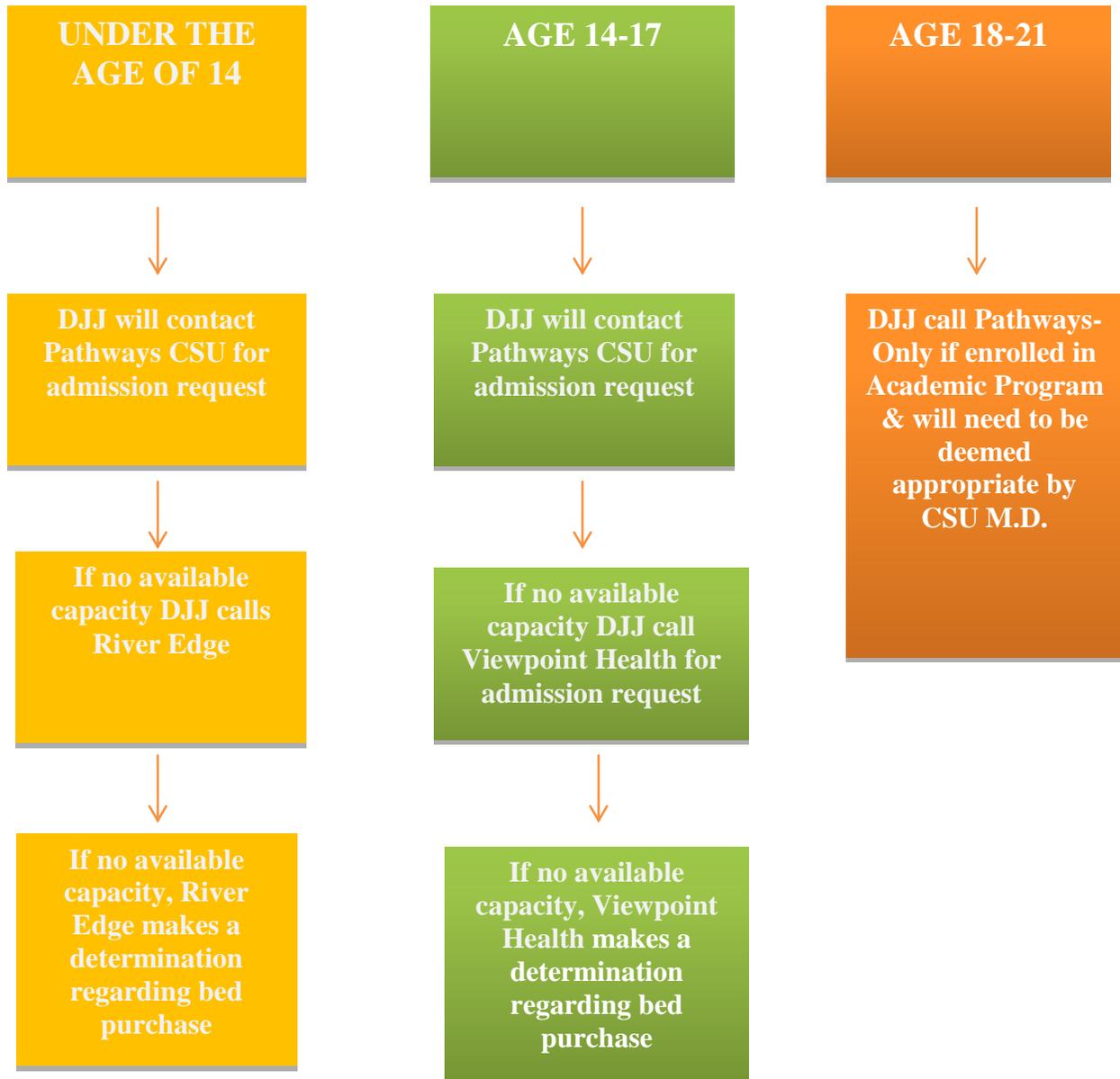
CONTINUITY OF CARE

1. Communication between DJJ Mental Health Staff and CSU staff will begin as soon as possible after admission and will continue throughout the youth's placement.
2. Within 24 hours of admission to the Crisis Stabilization Program (excluding weekends and holidays), a DJJ master's level clinician (SSPI, SSPII, or TPS) will contact the assigned case manager or clinician at the CSU to begin open communication regarding the youth's status and ongoing needs.
3. The DJJ clinician will contact the CSU social work staff at least every 3 days to monitor the youth's progress and plan for the youth's return to the facility when appropriate.
4. The CSU Social Work staff will invite the DJJ clinician to participate in the unit treatment team staffing a minimum of once prior to the date of discharge to discuss the findings and treatment recommendations. The notification will be provided at least one day before the meeting is to occur.
5. If the DJJ clinician has outstanding concerns with a planned discharge, they will contact the DJJ Administrative Psychiatrist and/or the DJJ Office of Behavioral Health Services Director and their Regional Behavioral Health Services Administrator prior to making transportation arrangements.
6. The DJJ clinician or facility director will make transportation arrangements once an agreement has been reached to accept the youth back into the facility.
7. Whenever possible, the CSU will prescribe medications that are on the DJJ formulary.
8. The CSU will forward a discharge summary to the receiving facility within 24 hours of discharge to be followed within ten days by a typed discharge summary.

**DECISION TREE FOR YOUTH IN SECURE DJJ FACILITIES
IN NEED OF CRISIS STABILIZATION**

If a Region 1 DBHDD Facility

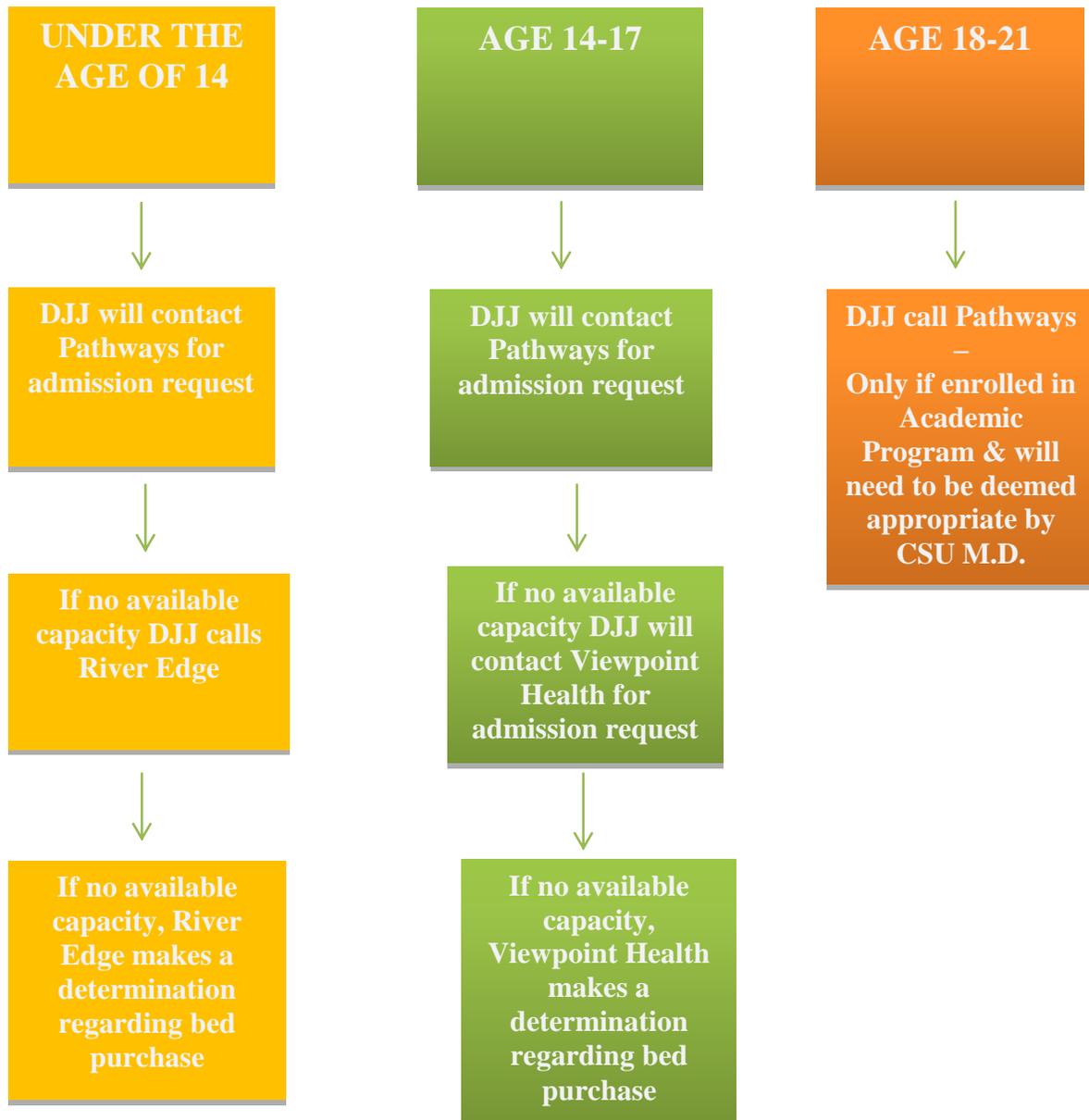
(Bob Richards, Elbert Shaw, Gainesville, Marietta, and Paulding)



**DECISION TREE FOR YOUTH IN SECURE DJJ FACILITIES
IN NEED OF CRISIS STABILIZATION**

If a Region 2, 3, 4 & 6 DBHDD Facility

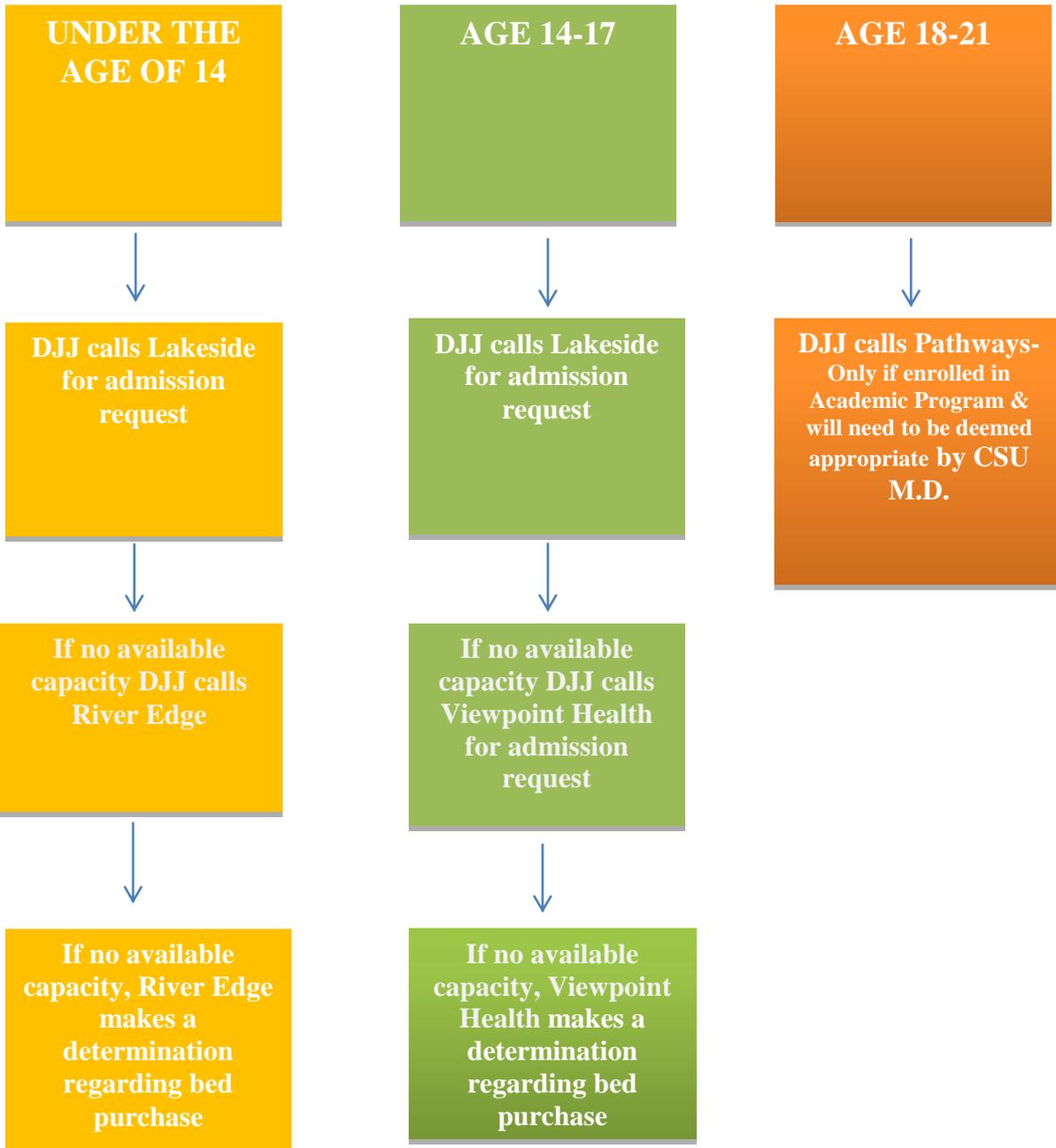
(A. Cohn, Albany, Augusta, Crisp, DeKalb, Gwinnett, Loftis, Macon, Metro,
M. Glaze, Muscogee, Sandersville, Sumter)



**DECISION TREE FOR YOUTH IN SECURE DJJ FACILITIES
IN NEED OF CRISIS STABILIZATION**

If a Region 5 DBHDD Facility

(Savannah, Claxton, Waycross, Eastman, Milan)



**DECISION TREE FOR YOUTH IN SECURE DJJ FACILITIES
IN NEED OF CRISIS STABILIZATION**

Contact Information

Lakeside C&A CSU (ages 5-17)

600 Dot Barn Road
Bloomington, GA 31302
912-330-8335
912330-8340

Pathways C&A CSU

Pathways Center's Hope Corners (ages 5-17)
756 Woodbury Highway
Building B, Suite 101
Greenville, GA 30222
Phone: 706-775-0544
Toll free: 1-877-566-5470
Fax: 706-775-0597

River Edge C&A CSU (ages 5-14)

3575 Fulton Mill Road
Macon, GA 31206
Phone: 478-471-2407
478-471-5393
Fax: 478-471-5700
Mobile Crisis: 478-757-3439

VIEWPOINT HEALTH C&A CSU (Adolescents 15-17)

2591 Candler Road
Decatur, GA 30032
Phone: 404-244-2370
Fax: 404-856-3605