

Behavioral Health Services Program Description

- 1. Copy of signed LOP**
- 2. Mental Health Organization Chart**
- 3. Mental Health Staffing**
 - a. Staff names, titles, schedules**
 - b. Staff authorized by DMHA to perform behavioral health duties**
 - c. Certified Screener roster**
 - d. Staff assignments by unit (where appropriate)**
 - e. Active Mental Health Contingency Plans (where appropriate)**
- 4. Schedule of Mental Health Activities**
 - a. Mental Health Master Schedule**
 - b. Treatment team schedule and participants**
 - c. Sample treatment team agenda**
 - d. SMP meeting schedule and participants (if separate from transition team)**
 - e. QA meeting schedule and participants**
 - f. Sample QA meeting agenda**
 - g. Supervision schedule(s) and participants**
 - h. Therapeutic Group Plans**
 - i. Alternate Therapeutic Group Plans (where appropriate)**
- 5. Inventories of Therapeutic Supplies**
 - a. Signed inventory of suicide protective garments for the facility (Attachment F of DJJ 12.21)**
 - b. Signed inventory of therapeutic restraints for facility (Attachment E of DJJ 8.31)**