

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 16-08	Policy # 15.11
Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input checked="" 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 NCCHC 2015 Juvenile Standards: Y-A-01, Y-C-07, Y-E-07, Y-E-08, Y-E-09 ACA Standards: 4-JCF-4C-05, 4-JCF-4C-06, 4-JCF-4C-10, 4-JCF-6A-13 3-JDF-1A-24, 3-JDF-4C-07, 3-JDF-4C-08, 3-JDF-4C-09, 3-JDF-4C-10, 3-JDF-4C-11, 3-JDF-4C-29, 3-JDF-5B-04, 3-JDF-5B-05 DJJ 5.1, 5.5, 8.2, 11.13, 11.43, 12.4, 12.10, 12.11, 18.1	
Chapter 15: RIGHTS OF YOUTH	Effective Date: 6/10/16 Scheduled Review Date: 6/10/17	
Subject: REQUEST FOR SERVICES	Replaces: DJJ 18.11 Dated 2/1/12 Division of Support Services, Office of Health Services APPROVED:	
Attachments: A – Help Request Form	 <hr/> Avery D. Niles, Commissioner	

I. POLICY:

Youth shall have the opportunity to request unimpeded medical, dental, behavioral health, and facility case management services daily. Youth may be referred for medical, dental, behavioral health, and facility case management services by staff, family, significant other, or other professionals at any point during a stay in a DJJ residential facility or program. The request may be made verbally or in writing using the Help Request Form.

II. DEFINITIONS:

Behavioral Health Staff: At minimum, Social Service Provider, Social Services Coordinator, Psychologist, Psychiatrist, Psychometric Specialist, Professional Social Service Worker, nurses with mental health duties, masters and doctoral level mental health interns, 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.

Confinement: The placement of a youth behind a locked door for reasons involving the safety and security of the youth, others, or the facility.

Encounter: A face-to-face meeting with a youth.

Health Care Staff: Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Dentist, Dental Assistant, Dental Hygienist, Medical Records Clerk, Physician's Assistant, or Physician.

Help Request: A request for medical services, dental services, behavioral health services, or facility case management services made by a youth, staff, or others.

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JTS Triage: The electronic review of help requests to identify and refer to the appropriate service provider.

Medical Services Staff: Staff licensed as a Registered Nurse, License Practical Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

Mental Health Assessment: Standardized process that includes the review of mental health records, interview, and symptom/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 Screening: A process designed to identify those youth with mental health issues or substance abuse problems in need of further attention or evaluation.

Mid-Level Provider: Nurse Practitioner (NP) or Physician Assistant (PA).

Nursing Protocols: Written instructions and/or guidelines that specify the steps to be taken in the evaluation of the youth's physical status and treatment of minor conditions.

Provider: The staff member providing the requested medical, dental, behavioral health, or counseling.

Pre-JTS Entry Triage: A manual triage of paper Help Request forms which is completed by the Registered Nurse to identify urgent Help Requests.

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.

III. GENERAL PROCEDURES:

- A. Upon each admission to any DJJ secure facility, youth will be given information verbally and in writing about how to access medical, dental, behavioral health, and facility case management services via a Help Request Form.
- B. Each facility will have secure collection boxes located in each dining hall and each housing unit, at a minimum. Collection boxes will be accessed only with a highly restricted key.
- C. Help Request Forms will be available at the location of each collection box.
- D. Youth Help Request encounters will be documented in accordance with DJJ 5.5, Health Records, or the applicable policy for the service that was provided.

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- E. All Help Request encounters will be conducted in a manner that provides privacy and protects confidentiality for the youth.

IV. REFERRALS:

- A. Youth will be instructed to complete a Help Request Form (Attachment A) and place it in a designated collection box to access all types of medical, dental, behavioral health, and facility case management services.
- B. Youth needing assistance in completing the Help Request Form may request assistance from any staff member or directly from any medical, dental, behavioral health, or facility case management staff. If the staff member is not medical, dental, behavioral health, or facility case management staff, only the youth's name and the service requested will be indicated on the form, without any explanation of the nature of the request.
 - 1. When literacy, language problem, or physical handicap prevents a youth from understanding oral and written information, a staff member, or translator must assist youth.
- C. DJJ staff who are assisting youth that want to refer youth for services, or have received a referral from someone other than DJJ staff may:
 - 1. Enter the Help Request directly into JTS (paper request will not be necessary); or
 - 2. Complete a written Help Request.

V. INITIAL TRIAGE:

- A. Help Request Forms will be retrieved from the secure collection boxes at a regular time every day by a health care staff member, seven days per week as indicated in the facility local operating procedure.
- B. Upon retrieval of the forms, a Licensed Practical Nurse or Registered Nurse will conduct a pre-JTS entry triage of all Help Requests and will record the date and time on each request that triage was completed. The purpose of the pre-JTS triage is to identify urgent requests that require immediate attention.
- C. Requests of an emergent/urgent nature will be immediately forwarded by the Licensed Practical Nurse or Registered Nurse to the requested service provider verbally or in person for follow-up.
 - 1. Urgent Help Requests will be scanned into JTS and a JTS Help Request will be created by the staff member designated in the local operating procedure. The JTS Help Request will be created within 2 hours of receipt from the Licensed Practical Nurse or Registered Nurse.

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2. In the event that the Help Request contains sensitive information that should not be viewed by anyone other than a licensed medical provider (e.g. request for evaluation of symptoms of possible sexually transmitted infections, request to review the results of STI testing, etc.), the Licensed Practical Nurse or Registered Nurse will scan the Help Request and will create the JTS Help Request.
 3. The Licensed Practical Nurse or Registered Nurse will address urgent medical help requests as soon as possible but no later than 24 hours from the pre-JTS triage of the request.
 4. If there is an urgent request, the on-call mental health provider will be contacted in accordance with DJJ 12.4, Staffing and On-Call Mental Health Services.
 5. The facility case manager will address the Help Request as soon as possible but no later than 24 hours from the pre-JTS triage of the request. If no facility case manager is on site, the Administrative Duty Officer (ADO) will be notified and will address the Help Request. The ADO will document the contact in accordance with DJJ 8.2, Administrative Duty Officer. In the event the ADO addresses the urgent Help Request, the facility case manager will follow up with a face-to-face contact with the youth on the next business day and will document the contact in JTS.
- D. Help requests that do not require immediate attention during the pre-JTS triage will be forwarded to the staff member(s) designated in the local operating procedure.
1. The designated staff member(s) will scan each help request into the facility designated local server file no later than two hours from receipt of the Help Request from the Registered Nurse.
 2. The designated staff member(s) will create the Help Request in JTS and will attach the scanned Help Request document.
 3. The creator of the electronic Help Request will place the Help Request on the JTS Help Request Nursing Triage Task List.
 4. The designated staff member(s) will notify the medical services staff member, who is identified in the facility local operating procedure, that scanning is completed.
- E. The Licensed Practical Nurse or Registered Nurse will review the JTS Help Request Nursing Triage Task List. The JTS nursing triage will be completed within four hours of notification that the Nursing Triage List is complete.

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1. The Licensed Practical Nurse or Registered Nurse will review each Help Request on the JTS Help Request Nursing Triage Task List and will refer the request to the appropriate service provider.
 2. If the Licensed Practical Nurse or Registered Nurse determines that multiple services have been requested on one Help Request, she/he will refer the request to all appropriate service providers.
- F. If a service provider receives a Help Request Form incorrectly, the form will be immediately forwarded to the correct service provider for resolution.
- G. If a grievance form is received in the Help Request collection box or on a Help Request Form, the form will be immediately forwarded to the grievance officer for resolution.
- H. Youth who wish to cancel a previously requested health service or behavioral health service must do so in person through the provider or by completing a Refusal Form, DJJ 11.13, Consent Process, Attachment F.

VI. MEDICAL & DENTAL SERVICES TRIAGE AND RESPONSE:

- A. A Licensed Practical Nurse or Registered Nurse will triage all requests for medical or dental attention as “urgent” or “not urgent” within two hours of retrieval of the Help Request Form from the secure collection box.
1. The Licensed Practical Nurse or Registered Nurse will address urgent medical help requests as soon as possible but no later than 24 hours from the pre-JTS triage of the request.
 2. In the absence of medical services staff, urgent requests will be handled through the on-call system. (See DJJ 11.43, Health Care Staffing)
 3. If the problem is of a non-urgent nature, the youth will be seen within 72 hours of the youth’s request
 4. If the youth requests laboratory results or other information, the medical services provider will review the health record and schedule the youth for a non-urgent appointment. The youth will be seen within 72 hours of the youth’s request.
- B. A Licensed Practical Nurse or Registered Nurse will evaluate all requests for medical or dental attention with a face-to-face interaction using DJJ Nursing Protocols available in the DJJ Intranet-SharePoint Health Services folder.
- C. When a request is made verbally, the health care provider receiving the request will complete the Help Request Form, which will be scanned into JTS in accordance with Section V.C. of this policy, or will enter the Help Request directly into JTS. However, health problems that are assessed to be minor and

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amenable to treatment by first aid and non-prescription medications may be treated by the nurse without referral. The youth's health record will be reviewed for allergies before initiating non-prescription medications.

- D. In a crisis/emergency situation, a Help Request Form will not be required to initiate services.
- E. Youth with health complaints that are beyond the training or experience of the Licensed Practical Nurse or Registered Nurse will be evaluated by a mid-level provider or physician the next day the mid-level provider is on site. Any prescription medications/treatment orders by a physician or mid-level provider will be documented on the physician's order sheets. Verbal orders will be countersigned at the next scheduled visit by the provider.
- F. Youth who are seen more than twice for the same complaint without satisfactory resolution will be referred to a mid-level provider or physician within the number of days specified on the nursing protocol.
- G. Treatment performed by qualified health professionals other than physicians, mid-level providers, and dentists will be performed pursuant to direct orders written and signed by a licensed health care provider who is authorized to give verbal and/or written orders.
- H. Written nursing protocols, approved by the responsible physician, may be used as guidelines in the assessment of routine health conditions and the implementation of nursing interventions. Nursing protocols will not include directives regarding dosages of prescription medications.
 - 1. The responsible physician will review the DJJ Nursing Protocols and make needed additions and revisions at least annually. The cover sheet of the DJJ Nursing Protocols will be signed and dated to reflect the review and revisions. Current dated and signed protocols will be maintained in each health services unit.
- I. Youth in isolation will have access to Help Requests.
- J. Medical encounters will be conducted in an adequately equipped room with access to hand sanitizer or to water for hand washing between patient encounters.
- K. Health education and information will be provided and documented during all medical encounters. Age-appropriate brochures and pamphlets will be available in the health services unit covering health education topics. Education will be provided to all youth regarding sexuality and pregnancy prevention.
- L. Paper Help Request Forms will be retained for 30 days and then will be destroyed in accordance with DJJ 5.1, Records Management.

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VII. MENTAL HEALTH SERVICES TRIAGE AND RESPONSE:

- A. A qualified mental health professional (QMHP) will review the Office of Behavioral Health Services Task Report daily to determine if any Help Requests have been submitted.
- B. The youth will be evaluated as soon as possible, but no later than 72 hours from the date of the request. (See DJJ 12.11, Mental Health Assessment)
- C. When a request is made verbally, the provider receiving the request will complete the Help Request which will be scanned into JTS in accordance with Section V.C. of this policy, or will enter the Help Request directly into JTS. However, mental health concerns that are addressed by the QMHP immediately, before the end of their interaction with the youth, will not require a Help Request. These contacts will be documented in a JTS progress note.
- D. In a crisis situation, the Help Request form will not be required to initiate services.
- E. Responses to mental health requests will be documented using the Help Request progress note in JTS in accordance with DJJ 12.10, Mental Health Screening.
- F. Paper Help Request Forms will be retained for 30 days and then will be destroyed in accordance with DJJ 5.1, Records Management.

VIII. CASE MANAGEMENT SERVICES TRIAGE AND RESPONSE:

- A. A Juvenile Detention Counselor will review the Juvenile Detention Counselor Task Report in JTS daily to determine whether help requests have been submitted.
 - 1. When the request is of an urgent nature, the youth will be seen the same day as the request, but no later than 24 hours from the pre-JTS triage of the request. If no Juvenile Detention Counselor is on site, the ADO will be notified and will address the Help Request. The ADO will document the contact in accordance with DJJ 8.2, Administrative Duty Officer. In the event the ADO addresses the urgent Help Request, the Juvenile Detention Counselor will follow up with a face-to-face contact with the youth on the next business day and will document the contact in JTS.
 - 2. When the request is one that does not require immediate attention, the youth will be seen as soon as possible, but no later than 72 hours from the time of the request.
- B. When a request is made verbally, the Juvenile Detention Counselor receiving the request will complete the Help Request, which will be scanned into JTS in accordance with Section V.C. of this policy, or will enter the Help Request directly into JTS. However, concerns that are addressed by the Juvenile Detention Counselor immediately, before the end of their interaction with the youth, will not

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require a Help Request. These contacts will be documented in a JTS progress note.

- C. Facility case management services will be documented in accordance with DJJ 18. 1, Facility Case Management Services.
- D. Paper Help Request Forms will be retained for 30 days and then will be destroyed in accordance with DJJ 5.1, Records Management.

IX. LOCAL OPERATING PROCEDUES REQUIRED: NO