

Albert Murray / Commissioner



DEPARTMENT OF JUVENILE JUSTICE

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DJJ Transmittal # 09-11
Effective January 1, 2010

MEMORANDUM

TO: DJJ Staff

FROM: Albert Murray
Commissioner

Handwritten signature of Albert Murray in cursive.

RE: DJJ 3.25, Whistleblowers
DJJ 12.1, Behavioral Health Services Delivery System
DJJ 12.2, Scope of Behavioral Health Services
DJJ 12.6, Behavioral Health Placement Review Panel
DJJ 12.12, Psychodiagnostic Evaluation
DJJ 12.21, Suicide Prevention

DJJ 3.25, Whistleblowers, states that the Department of Juvenile Justice may receive and investigate complaints or information from any employee concerning the possible existence of activities constituting fraud, waste, and/or abuse in or relating to any of its programs and operations. This policy does not require local operating procedures. The following changes were made to the policy:

- If a Department employee chooses to report information internally, he/she should contact the Manager of the Employment Relations/EEO Section. (See Section B.)
- If a Department employee reports information concerning fraud, waste and/or abuse to any employee other than the Manager of the Employment Relations/EEO Section, the employee will be directed to the Manager of the Employment Relations/EEO Section. (See Section C.)
- Any Department employee who knows or has reasonable cause to believe that any employee of the Department has committed, or is in the process of committing, an act or omission of fraud, waste, abuse, or corruption may file a complaint with the State Inspector General. (See Section G.)
- The Department will not retaliate against an employee for disclosing or threatening to disclose a violation of or noncompliance with a law, rule, or regulation to the Inspector General, unless the disclosure or threatened disclosure was made with knowledge that the disclosure was false or with willful disregard for its truth or falsity. (See Section H.)

DJJ 12.1, Behavioral Health Services Delivery System, states that the Office of Behavioral Health Services shall assure that quality behavioral health care services are provided to youth housed in all DJJ secure facilities. This policy requires local operating procedures for all secure facilities. The following changes were made to the policy:

- The mental health nurse's job duties (Attachment A) will be included in their Performance Management Plan. (See Section G.2.)
- In the event of vacancies or extended absences of the Psychologist or Psychiatrist, the facility Director and Regional Behavioral Health Services Administrator will jointly develop a plan for coverage. (See Section I.)

AN EQUAL OPPORTUNITY EMPLOYER

- All decisions related to the delivery of, access to, or the quality of behavioral health services, including assessment and diagnostic services, will be made by qualified mental health staff (e.g., Psychiatrist, Psychologist, Social Service Provider, etc.) in concurrence with the designated mental health authority and Designated Responsible Clinician (DRC). (See Section J.)
- All matters of clinical judgment will be the sole province of the DRC. (See Section J.2.)

DJJ 12.2, Scope of Behavioral Health Services, states that 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. This policy requires local operating procedures in the form of a program plan for all secure facilities. The following changes were made to the policy:

- Any therapeutic group that has not been previously approved must be approved by the Office of Behavioral Health Services prior to implementation. The proposed Therapeutic Group Program Outline (Attachment A) will be forwarded through the Regional Behavioral Health Administrator to the Director of Behavioral Health Services for approval. (See Section E.)

DJJ 12.6, Behavioral Health Placement Review Panel, states that the Department of Juvenile Justice shall maintain a system to identify and develop intervention strategies on behalf of youth with mental health or special medical needs who may need to be considered for alternate placement. This policy does not require local operating procedures. The following changes were made to the policy:

- The Medical Director shall have ultimate responsibility and authority to ensure appropriate placement for youth with special medical needs. (See Section I. Policy Statement)
- Section C. lists the referral criteria.
- The Panel may determine that a youth's clinical needs may best be met by an alternate placement outside a secure facility for youth who have met the minimum requirements of the court order (i.e., residential placement, wraparound services, etc.). (See Section G.)

DJJ 12.12, Psychodiagnostic Evaluation, states that In Department of Juvenile Justice secure facilities, a Psychiatrist or Psychologist shall conduct a Psychodiagnostic Evaluation for every youth who receives ongoing mental health services. This policy requires local operating procedures for all secure facilities. The following changes were made to the policy:

- Youth will be referred for Psychodiagnostic Evaluation in accordance with the criteria in Section B.
- If there is a Psychodiagnostic Evaluation that is over 12 months old in the health record, the Psychologist or Psychiatrist will complete a Psychodiagnostic Evaluation Update. (See Section C.2.)
- If there is a Psychodiagnostic Evaluation or Psychodiagnostic Update that is less than 12 months old in the youth's health record, the Psychologist or Psychiatrist may choose to complete a Psychodiagnostic Evaluation Update or a Diagnostic Assessment SOAP Note. (See Section C.3.)
- The facility Director, Regional Behavioral Health Services Administrator, Psychiatrist, Psychologist, and designated mental health authority will develop a local operating procedure that outlines the process for determining which clinician to refer to, and the referral process. (See Section D.)
- If a youth is discharged from the caseload but readmitted within 12 months, the evaluating clinician may choose to complete a Psychodiagnostic Evaluation Update or a Diagnostic Assessment SOAP Note. (See Section E.1.)
- The evaluating clinician (or designee) must enter the Psychodiagnostic Evaluation documentation within 24 hours of service delivery. (See Section F.)

DJJ 12.21, Suicide Prevention, states that the Department of Juvenile Justice shall operate a suicide prevention program that focuses on early detection of at-risk youth and proactive multidisciplinary supportive measures to address the mental health treatment and supervision needs of at-risk youth. This policy requires local operating procedures for all secure facilities. The following changes were made to the policy:

- Phone consultation will be documented in a progress note or a Mental Health Assessment by a QMHP. (See Section E.5.)

- Determination of risk will be made through face-to-face evaluation if mental health staff are on site. (See Section E.7.)
- If mental health staff are not on site, the direct care staff will contact the on-call mental health staff to determine appropriate precautionary measures. (See Section E.8.)
- Precautions will be documented on the Safety Protocol form (Attachment A). (See Section E.9.)
- Close or Special observation may not be required as part of the Special Management Plan, at the discretion of the Special Management Team. (See Section E.16.)
- The Special Management Plan will be developed when the youth remains on close observation for 72 continuous hours following assessment. The plan must be implemented no later than the 72 hours following assessment. (See Section F.)
- The Safety Protocol may be discontinued only by an LMHP. Discontinuation of a Safety Protocol will be documented in the youth's JTS Health Record. (See Section G.5.)
- Shift supervisors will sign the Behavior Record attached to each youth's Safety Protocol as soon as possible following shift briefing in order to document that the reviews have been completed. (See Section H.1.)
- Each secure facility will have a plan to provide for coverage to ensure youth on close or special observation are evaluated daily. (See Section H.4.)
- A weekly review of all documentation will be conducted by the DMHA or designee. (See Section H.8.)
- Section I. lists the required local operating procedures for the policy.
- Physical intervention techniques, using the least restrictive alternative, may be used to remove a youth's clothing in order to place the youth in a suicide protective garment. (See Section J.6.)
- If it becomes apparent that the youth will continue to use other items of clothing for self harm, all clothing may be removed using the least restrictive alternative, and provide a suicide protective garment for the youth to wear if he/she chooses. (See Section J.7.)
- In these cases, close observation shall be provided by a same-sex staff member if the youth has removed his/her clothing and chooses not to wear a suicide protective garment. In extreme circumstances when this is not possible, an exception may be made only during the time it takes to obtain a same-sex staff member to provide the supervision. This exception must be approved by the facility Director. (See Section J.8.)
- When a youth who is on close or special observation is to be removed from the facility for any reason (i.e., release to parent/guardian, transportation to court, etc.), the facility staff provide the receiving officer/person with a copy of the Notification of Precautions Letter (Attachment B). (See Section O.)
- Statistical data regarding self harm behaviors will be reviewed during the facility's behavioral health quality assurance monthly meetings in order to identify and address any potential operational problems, trends or procedural issues that may compromise the prevention of self harm behavior. (See Section Q.)
- Post-crisis intervention for youth will be conducted as authorized by the Director of Behavioral Health Services or designee. (See Section R.1.)
- The Commissioner will appoint a Death Review Committee within 30 calendar days, even if complete autopsy results are not yet available. The Death Review Committee will be chaired by the Director of Behavioral Health Services, with the Commissioner serving as an ex-officio member. (See Section R.2.)
- A representative of the Office of Behavioral Health Services will review the training lesson plans annually and offer recommendations. (See Section S.1.)
- All QMHPs, both licensed and unlicensed, will undergo ongoing training and clinical supervision that focuses on the skills necessary to determine a youth's suicide risk. (See Section S.2.)

INSTRUCTIONS:

DJJ Policy Manual

Remove the following policies from the policy manual

- DJJ 3.25, Whistleblowers
- DJJ 12.1, Behavioral Health Services Delivery System
- DJJ 12.2, Scope of Behavioral Health Services
- DJJ 12.6, Behavioral Health Placement Review Panel
- DJJ 12.12, Psychodiagnostic Evaluation
- DJJ 12.21, Suicide Prevention

Remove the following directives from the policy manual

- Directive #08-04, Suicide Protective Garments

Place the following new policies in the policy manual

- DJJ 3.25, Whistleblowers
- DJJ 12.1, Behavioral Health Services Delivery System
- DJJ 12.2, Scope of Behavioral Health Services
- DJJ 12.6, Behavioral Health Placement Review Panel
- DJJ 12.12, Psychodiagnostic Evaluation
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Make the proper notations