

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal #16-13</p>	<p align="center">Policy # 12.10</p>
<p>Applicability: { } All DJJ Staff { } Administration { } Community Services {x} Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards & References: O.C.G.A 49-4A-7, 49-4A-8 ACA Standards:4-JCF-4D-02, 4-JCF-4D-07, 4-JCF-5C-03, 3-JDF-3D-06-6, 3-JDF-4C-21,3-JDF-4C-23 NCCHC 2011 Juvenile Standards: Y-E-02, Y-E-05, Y-G-05 DJJ 11.1,11.2, 12.4, 12.11, 12.18, 12.21</p>	
<p>Chapter 12: BEHAVIORAL HEALTH SERVICES</p>	<p>Effective Date: 9/20/16 Scheduled Review Date: 9/20/17</p>	
<p>Subject: MENTAL HEALTH SCREENING</p>	<p>Replaces: 2/15/13 Division of Support Services</p>	
<p>Attachments: Attachment A, Mental Health Screening JTS OBHS MH Screening</p>	<p>APPROVED:  <hr/> Avery D. Niles, Commissioner</p>	

POLICY:

All youth shall be screened for the presence of mental health problems and suicide risk factors upon admission to all Department of Juvenile Justice secure facility.

I. DEFINITIONS:

Behavioral Health Staff: Social Service Provider, Social Services Coordinator, Psychologist, Psychiatrist, Psychometric Specialist, Professional Social Service Worker, a nurse trained in mental health duties, masters and doctoral level mental health students and other staff with the education, training and experience adequate to perform the duties required in accordance with professional standards, as authorized by the Designated Mental Health Authority.

Certified Screener: A staff member who has training and supervision experience to conduct mental health screening. A master's or doctoral level mental health professional must review the screenings performed by a certified screener.

Close Observation: Level of supervision requiring a clear and unobstructed view of the youth at all times. Close observation will be documented every 15 minutes while in the room or removed from regular programming.

Designated Mental Health Authority (DMHA): The individual responsible for the facility's behavioral health services, including ensuring the quality and accessibility of all behavioral health services provided to juveniles. The Designated Mental Health Authority must be a mental health related field and who is serving in a mental health staff position.

Designated Responsible Clinician (DRC): The individual responsible for the clinical quality of the facility's behavioral health services, and who has final say in the matters of

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clinical judgment. The Designated Responsible Clinician must be a licensed mental health professional with at least a master's degree in a mental health related field.

Licensed Mental Health Professional (LMHP): A licensed psychiatrist, licensed psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Clinical Nurse Specialist (CNS) in psychiatry/mental health. Licensure at the independent practice level is required in order for a clinician to be considered an LMHP.

Mental Health Screening: A process designed to identify those youth with mental health issues or substance abuse problems in need of further attention or evaluation.

Qualified Mental Health Professional (QMHP): Mental health staff with education, training, and experience adequate to perform the duties required in accordance with professional standards. When the QMHP is required to complete assessments or provide individual counseling to youth with mental illness, the QMHP must have at least a masters degree in a mental health related field and the training and experience in the provision of mental health assessment and counseling procedures. A masters-level student under the supervision of a QMHP may perform the functions of a QMHP.

Routine Observation: Level of supervision requiring no special services or precautions due to the absence of any apparent risk of harm. Direct observation and documentation of the youth's behavior occurs at irregular intervals at least every 30 minutes while in the room.

Serious Offense: Offenses that would potentially result in lengthy confinement and/or the youth being involved in the adult legal system (e.g., murder, voluntary manslaughter, rape, aggravated sodomy, aggravated child molestation, aggravated sexual battery, armed robbery committed with a firearm, and Superior Court offenses)

Special Observation: Level of supervision requiring direct observation and documentation of the youth's behavior at irregular intervals at least every 15 minutes while in the room.

II. PROCEDURES:

- A. The facility Director and Designated Mental Health Authority (DMHA) will jointly designate certified screeners to conduct mental health intake screenings. Certified screeners will receive a competency-based training conducted by the DMHA or designee. A current roster of all certified screeners will be maintained in the facility control room and in the facility's Behavioral Health Program Plan.
- B. At the time of a youth's admission to a secure facility, including transfers between secure facilities, the admitting staff member will initiate the Mental Health Screening.

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1. The Mental Health Screening will be completed with each admission, including transfers between secure facilities. Youth who leave a secure facility “on pass” (e.g., medical/dental appointment, court, interview, etc.) and are gone for less than 24 hours will not need to be re-screened upon return.
 2. The admitting staff member will record the facility name, youth’s name, date of birth and the admission date and time on each page of the Mental Health Screening (Attachment A).
 3. The admitting staff member will ask the transporting officer if he/she has noticed anything strange about the youth’s behavior or has any reason to believe the youth may try to harm him/herself. The transporting officer’s responses will be recorded on the Mental Health Screening. If the transporting officer answers “yes” to either question, the admitting staff member will record a brief explanation of the officer’s observations and statements.
 4. The admitting staff member will inform a certified screener or behavioral health staff of the youth’s admission and the transporting officer’s responses and observations.
 5. The youth will remain on close observation until a certified screener or behavioral health staff completes the “Intake Screening” section of the Mental Health Screening. It is not necessary to complete a Level 3 protocol, but a clear and unobstructed view of the youth must be maintained until the Mental Health Screening is completed.
 6. The admitting staff member will notify a supervisor and behavioral health staff if he/she believes the youth presents an immediate danger to self or others. Staff will take precautionary measures to ensure the safety of youth and others.
- C. The “Intake Screening” section of the mental health screening will be completed by a certified screener or behavioral health staff no later than 2 hours from the time of admission.
- D. The youth’s responses will be recorded on the “Intake Screening” section of the Mental Health Screening. If the youth answers “yes” to any question, his/her verbatim responses will be recorded in the “Comment” section.
- E. The “Intake Screening” section will be completed by interviewing the youth in a private setting using the “Intake Screening” questions as a reference. The youth’s responses and staff observations will be recorded on paper, Mental Health Screening

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form or entered directly into the Juvenile Tracking System (JTS) Mental Health Screening Module.

- F. When the paper form is used the mental health screening will be entered into the youth's JTS record within the same shift that the screening is administered. (The mental health screening may be entered directly into JTS without using a paper form.)
- G. The staff completing the "Intake Screening" section will complete the "Results" section of the form according to the following.
 - 1. If any risk factors are noted, as indicated by a response of "yes" to any of the questions or observations in the **WARNING** areas, the youth will remain on close observation and be referred for a mental health assessment in accordance with DJJ 12.11 - Mental Health Assessment. A Level 3 Safety Protocol will be developed within 30 minutes in accordance with DJJ 12.21, Suicide Prevention. In the absence of a QMHP (e.g., weekends and holidays), the mental health staff on-call will be notified in accordance with DJJ 12.4, Staffing and On-Call Mental Health Services. The Juvenile Tracking System (JTS) will automatically set an alert until the mental health assessment is completed and entered into JTS.
 - 2. If any risk factors are noted as indicated by a response of "yes" to any of the questions or observations in the **CAUTION** areas the youth will remain on special observation and be referred for a mental health assessment in accordance with DJJ 12.11, Mental Health Assessment. A Level 2 Safety Protocol will be developed within 30 minutes in accordance with DJJ 12.21, Suicide Prevention. The Juvenile Tracking System (JTS) will automatically set an alert until the mental health assessment is completed and entered into JTS.
 - 3. If no risk factors are indicated, the youth will be placed on routine observation and no mental health assessment will be necessary.
- H. An accurate JTS Alert Summary Report will be posted in every control room and will be reviewed at each shift briefing.
- I. Following the entry of the "Intake Screening" into JTS, the Mental Health Screening will be reviewed by the QMHP, as soon as possible, but no later than 72 hours from the time of admission. Screenings completed by a QMHP will not require a review.

III. LOCAL OPERATING PROCEDURES REQUIRED: NO