



September, 20 2016

**TRANSMITTAL #16-13**

**TO: DJJ Staff**

**FROM: Avery D. Niles  
Commissioner**

A handwritten signature in black ink, appearing to read "Avery D. Niles".

- Re: 8.33 Body Cameras**
- 12.1 Behavioral Health Services Delivery System**
  - 12.2 Scope of Behavioral Health Services**
  - 12.3 Behavioral Health Autonomy**
  - 12.4 Staffing and On-Call Mental Health Services**
  - 12.5 Behavioral Health Quality Assurance**
  - 12.6 Behavioral Health Placement Review Panel**
  - 12.8 Clinical Supervision**
  - 12.9 Major Incident or Disaster Mental Health Response**
  - 12.10 Mental Health Screening**
  - 12.11 Mental Health Assessment**
  - 12.12 Psychodiagnostic Evaluation**
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  - 12.21 Suicide Prevention**
  - 12.22 Special Management Plan**
  - 12.24 Psychotropic Medications**
  - 12.25 Behavioral Health Substance Abuse Prevention Program**

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**The following policies have been signed by Commissioner Niles. You may access these policies by clicking on the provided links. If a link does not work, you can access the policies directly from the DJJ policy page.**

- ❖ **DJJ 8.33 Body Cameras. This is a new policy; therefore it must be fully read. This policy will require no local operating procedures.**
  - Body Cameras will be worn by sworn staff with weapon assignment.

❖ **12.1 Behavioral Health Services Delivery System. This policy replaces policy dated 7/31/14 and requires local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: 4-JDF-4C-16, 4-JCF-4D-01, 4-JCF-5C-01
- 3-JDF-5B-03.
- Updates made to Psychiatrist Credential Documents (Attachment B) and Psychologist Credential Documents (Attachment C).

❖ **12.2 Scope of Behavioral Health Services. This policy replaces policy dated 4/15/13 and requires local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: 3-JDF-5B-02 Scope of Services, 4-JCF-4D-01 Mental Health Program, 4-JCF-5C-02 Range of Resources.
- Changed confinement verbiage to be consistent with policies.

❖ **12.3 Behavioral Health Autonomy. This policy replaces policy dated 11/1/12 and requires no local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: 4-JCF-5C-01, 3-JDF-5B-03.
- Policy statement revised to relocate procedural information in section III.A.
- Modification to terminology; mental health unit is now behavioral health unit.
- Policy verbiage cleaned and updated to ease understanding.
- No substantial changes.

❖ **12.4 Staffing and On-Call Mental Health Services. This policy replaces policy dated 11/1/12 and requires no local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: 4-JCF-5C-04, 4-JCF-5C-01, 3-JDF-5B-03.
- Policy statement revised to relocate procedural information in section III.D.
- Modification of terminology like mental health staff is now behavioral health staff, mental health staff/clinicians to qualified mental health professionals or QMHP.
- Previously the FD was the hiring authority for behavioral health panel positions; this is now modified as to where the RBHSA and the facility Director will be jointly making the hiring decisions.

❖ **12.5 Behavioral Health Quality Assurance. This policy replaces policy dated 11/1/12 and requires local operating procedures.**

Some of the changes are as follows:

- Added ACA reference 4-JCF-6A-09.
- Added definition of Designated Program Authority (DPA).
- Definition of Facility Program Staff.
- The facility Designated Mental Health Authority and Designated Programs Authority may choose to hold joint behavioral health and programs QA meetings. If the meetings are combined, this should be indicated in the program plans for both areas.
- The comprehensive reviews of the facility will be conducted biennially and not every 12 months.
- Section III. G This section lays out procedure related to Quality Assurance meetings to be held quarterly to review the delivery of health services in the facility.

❖ **12.6 Behavioral Health Placement Review Panel. This policy replaces policy dated 4/15/13 and requires no local operating procedures.**

Some of the changes are as follows:

- Policy edits are consistent with updated division names. Policy is updated to reflect the respective office and division required representatives to participate at a behavioral health review panel.
- Referral criteria are edited. Panel referral criteria made congruent with DSM-5 diagnosis.
- The Clinical Consultant will now be responsible of entering a behavioral health placement review panel recommendation weekly as of where the staff responsible for this in the pass was the panel chair or designee.
- Clinical staff may now submit for an extension of assessment time from the panel chair or designee in complicated clinical presentation.

❖ **12.8 Clinical Supervision. This policy replaces policy dated 11/12/14 and requires no local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: 3-JDF-5B-03, 4-JCF-5C-01.
- New Attachment A - Clinical Supervision Log.
- Definition of LMHP added to policy.
- Policy references updated.
- No substantial changes in policy.

❖ **12.9 Major Incident or Disaster Mental Health Response. This policy replaces policy dated 11/12/14 and requires no local operating procedures.**

- No significant changes other than updated verbiage to reflect appropriate division references.

❖ **12.10 Mental Health Screening. This policy replaces policy dated 2/15/13 and requires no local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: Added reference JTS OBHS module in order to reflect compliance with ACA screening standard.
- No significant changes in this policy.

❖ **12.11 Mental Health Assessment. This policy replaces policy dated 1/15/14 and requires no local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: Added reference JTS OBHS module in order to reflect compliance with ACA assessment standard.
- Modification to definition of Behavioral Health Staff.
- Updated policy reference to DJJ 15.11, Request for Services.
- Eliminated Confinement checks section. For youth in isolation, refer to DJJ 8.8, Use of Isolation.

❖ **12.12 Psychodiagnostic Evaluation. This policy replaces policy dated 7/31/14 and requires no local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: 4-JCF-4D-01, 4-JCF-4D-04.
- JTS OBHS module referencing automated PDE added to policy in order to link the criteria's required under ACA to the automated evaluation.
- No significant changes

❖ **12.20 Treatment Planning. This policy replaces policy dated 2/15/13 and requires no local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: 3-JDF-4C-30, 4-JCF-4D-05.
- Definitions of Managing Team and Progress Review added to policy.
- Modifications to the Behavioral Treatment Team weekly review agenda to also include service plans for youth on the mental health caseload, PBIS tiers for youth on mental health caseload, youth requiring positive response in accordance with DJJ 16.1, Step-Downs and Progress Review.
- Updated procedural references to other related policies.

- Discharge process verbiage updated to make proper reference to procedure laid out in DJJ 25.1, YCRT.

❖ **12.21 Suicide Prevention. This policy replaces policy dated 4/1/12 and requires local operating procedures.**

Some of the changes are as follows:

- ACA verbiage and references added to policy: 4-JDF-4C-35, 4-JCF-4C-12, and 4-JCF-4C-54.
- Edits to definition of Behavioral Health Staff.
- Deleted definition of Confinement. Updated in policy the use of confinement with current term of Isolation.
- Updated policy references.
- Added additional documentation requirement in JTS whenever a safety protocol is changed or discontinued.
- Physical control measures may be used as last resort in order to remove youth's clothing, if youth appears to be using it to self-harm.
- Physical control measure will never be used to force a youth to wear suicide protective garment.
- Procedure added to policy detailing review by the behavioral health treatment team of every youth scheduled to be released from secure facility. This review will cover diagnosis, follow up treatment, medications, concerns for increased risks, etc.
- Policy reference added to provide further guidance in Fatality Review process in secure facilities.

❖ **12.22 Special Management Plan. This policy replaces policy dated 10/5/15 and requires local operating procedures.**

Some of the changes are as follows:

- Behavioral Health Treatment Team definition updated.
- Modification of terminology like mental health staff is now behavioral health staff, mental health staff/clinicians to qualified mental health professionals or QMHP.
- Multidisciplinary team definition modified to eliminate Disciplinary Hearing Officers.
- Updated policy references throughout policy.
- All SMPs will be maintained in an area readily available to direct care staff and no later than the end of the shift when they were created.
- SIR codes updated.

- Implementation of a plan will not be delayed pending psychologist or psychiatrist review.
- Replaced terminology of confinement for Isolation.
- Removed behaviors of concern from SMP and replaced with coping support skills.
- Eliminated the use of BMP to put youth behind closed doors.
- ACA references added to policy.
- Telemedicine - related verbiage and process deleted.

❖ **12.24 Psychotropic Medications. This policy replaces policy dated 4/15/13 and requires no local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy.
- Telemedicine - related verbiage and process deleted.

❖ **12.25 Behavioral Health Substance Abuse Prevention Program. This policy replaces policy dated 2/15/13 and requires local operating procedures.**

Some of the changes are as follows:

- ACA references added to policy: 3-JDF-4C-21, 3-JDF-4C-40, 3-JDF-4C-41, 4-JCF-4E-01, 02, 03, 04, 05, 06, and 07.
- Edits to reflect proper and current terminology throughout policy (e.g., “Use” instead of “Abuse”).
- Deleted definition of JDC.
- Added definition of YCRT.
- Policy references updated throughout policy.
- Policy lays out substance use treatment procedures available both in YDCs (i.e., RSAT) and RYDCs (i.e., substance use intervention services).
- Other significant changes throughout policy.

❖ **Deleted Policy/Attachment:**

- None

❖ **New Policy/Attachments:**

- **DJJ 8.33 Body Cameras**
- **12.8 Attachment A Clinical Supervision Log**
- **DJJ 12.5, Attachment A, Corrective Action Plan**
- **DJJ 12.21 Attachment F, Notification of Precautions Letter**

❖ **Modified Attachments:**

- **12.1 Attachment B Psychiatrist Credentialing Documents**
- **12.1 Attachment C Psychologist Credentialing Documents**
- **DJJ 12.24 Attachment A. Psychotropic Medication Consultation**

**The facility/program/office Director will ensure that all staff are familiar with the contents of the policy manual and receive any training needed to implement the policies and local operating procedures within 30 days of the policy's effective date. (See DJJ 1.4, Establishment and Maintenance of DJJ Policies).**

### **Local Policy Coordinators**

- Please ensure that the policy manuals in your program are updated accordingly and that staff who do not have daily access to the internet receive this information.
- The DJJ intranet Local Operating Procedures Guidelines should be used in the development of local operating procedures.
- As a reminder, per DJJ 1.4, Establishment and Maintenance of DJJ Policies, local operating procedures can never instruct staff to disregard official policy or give instructions that are in conflict with official policy.

INSTRUCTIONS:

Remove the following policies from the policy manual.

**12.1 Behavioral Health Services Delivery System**  
**12.2 Scope of Behavioral Health Services**  
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Place the following policy in the policy manual

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- Make the proper notations.