

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 16-13	Policy # 12.20
Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)	Related Standards & References: O.C.G.A. 49-4A-7, 49-4A-8 ACA Standards: 3-JDF-4C-30 , 4-JCF-4D-05 NCCHC Juvenile Standards, 2011: Y-G-01 DJJ 12.6, 18.24, 18.30	
Chapter 12: BEHAVIORAL HEALTH SERVICES	Effective Date: 9/20/16 Scheduled Review Date: 9/20/17	
Subject: TREATMENT PLANNING	Replaces: 2/15/13 Division of Support Services	
Attachments: A. Release of Information B. Discharge From Caseload Letter	APPROVED: <div style="text-align: center;">  <hr style="width: 30%; margin: auto;"/> </div> Avery D. Niles, Commissioner	

I. POLICY:

All youth receiving ongoing behavioral health services shall have an individualized Behavioral Health Treatment Plan that is written in simple, clear terms to be easily understood by the youth. The Plan shall identify issues that will be the focus of treatment, specific objectives and interventions designed to address them.

II. DEFINITIONS:

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

Behavioral Health Treatment Plan: A detailed plan of behavioral health care developed by the behavioral health treatment team in concert with the youth and whenever possible the youth's parents/legal guardians. This plan includes referral information, strengths and resources, diagnoses, medications, risk areas, mental health alternate placement review criteria, treatment domain list, problem severity rating, behavioral objectives and interventions and progress review.

Behavioral Health Treatment Team: Individuals responsible for the care and treatment of youth with mental illness, including all staff specifically designated as behavioral health staff by job title, contract, or assigned duties. Other facility staff, clinical consultants, community case managers, community mental health providers, DFACS caseworkers, other community support persons, and parents may also be included.

Behavioral Health Treatment Team Meeting: A weekly gathering of behavioral health staff to discuss the treatment needs and issues of youth on the caseload.

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Emancipated Minor: A youth whose parents' rights to the custody, control, services and earnings of the youth have been terminated. Emancipation may occur by operation of law when the youth is validly married, reaches the age of 18 or is on active duty status with the armed forces of the United States. Emancipation may also occur by court order pursuant to a petition filed by the minor with the juvenile court.

Initial Treatment Protocol: An initial plan of care for youth who based on an assessment are determined to be in need of behavioral health services. This plan includes referral information, symptoms and behaviors, psychotropic medications, mental health services and procedures to be implemented prior to development of the Behavioral Health Treatment Plan.

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

Primary Clinician: The qualified mental health professional responsible for documenting all treatment planning activities.

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 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.

Specialized Behavioral Health Unit: Departmentally-approved secure residential programming provided to youth subsequent to an assessment who have been identified as requiring a higher level of behavioral health care. Specialized behavioral health services may include but are not limited to: mental health unit, substance abuse treatment unit and shelter care unit.

Managing Team: The team that manages a youth's treatment and service provision. This may be the facility multidisciplinary team, behavioral health treatment team or in the YDCs the sexually harmful behaviors intervention treatment team.

Progress Review: A managing team discussion of youth treatment progress that occurs every 30 days at minimum. Routine reviews of youth treatment (i.e. treatment/service plan updates, PBIS tier discussions, step-down discussions, etc.) will be considered progress reviews.

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III. PROCEDURES:

- A. Each facility will have a behavioral health treatment team that meets weekly and follows a structured agenda that includes at minimum the following:
1. Initial Treatment Plans;
 2. Behavioral Health Treatment Plans;
 3. Behavioral Health Treatment Plan referrals and Reviews;
 4. Special Management Plan referrals and reviews;
 5. Review of youth on precautionary levels;
 6. Clinical status of youth before the panel;
 7. Provisional diagnoses and/or diagnostic rule outs;
 8. Service plans for youth on the mental health caseload;
 9. PBIS tiers for youth on the mental health caseload;
 10. Youth who require a positive response to youth behavior in accordance with DJJ 16.1, Positive Responses to Youth Behavior;
 11. Youth who are being discussed for possible step-down; and
 12. Youth who require a progress review.
- B. Following a Mental Health Assessment (see DJJ, 12.11 Mental Health Assessment), all youth who require ongoing behavioral health services will be assigned a primary clinician who will document all treatment planning and related information.
- C. The assessing clinician will develop the Initial Treatment Protocol in the Juvenile Tracking System (JTS) at the time of the completion of the assessment.
1. The Initial Treatment Protocol will include:
 - a) Referral information;
 - b) Symptoms and behaviors;
 - c) Psychotropic medications; and

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- d) Specific behavioral health services and procedures to be implemented.
2. The Initial Treatment Protocol will be utilized for a maximum of 45 days while continuing the evaluation processes (which will include records requests, parent contact, psychometrics, facility adjustment, etc.) needed for a detailed Behavioral Health Treatment Plan. If treatment is required for a period exceeding 45 days a Behavioral Health Treatment Plan will be developed.
 3. The primary clinician will make necessary changes to the protocol while it is in effect. These changes will be documented in a JTS treatment team communication note which will be reviewed and signed by the treatment team.
 4. A Mental Health Alert must be set in JTS in order for a youth to have an Initial Treatment Protocol.
- D. The primary clinician will attempt to engage the parent or legal guardian in the youth's treatment by:
1. Contacting the youth's parent/legal guardian by telephone within 72 hours of presentation of the Initial Treatment Protocol at treatment team. This conversation should include discussion of any additional mental health treatment that the youth has received an explanation of the records request process and a request for help from the parent/guardian in obtaining any records. This attempt and/or the results of this conversation will be documented in a JTS parent communication progress note;
 2. Mailing the "Parent Notification Letter" within 72 hours of the presentation of the Initial Treatment Protocol at treatment team. A copy of the Authorization for Release of Health Information (Attachment A) will be included with the letter for any youth for whom records are being requested;
 3. Documenting contacts or attempts in a JTS parent/guardian communication note; and
 4. The primary clinician will not contact the parents of youth 18 or older or of emancipated minors unless the youth authorizes contact and has completed and signed an Authorization for Release of Information.
- E. The Behavioral Health Treatment Plan will be developed in JTS for all youth requiring ongoing behavioral health services beyond 45 days after the Initial Treatment Protocol was developed.

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1. Prior to development of the Behavioral Health Treatment Plan, the behavioral health treatment team will review all available history, assessments, and evaluations. The primary clinician will be responsible for coordinating and documenting the Behavioral Health Treatment Plan. The Plan will be developed with input from the youth, other team members, and whenever possible, the youth's parents/legal guardians.
 2. For youth under the age of 18, the youth's parents/legal guardians will be invited to the meetings in an effort to involve them in treatment planning. The initial invitation is the Parent Notification Letter and subsequent invitations will be made via telephone contact. If they are unable to attend they will be given an opportunity to provide input to the behavioral health service provider either in writing or by phone. Efforts to arrange participation in the treatment team meeting or the treatment process will be documented as a JTS communication progress note. Parents/legal guardians should be contacted by phone at least once every quarter.
 3. Parents of youth over 18 years or emancipated minors will be involved if the youth authorizes contact and completes and signs an Authorization for Release of Information Form.
 4. The youth will be encouraged to participate in the development of his/her treatment plan and to sign the Behavioral Health Treatment Plan.
 5. The youth's treatment plan will be updated whenever the primary clinician determines that a modification to the youth's treatment is needed. These changes will be reviewed and signed by the treatment team members at the next scheduled treatment plan review date.
 6. The behavioral health treatment team will consider Behavioral Health Placement Review Panel criteria at each treatment team review and the primary clinician will refer youth to the panel if the youth meets at least one referral criterion. (See DJJ 12.6, Behavioral Health Placement Review Panel)
- F. The Initial Treatment Protocol and the Behavioral Health Treatment Plan will be signed by all team members directly involved in the youth's care.
1. The plan will be presented for signature at the first team meeting following its development, acceptance or revision but no later than 10 days after development or revision.
 2. If any team member directly involved in the youth's care is not able to attend the meeting they will review and sign the plan within 10 days of the team meeting.

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- G. The primary clinician will update and review the Behavioral Health Treatment Plan with the behavioral health treatment team at least every 30 days for the first 3 months, and every 90 days thereafter.
1. Revisions will be made more frequently when there are substantial changes in the youth's clinical presentation.
 2. Youth with complex or unresolved issues should have their Behavioral Health Treatment Plan reviewed every 30 days, as determined by the behavioral health treatment team or Office of Behavioral Health Services clinical staff.
 3. Youth placed on Specialized Behavioral Health Units, Intensive Treatment Unit, or Specialized Treatment Units will have their Behavioral Health Treatment Plans reviewed every 30 days for the duration of their placements on those units.
 4. The review will include the youth and, whenever possible, the parents/legal guardians if the youth is under the age of 18. If a youth is 18 or older or emancipated the youth must authorize contact with the parents by completing and signing an Authorization for Release of Information.
 5. The review will include:
 - a) Review of information on the Background Information Page;
 - b) Summary of the progress on each treatment domain and severity rating;
 - c) Effectiveness of interventions;
 - d) Review of diagnoses, medications and Behavioral Health Placement Review Panel criteria;
 - e) Any new issues that may need to be addressed in the treatment plan; and
 - f) Stage of change.
- H. When youth transfer from one secure facility to another with an active Behavioral Health Treatment Plan the receiving facility's assessing clinician may review and accept the active Treatment Plan rather than creating a new Initial Treatment Protocol.

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1. The receiving facility's assessing clinician must review the Behavioral Health Treatment Plan for clinical appropriateness, and must document review and acceptance in JTS.
 2. An existing Behavioral Health Treatment Plan must be reviewed and accepted by the assessing clinician within 24 hours of the youth's initial assessment.
 3. If a facility accepts an existing Behavioral Health Treatment Plan from another facility, that plan will be reviewed by the treatment team every 30 days for the first 3 months of the youth's admission to the new facility and every 90 days thereafter.
 4. Initial Treatment Protocols will never be accepted by another facility.
- I. The primary clinician will develop a transition plan for youth who have a Behavioral Health Treatment Plan.
1. Youth who are discharged from an RYDC will have, whenever possible, a discharge statement communication progress note in JTS. This statement should include:
 - a) Information regarding the youth's behavior while at the facility;
 - b) Information regarding the youth's treatment progress while at the facility; and
 - c) Any recommendations regarding ongoing treatment needs following discharge from the facility.
 2. Youth who are discharged from a YDC will have a transition plan developed in accordance with DJJ 25.1, Youth Centered Reentry Team. The youth's primary clinician will communicate the recommendations of the behavioral health treatment team to the Youth Centered Reentry Team (YCRT). These recommendations will include:
 - a) Providing the youth and parents/legal guardians information regarding mental health resources;
 - b) Making referrals to mental health services and providing assistance in making initial appointments;
 - c) Documenting all efforts and information in a JTS discharge statement communication note; and

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- d) At the discretion of the psychiatrist providing the youth with a 30-day prescription for psychotropic medication.
3. If a youth is being discharged to the Georgia Department of Corrections (GDC), the primary clinician will enter a discharge statement into JTS. The primary clinician will also ensure that the following documents are sent with the youth on their date of transfer:
 - a) Most recent Psychodiagnostic Evaluation;
 - b) Most recent Mental Health Assessment;
 - c) The youth's treatment plan; and
 - d) The youth's transition plan.
- J. The Juvenile Detention Counselor will ensure that the Behavioral Health Treatment Plan is considered in the formulation and review of the DJJ Service Plan. (See DJJ 18.30, Service Planning for Youth in Secure Facilities)
- K. If following a review of the youth's progress the behavioral health treatment team determines that a youth no longer requires placement on the mental health caseload the primary clinician will document this in a Treatment Team Note in which the rationale for this discontinuation should be clearly documented. This note will be signed and certified by all team members directly involved in the youth's care.
1. Medication refusal is not sufficient grounds for discontinuing mental health services. If a youth routinely refuses medication the youth's treatment plan should be reviewed for consideration of increased intensity of other interventions to address and compensate for the medication refusal.
 2. The primary clinician will resolve the youth's treatment plan objectives and discontinue the mental health alert after the treatment team agrees that the youth no longer requires placement on the mental health caseload. A 'Discharge from Caseload Letter' (Attachment B) will be sent to the youth's parent or guardian within 72 hours of a youth's discharge from the mental health caseload for a youth under the age of 18.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO