

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 17-17	Policy # 12.2
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 DJJ 5.1, 12.25 ACA Standards: 3-JDF-5B-01, 3-JDF-5B-02, 4-JCF-4D-01, 4-JCF-5C-02	
Chapter 12: BEHAVIORAL HEALTH SERVICES	Effective Date: 12/28/17 Scheduled Review Date: 12/28/18	
Subject: SCOPE OF BEHAVIORAL HEALTH SERVICES	Replaces: 9/20/16 Division of Support Services	
Attachments: A – Program Plan Outline B – Therapeutic Group Program Outline C – Unapproved Therapeutic Group Form	APPROVED:  <hr/> Avery D. Niles, Commissioner	

I. POLICY:

The Department of Juvenile Justice shall provide behavioral health services to meet the needs of youth who have been identified as needing such services. The Office of Behavioral Health Services shall oversee these services.

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: 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 related field.

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Mental Health Caseload: Those youth who have been identified following an assessment as requiring ongoing behavioral health services.

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

Specialized Behavioral Health Unit: Departmentally approved secure residential program provided to youth subsequent to an assessment who have been identified as requiring a higher level of behavioral health care. Specialized behavioral health units include mental health units, substance abuse treatment units and shelter care units.

Therapeutic Group: Counseling delivered to multiple youth at the same time by a Qualified Mental Health Professional and listed as an intervention in the Behavioral Health Treatment Plan.

III. PROCEDURES:

- A. A youth will be placed on the mental health caseload if he/she meets the following criteria:
 1. The youth currently displays symptoms and behaviors of an emotional disturbance of at least moderate severity as indicated by any one or more of the following:
 - a) Suicidal thoughts, behaviors and/or self-injurious behavior;
 - b) Psychosis;
 - c) Mood problems;
 - d) Anxiety; or
 - e) Trauma history with symptoms of acute or post-traumatic stress disorder.
 2. The youth needs to take prescribed medication that is prescribed and monitored by the facility psychiatrist or is referred for a Psychodiagnostic Evaluation (with the exception of youth who do not take psychotropic medication and are referred for a Psychodiagnostic Evaluation as a follow-up to suicide precautions).
 3. The treatment team determines that ongoing mental health services are necessary to enhance the youth's ability to cope with isolation.

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4. The youth was previously receiving services and is no longer displaying a moderate level of disturbance but it is likely that he/she would regress to that level if services were discontinued.
 5. The youth meets criteria for referral to the Behavioral Health Placement Review Panel.
- B. These youth are assigned a Primary Clinician to coordinate the behavioral health treatment team presentations of the youth and to assure that services recommended by the team are provided.
- C. Mental health services provided in every secure facility will be delivered using treatment programs and approaches approved by the Office of Behavioral Health Services.
- D. The Designated Mental Health Authority will develop a program plan that describes the facility's collective behavioral health services using the Program Plan Template (Attachment A).
1. The Program Plan will utilize the Therapeutic Group Plan (Attachment B) to describe each therapeutic group offered at the facility. Any therapeutic group that has not been previously approved or is not included in the Office of Behavioral Health Services Treatment Program must be approved by the Office of Behavioral Health Services prior to implementation. The DMHA will document the proposed group on the Alternate Therapeutic Group Plan (Attachment C) and will forward it through the Regional Behavioral Health Administrator to the Director of Behavioral Health Services for approval. The DMHA will maintain the signed Alternate Therapeutic Group Plan in the Program Plan.
 2. The Program Plan will be updated as needed to incorporate changes to the services offered. The Program Plan will be reviewed at least once every year.
 3. Each version of the Program Plan will be reviewed and approved in writing by the Regional Behavioral Health Services Administrator. A copy of the signed local operating procedure (LOP) will be included as the cover page of the Program Plan, and will be included with the facility LOPs.
 4. Each version of the Program Plan will be retained in accordance with established retention schedules. (See DJJ 5.1, Records Management)

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5. Informed consent for youth identify as needing behavioral health services will be obtained and documented in accordance with DJJ 11.13, Consent Process.

IV. LOCAL OPERATING PROCEDURES REQUIRED: YES

The Program Plan(s) required by the policy will serve as the local operating procedures.