

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 16-13</p>	<p align="center">Policy # 12.11</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 NCCHC Juvenile Standards, 2011: Y-E-09 ACA Standards : 3-JDF-5B-05, 4-JCF-3D-05, 4-JCF-4D-03, 4-JCF-4D-08 DJJ 8.5, 12.2, 12.10, 12.12, 12.20, 12.21, 15.11</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 ASSESSMENT</p>	<p>Replace: 1/15/14 Division of Support Services</p>	
<p>Attachments: Attachment A, Informed Treatment Statement</p>	<p>APPROVED:</p>  <hr/> <p>Avery D. Niles, Commissioner</p>	

I. POLICY:

In Department of Juvenile Justice secure facilities a qualified mental health professional shall conduct a clinical assessment for behavioral health services when a youth is referred for an assessment, an incident occurs that suggests the need for further assessment or it is clinically determined that an assessment is indicated. Mental Health Assessments shall be used in the development of the youth’s DJJ Initial Treatment Protocol, Service Plan and Behavioral Health Treatment Plan.

II. DEFINITIONS:

Behavioral Health Services: Programs and services required to meet the mental health needs of youth including but not limited to: individual, group and family counseling, crisis intervention, screening, assessment and evaluation, substance abuse treatment, psychological services, psychiatric services, treatment planning and other specialized behavioral health services.

Behavioral Health Staff: Social Service Provider, Social Services Coordinator, Psychologist, Psychiatrist, nurse trained in mental health duties. Professional Social Service Worker, 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.

Licensed Mental Health Professional: 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.

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Mental Health Assessment: Standardized process that includes review of mental health records, interview, and symptoms and behavioral observations to delineate the nature, severity, course, and associated risks of any mental health problems that may affect a youth's emotional, social or cognitive functioning in a secure facility. The Mental Health Assessment will identify and address the needs of the youth in his/her setting.

Mental Health Caseload: Those youth who have been identified, following assessment, as requiring behavioral health services. These youth are assigned a primary clinician to coordinate the behavioral health treatment team presentations of the youth and ensure that services recommended by the team are provided.

Mental Status Exam: Interview and observational procedures used to assess the quality of a person's thinking, emotional functioning, perceptions and behavior.

Psychodiagnostic Evaluation: An assessment completed by a Psychiatrist or Psychologist that includes a review of identifying data, chief complaint, history of present illness, past medical history, past psychiatric histories of the youth and family, developmental and social history, trauma history, non-psychiatric medical history and mental status exam. Findings from the evaluation will generate multi-axial diagnoses as appropriate and recommendations for treatment and follow-up services. If medications are prescribed the Psychiatrist must be the evaluating clinician.

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 master's degree in a mental health related field and 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.

Mental Health YDC Needs Assessment: An in-depth psychosocial evaluation completed for the purposes of identifying a youth's mental health treatment needs.

III. PROCEDURES:

- A. QMHP must complete a Mental Health Assessment for youth with a disposition of close or special observation on the Mental Health Screening (see DJJ 12.10 Mental Health Screening). The QMHP's findings must be clearly documented as a Mental Health Assessment in the youth's Juvenile Tracking System (JTS) health record. This documentation will include a statement that the youth has received notification of their rights regarding confidentiality and the limitations of confidentiality (see Attachment A).
- B. A Help Request for mental health services may be made by staff, family, significant others or other professionals at any time during the youth's stay. Help Requests for

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mental health services will be addressed by a QMHP (see DJJ 15.11, Request for Services). A QMHP will complete a ‘Response to Help Request; progress note in JTS for every help request received and will refer for assessment as indicated. The “Plan” portion of the “Response to Help Request” JTS note will indicate whether a referral for assessment will be made. Any Mental Health Assessment completed as a result of a Help Request will be completed in accordance with this policy.

- C. Following a self-harm behavior, a Behavioral Health Evaluation will be conducted as required by DJJ 8.5, Special Incident Reporting.
1. For youth on the mental health caseload, the Behavioral Health Evaluation will serve as the Mental Health Assessment following a self-harm behavior.
 2. For youth not on the mental health caseload, the Behavioral Health Evaluation and an assessment will be completed. The assessment will be completed within 72 hours of the incident occurring, in accordance with this policy.
 3. The youth must be kept under close observation (level 3) until a specific level of observation has been determined by a licensed mental health professional.
 4. Determination of risk will be made through face-to-face evaluation if mental health staff is on site. If mental health staff is not on site, the direct care staff will contact the on-call mental health staff to determine appropriate precautionary measures in accordance with DJJ 12.4, Staffing and On-Call Mental Health Services. If the on-call mental health staff is not a licensed mental health professional, they will establish the appropriate level of precautions in accordance with DJJ 12.21, Suicide Prevention.
- D. Youth admitted or returning to a secure facility directly from a psychiatric hospitalization will receive a Mental Health Assessment within 24 hours of their return.
- E. When a Mental Health Assessment is indicated for a youth detained in a secure facility, a QMHP will conduct a Mental Health Assessment. All youth in a secure facility who are on the mental health caseload will have a current Mental Health Assessment.
1. The initial Mental Health Assessment will be documented as a Mental Health Assessment in JTS.
 2. The Mental Health Assessment may be documented as a Mental Health Assessment Update in JTS in the following circumstances:

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- a) Youth who transfer between secure facilities and who are on the mental health caseload at the sending facility;
 - b) Youth who transfer between secure facilities and have had a Mental Health Assessment within 30 days; or
 - c) Youth on the mental health caseload who are released and then re-admitted within 30 days.
3. Masters-level interns will not perform Mental Health Assessment Updates.
 4. Mental Health Assessment Update will at a minimum contain an update of information, a review of current symptoms and behaviors, and current mental status exam in the assessment module of JTS.
- F. If the youth is unavailable for or refuses the Mental Health Assessment the reasons will be documented on the assessment. The clinician must immediately complete a new referral for assessment and all efforts must be made to complete the assessment the same day or as soon as possible.
- G. All youth admitted to a Youth Development Campus (YDC) must receive a Mental Health YDC Needs Assessment within 10 calendar days of admission to the facility. A Mental Health Assessment may not be substituted for a Mental Health YDC Needs Assessment.
1. The Mental Health YDC Needs Assessment will include:
 - a) A clinical interview with the youth;
 - b) A clinical interview with the youth’s parent(s) or legal guardian(s); and
 - c) A thorough review of the JTS record of the youth including mental health history, legal history, social history and educational background.
 2. A new Mental Health YDC Needs Assessment must be completed for each admission to a YDC. Youth who are off campus “on pass” do not require a new Mental Health YDC Needs Assessment when they return.
 3. Masters-level interns will not perform Mental Health YDC Needs Assessments.
- H. Mental Health Assessments, Mental Health Assessment Updates and Mental Health YDC Needs Assessments completed by masters-level staff, masters-level interns, or unlicensed doctoral level staff will be reviewed and approved by a licensed

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Psychologist within 10 days from the date of the assessment. In the absence of a Psychologist, a Psychiatrist may complete this review. If a youth transfers prior to the approval of a Mental Health Assessment, a new Mental Health Assessment must be completed by the receiving facility.

- I. If following assessment a youth is determined to be eligible for mental health services in accordance with DJJ 12.2: Scope of Behavioral Health Services, the youth must be placed on the mental health caseload in accordance with DJJ 12.20: Treatment Planning, and must be referred for a Psychodiagnostic Evaluation in accordance with DJJ 12.12: Psychodiagnostic Evaluation.
- J. If a youth is not placed on the mental health caseload following assessment, clinical justification of this decision will be included in the “Plan” section of the Mental Health Assessment.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO