



DEPARTMENT OF JUVENILE JUSTICE

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TRANSMITTAL #11-01

TO: DJJ Staff

FROM: Amy V. Howell
Commissioner

RE: 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 12.23, Emergency Psychiatric Hospitalization

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 replaces the existing DJJ 12.1, Behavioral Health Services Delivery System. The policy requires local operating procedures for all secure facilities. The following changes have been made to the policy:

- The “administrative psychiatrist” will now be referred to as the “chief of psychiatry services”
- The facility Psychiatrist(s) and Psychologist(s) will review and sign the appropriate credentialing documents within 30 days of his/her hire date, and annually between December 1st and January 31st. If the provider has been hired on or after October 1st, there is no need to complete the annual credentialing documents. (See Section H.)

DJJ 12.2, Scope of Behavioral Health Services, states that the Department shall provide behavioral health services to meet the needs of youth who have been identified as needing such services. This policy replaces the existing DJJ 12.2, Scope of Behavioral Health Services. The program plan(s) required by the policy will serve as the local operating procedures required for secure facilities. The following changes have been made to the policy:

- Youth on the mental health caseload are assigned a primary clinician to coordinate the behavioral health treatment team presentations of this youth and assure that services recommended by the team are provided. (See Section B.)

DJJ 12.6, Behavioral Health Placement Review Panel, states that the Department 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 replaces the existing DJJ 12.6, Behavioral Health Placement Review Panel. The policy does not require local operating procedures. The following changes have been made to the policy:

- Youth with a persistently high risk of victimization will be referred to the Behavioral Health Placement Review Panel. (See Section C.)

- The Behavioral Health Placement Review Panel module in the Juvenile Tracking System (JTS) will be used to make referrals and enter recommendations and reports.

DJJ 12.12, Psychodiagnostic Evaluation, states that, in secure facilities, a Psychiatrist or Psychologist shall conduct a Psychodiagnostic Evaluation for every youth who receives ongoing mental health services. This policy replaces the existing DJJ 12.12, Psychodiagnostic Evaluation. The policy does not require local operating procedures. The following changes have been made to the policy:

- Youth who are taking a psychotropic medication at the time of admission to a secure facility will receive a Psychodiagnostic Evaluation from a Psychiatrist within 10 days of referral. (See Section B.4.)
- Section C. provides guidelines for the completion of the initial and update Psychodiagnostic Evaluation
- Section D. provides guidelines for the completion of the annual Psychodiagnostic Evaluation.

DJJ 12.23, Emergency Psychiatric Hospitalization states that if the licensed mental health professional determines that the youth cannot be safely and adequately treated in a Department facility, the youth shall be transported and admitted to an acute care facility licensed as an emergency psychiatric receiving facility. This policy replaces the existing DJJ 12.23, Emergency Psychiatric Hospitalization. DJJ secure facilities that use non-state hospitals as an emergency receiving facility are required to have a local operating procedure. The following changes have been made to the policy:

- To refer a youth to an emergency psychiatric receiving facility, an authorizing clinician or masters level QMHP must conduct a face-to-face evaluation of the youth. The Authorizing Clinician may complete the Emergency Admission Certificate. (See Section A.)
- After the determination has been made that the youth requires transportation to a Crisis Stabilization Program or emergency psychiatric receiving facility, the youth will be placed on Level 3 (close observation) and will be continuously monitored by sight and sound until transport. (See Section B.)
- When a youth is admitted to an emergency psychiatric receiving facility from court, the community case manager will immediately notify the facility's primary clinician, who will conduct the follow-up required by this policy if the youth will be returning to the facility or discharge plans are not yet known. (See Section J.)

INSTRUCTIONS:

DJJ Policy Manual

Remove the following policies from the policy manual

- 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 12.23, Emergency Psychiatric Hospitalization

Place the following policies in the policy manual

- 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 12.23, Emergency Psychiatric Hospitalization

Make the proper notations