I. POLICY:

The Department of Juvenile Justice shall maintain a system to identify and develop intervention strategies on behalf of youth with mental health, special medical needs, or high risk of vulnerability who may need to be considered for alternate placement. The Director of Behavioral Health Services shall have ultimate responsibility and authority to ensure appropriate mental health alternate placement for youth. The Medical Director shall have ultimate responsibility and authority to ensure appropriate placement for youth with special medical needs.

II. DEFINITIONS:

Behavioral Health Placement Review Panel: A committee authorized to receive and review referrals for placement and assign placements or services for youth who have been identified, through established criteria, as potentially needing more intensive treatment services than the current placement is able to provide.

Legal Diversion: In accordance with O.C.G.A. §49-4A-8(h), any child who has been committed to the Department that the Department has found to be mentally ill or developmentally disabled may be returned to the court of original jurisdiction for appropriate disposition by that court or the Department may request that the court having jurisdiction in the county in which the YDC or other facility is located take such action as the condition of the child may require.

Mental Health Alternate Placement: A program that has the necessary services to meet the youth’s identified mental health needs. This may include another similar DJJ facility that has more services, a designated DJJ specialized unit or a community-based treatment facility.
III. PROCEDURES:

A. The Behavioral Health Placement Review Panel will be chaired by the Director of Behavioral Health Services or the Panel Coordinator, along with representatives from the Office of Behavioral Health Services, Division of Community Services, and Office of Classification Services. Representatives from the Office of Health Services, the Office of Legal Services, the Office of Secure Campuses, the Office of Secure Detention and the Office of Education will participate as the Panel identifies specific needs.

B. Youth may be identified and referred to the Panel for review by any secure facility.

C. A referral will be made if the youth meets any of the following criteria:

1. Significant psychological/psychiatric disturbance (excluding Conduct Disorder and Oppositional Defiant Disorder) as evidenced by a DSM-5 diagnosis and significant deficits in functioning for 10 or more days;

2. Severe, persistent emotional disturbance (see Attachment A) regardless of level of functioning;

3. A diagnosis of Mild or Unspecified Intellectual Disability with significant deficits in functioning for more than 10 days;

4. A diagnosis of Moderate, Severe or Profound Intellectual Disability regardless of level of functioning;

5. Requires more than 3 psychotropic medications (excluding medications for sleep and side effects) or two antipsychotic medications simultaneously;

6. When a Special Incident Report is coded E5P - Emergency/Urgent Psychotropic Medication Administration: injectable;

7. Mental health needs that exceed the resources of the referring facility;

8. Behavior that suggests an ongoing high risk of suicide or self-injury;

9. Emergency admission to an inpatient psychiatric treatment facility during the youth’s placement at a DJJ secure facility;

10. A court is presently considering the youth’s competency to face the current charge;

11. Special medical needs that exceed the resources of the referring facility; or
12. Other concerns like persistent or high risk of victimization.

D. To make a referral the referring facility will complete the Behavioral Health Placement Review Panel Referral in the Juvenile Tracking System (JTS). Any pertinent clinical information such as outside evaluations, psychosexual evaluations, etc., will be forwarded via email to the Office of Behavioral Health Services as directed in the JTS Behavioral Health Placement Review Panel module unless the document has already been uploaded into the Correspondence section of JTS.

E. Placements may be made in between Panel meetings for urgent situations.

F. The Panel Chair or Panel Coordinator will assign each referral to a clinical consultant from the Office of Behavioral Health Services for review.

1. Following review the clinical consultant will prepare a summary outlining the findings and recommendations related to the referral question and present that summary at the next Panel meeting. The clinical consultant may request that additional information be provided for the Panel meeting.

2. The Panel Chair or Panel Coordinator will ensure that:

   a) All pending referrals are processed expeditiously by organizing the agenda for the Panel meeting; and

   b) The referral source and Community Case Manager are notified of the Panel’s decision regarding placement by entering a recommendation in JTS.

G. The Panel may determine that a youth’s clinical needs may be best met by an alternate placement outside a secure facility. In such situations, the Panel Chair or Panel Coordinator will coordinate with the Division of Community Services representative to consider placement options.

H. Until such time as a decision is made by the Panel, the following process will be followed:

1. The designated facility referral contact will enter a Behavioral Health Placement Review Panel Status Communication progress note in the youth’s JTS health record weekly detailing the youth’s behavioral and clinical status. This note will reference special incidents, disciplinary problems and current mental status to include any improvement or decline in youth functioning.
2. For youth who are on a Special Management Plan, if the Plan is revised at any time that the Panel referral is active, the Clinical Consultant will be notified of the revisions prior to the next scheduled Panel meeting.

3. The Division of Community Services representative will ensure that the Panel is kept up-to-date regarding the progress towards placement of the youth and the youth’s legal status.

4. The Clinical Consultant will enter a Behavioral Health Placement Review Panel recommendation weekly summarizing the Panel activities in regards to that youth.

I. If the Panel determines that the appropriate mental health alternate placement is in one of the Department’s secure facilities, the Panel Chair will ensure that:

1. A summary of the decision is entered as a Behavioral Health Placement Review Panel recommendation and is displayed in JTS;

2. The Office of Classification Services, affected facility Directors and facility mental health staff are notified of the decision; and

3. The clinical review summary is entered into JTS Behavioral Health Placement Review Panel Reports within 24 hours and prior to the youth’s placement.

J. The Office of Classification Services will notify the Panel if, for any reason, the transfer does not occur.

K. Youth with active Panel alerts will not be transferred without the approval of the Panel Chair or designee.

L. The Panel may refer youth to the mental health unit or shelter care unit for Assessment and Evaluation when a youth presents as severely emotionally disturbed and there is a need for clarification of mental health diagnosis, potential treatment options, and/or placement recommendations. Youth placed at a Regional Youth Detention Center (RYDC) may be referred to the Panel regardless of commitment or adjudication status.

M. Youth who are sent to the mental health or shelter units for Assessment and Evaluation will be placed on a specialty unit within the Department’s secure facilities for a period of 45 to 60 days. Clinical staff may submit a written request for an extension of assessment time from the Panel Chair or Panel Coordinator in cases of complicated clinical presentation. Following that time, clinical staff on the Mental Health Unit will produce a Behavioral Health Needs Assessment Summary Report for review by the Behavioral Health Placement Review Panel.
N. Youth who are placed on either the Mental Health or Shelter Units who are currently classified as a youth with sexually harmful behavior or who have a past history of sexually harmful behaviors will receive a sex offender risk assessment, as specified by DJJ 18.23, Sexually Harmful Behavior Treatment Program, within 7 days of their placement on the unit. Once the sex offender risk assessment has been completed, the clinical team will review the results and submit their clinical recommendations regarding the appropriateness of the youth’s continued placement on the units, along with any special management considerations to the BHPRP via a Behavioral Health Placement Review Panel Status Communication progress note in the youth’s JTS health record.

O. No youth will be placed on the mental health or shelter units without approval of the Panel except in urgent situations. The facility Clinical Director must authorize any urgent placement not authorized by the Panel. In the event of such a placement, the Clinical Director must ensure that a Panel referral is completed in accordance with Section D of this policy on the next business day following the urgent placement. For youth who are urgently placed and have active Panel alerts, the Clinical Director will ensure that a Panel status update is completed on the next business day following the placement.

P. The youth’s assigned Case Expeditor will be notified by the Panel Chair or Panel Coordinator when a Superior Court youth who is awaiting trial or adjudication is transferred for Assessment and Evaluation purposes. The youth’s assigned Case Expeditor will notify the Court and the District Attorney’s Office involved in the youth’s case, the youth’s parent/legal guardian, and the youth’s attorney of the youth’s placement. The Case Expeditor will continue to monitor the youth’s case while in placement and will report to the courts accordingly.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO