

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 18-2</p>	<p align="center">Policy #12.12</p>
<p>Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities</p>	<p>Related Standards & References: O.C.G.A. §§ 49-4A-7, 49-4A-8 ACA Standards: 4-JCF-4D-01, 4-JCF-4D-04 DJJ 12.11, 12.24</p>	
<p>Chapter 12: BEHAVIORAL HEALTH SERVICES</p>	<p>Effective Date: 2/15/18 Scheduled Review Date: 2/15/19</p>	
<p>Subject: PSYCHODIAGNOSTIC EVALUATION</p>	<p>Replaces: 9/20/16 Division of Support Services</p>	
<p>Attachments: None</p>	<p>APPROVED:  <hr/> Avery D. Niles, Commissioner</p>	

I. POLICY:

A Psychiatrist or Psychologist in Department of Juvenile Justice secure facilities shall conduct a psychodiagnostic evaluation on all youth receiving ongoing mental health services.

II. DEFINITIONS:

Behavioral Health Staff: At a minimum, Social Service Provider, Juvenile Detention Counselors, Sex Offender Treatment Specialist, Sex Offender Treatment Supervisor, Institutional Program Directors, Social Services Coordinator, Psychologist, Psychiatrist, nurse trained in mental health duties, Professional Social Service Worker, Social Service Worker, substance use treatment staff, and master’s 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.

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 professional with at least a master’s degree in a mental health field.

Mental Health Assessment: Standardized process that includes review of mental health records, interview, and symptoms/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.

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

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individual counseling to youth with mental illness, the QMHP must have at least a master's degree in a mental health related field, training, and experience in the provision of mental health assessment and counseling procedures. A master's-level student under the supervision of a QMHP may perform the functions of a QMHP.

Psychodiagnostic Evaluation (PDE): An assessment completed by a Psychiatrist or Psychologist that includes a review of identifying data, chief complaint, medical, mental health, social history, and mental status exam. Findings from the evaluation will generate DSM-5 diagnoses as appropriate and recommendations for treatment and follow-up services. If psychotropic medications are prescribed, the Psychiatrist must be the evaluating clinician.

Psychotropic Medications: Medications having a direct effect on the central nervous system and used in the treatment of psychiatric illness. These drugs usually affect thinking, mood, and/or behavior. They include any antipsychotic, antidepressant, antianxiety agent, sedative, hypnotic, psychomotor stimulant, and lithium. Medications used for psychiatric symptoms may also be used for non-psychiatric problems (e.g., Elavil for migraine headaches). In instances where the medicine is not used for psychiatric symptoms, it will not be considered a psychotropic medication. There are also instances where non-psychiatric medications are used to treat psychiatric symptoms (e.g., anticonvulsants for the management of impulse control problems). In those cases, the medication will be considered a psychotropic medication. Vitamins and nutritional supplements are not considered to be psychotropic medication.

III. PROCEDURES:

A. Referral for a Psychodiagnostic Evaluation (PDE):

1. When, following the Mental Health Assessment (DJJ 12.11, Mental Health Assessment), a youth is determined to require mental health services, the assessing qualified mental health professional (QMHP) will refer the youth for a PDE. (Youth must be referred to mental health staff for a mental health assessment prior to the referral for a PDE.)
2. All youth referred for a PDE will be placed on the mental health caseload, with the exception of youth who do not take psychotropic medication and are referred for a PDE as a follow-up due to placement on a safety protocol.

B. Youth will be referred to a Psychiatrist or Psychologist for a PDE in accordance with the following criteria:

1. Youth who are on psychotropic medication at the time of admission or who have been on psychotropic medication within three months of admission will receive a PDE by the Psychiatrist within 10 days of referral.
2. All other referrals will be made to the psychologist.

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- C. A QMHP may refer a youth for a PDE at any time during a youth's stay.
1. If there is no PDE in the youth's health record, the Psychologist or Psychiatrist will complete a Psychodiagnostic Evaluation. No abbreviated form of the PDE will be used for the initial PDE.
 2. If the most recent PDE or PDE Update is more than 12 months old, the evaluating clinician will complete a PDE Update at minimum.
 3. If there is a PDE or PDE Update that is less than 12 months old in the youth's health record, the evaluating clinician may select any PDE option.
- D. The PDE must be updated annually for any youth who is continuously maintained on the mental health caseload.
1. If a youth is discharged from the caseload and readmitted more than 12 months later, the evaluating clinician must at the minimum complete a PDE Update.
 2. If a youth is discharged from the caseload but readmitted within 12 months, the evaluating clinician may select any PDE option.
- E. If the PDE results in follow-up issues (e.g. time limited, rule out, or deferred diagnoses) the clinician must follow up every 31 days at minimum until the issue is resolved.
- F. Any youth on the mental health caseload must be seen by a psychologist or a psychiatrist every 90 days at a minimum. If the most recent PDE or PDE Update is less than 12 months old, the evaluating clinician may select any PDE option. If the most current PDE or PDE Update is more than 12 months old, the evaluating clinician will at a minimum complete a PDE Update.
- G. All PDEs must be completed within 10 days of the referral. The evaluating clinician (or designee) must enter the PDE documentation within 24 hours of service delivery.
1. If the youth is not seen due to being unavailable or refusal, the youth should be scheduled to be seen again within 10 days. The clinician should also document the following:
 - a) Review of the case should be documented in the PDE note.
 - b) If the youth is prescribed psychotropic medication, the psychiatrist must document the rationale for continuing or not continuing the medication. Efforts to obtain consent for any changes from the youth's parent/guardian must also be documented.

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c) Whether appropriate labs and studies (see DJJ 12.24, Attachment C) have been reviewed and/or ordered.

2. If the youth has refused two sessions in a row, the clinician must document whether efforts were made to go to the youth in the facility and, if so, the results of the attempt.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO