



Georgia
Department of Juvenile Justice
Presentation to the
Children's Mental Health Study Committee

Albert Murray, Commissioner, DJJ
Daniel Shuman, Chairman, DJJ Board

August 21, 2008



DJJ Structure

- **Operations Division**
 - Community Youth Services
 - Regional Youth Detention Centers – 22
 - 1287 beds in RYDCs
- **Program Services Division**
 - Behavioral Health, Health Services & Nutrition, Education
 - Campus Operations – 8 YDCs, Office of Classification & Transportation, Campus Programs
 - 1330 beds in YDCs

Profile of Youth in DJJ



- 69% of youth are male, 31% female
- Average age is 15 years old
- A majority of DJJ offenders are youth of color
- Property, public order & technical violations are the most common offenses

DJJ Facility Population –FY 07



- 21,309 admissions to RYDCs
 - Average stay was 13 days for non-committed youth
 - Average stay was 46 days for committed
 - Average stay was 253 days for Superior Court
- 3618 admissions to YDCs
 - Average stay was 43 days for STP youth
 - Average stay was 177 days for committed
 - Average stay was 536 days for DF committed
 - Average stay was 325 for Superior Court

DJJ Community Services



- Intake
- Informal adjustments
- Probation
- Commitment supervision
- Transition & aftercare services
- Out of home placements
- Court services
- Community programs

Services in DJJ Facilities



- Classification, needs assessment & service planning
- Education
- Vocational/technical training - in YDCs
- Medical & dental
- Mental health
- General counseling & case management





Georgia Department of Juvenile Justice Facility-Based Mental Health and Substance Abuse Services

1998 Memorandum of Agreement (MOA) with the U.S. Department of Justice



Required DJJ to develop resources, policies and systems for:

- Staffing and training
- Screening and Assessment systems
- Treatment Planning and Service Provision
- Alternative placement for youth with severe emotional disturbance
- Suicide Prevention
- Quality Assurance and Monitoring

Behavioral Health Services in 2007



- Oversight of Mental Health & Substance Abuse Services is provided by the Office of Behavioral Health Services
- Every secure facility has a Mental health & Substance Abuse treatment team consisting of:
 - ✓ **Mental health clinicians**
 - ✓ **Substance abuse counselor**
 - ✓ **Psychiatrist**
 - ✓ **Psychologist**
 - ✓ **Mental health nurse**

Facility Behavioral Health Costs



- **Mental Health Services** \$12,674,587 (FY 2007)
- **Substance Abuse Services** \$522,397 (FY 2007)
- **Pharmaceutical**
 - ✓ Pharmacy cost - \$1.5 million per year
 - ✓ Capitated rate - \$55.00 per youth
 - ✓ 50% of dispensed medications are psychotropic

How youth access Behavioral Health Services



- **Mental Health, Substance Abuse & Suicide Risk Screening within 2 hours of each admission**
 - ✓ 100% of youth admitted were screened (29,000) in FY-2007
 - ✓ 55% of those screenings (15,950) resulted in referral for MH assessment

- **Help Request Process**
 - ✓ Self referral
 - ✓ Family, significant other or staff referral

- **Crisis Management**
 - ✓ 24 on-call consultation
 - ✓ Suicide Prevention Plans developed & implemented for youth at risk for self-harm
 - ✓ Special Management Plans to for youth with severe behavior problems or need protective measures

Prevalence of suicide in juvenile detention and correctional facilities is more than four times greater than youth suicide overall (L. Hayes, 2000)



- **86 Emergency Psychiatric Hospitalizations FY-2007**
- **3,900 Self-Harm Episodes FY-2007**

Most common methods of self-harm were:

- **Suffocation, strangulation or hanging (1,426 episodes)**
- **Cutting or scratching self (1,243 episodes)**

Assessment



- Every youth admitted to a long-term YDC receives a mental health assessment by a masters-level clinician during the first 10 days of their placement
- Every youth referred for mental health services is assessed by a masters level mental health clinician within 72 hours of referral.
- Every youth who qualifies for mental health services receives a psychodiagnostic evaluation by a psychiatrist or psychologist within 10 days

Eligibility for MH Services



1. Currently displays symptoms and behaviors of an emotional disturbance of at least moderate severity as indicated by any one of the following:
 - ✓ **Suicidal thoughts / behavior and/or self-injurious behavior;**
 - ✓ **Psychosis (hallucinations, delusions and/or paranoia);**
 - ✓ **Mood problems (depressed mood, feelings of worthlessness and/or manic thought/behavior)**
 - ✓ **Anxiety (anxiety/panic attacks, phobias, obsessions/compulsions)**
 - ✓ **Trauma history with symptoms of acute- or post-traumatic stress disorder.**

Eligibility for MH Services (cont)



2. Youth needs to take medication for the treatment of a psychiatric disorder
3. The treatment team determines that there is a need for mental health services on an ongoing basis to enhance the youth's ability to cope with confinement
4. Youth previously receiving services and is no longer displaying a moderate level of disturbance, but it is likely that he/she would regress to that level if services were discontinued
5. Youth is being evaluated for competence to stand trial.

Fiscal Year 2007 Services



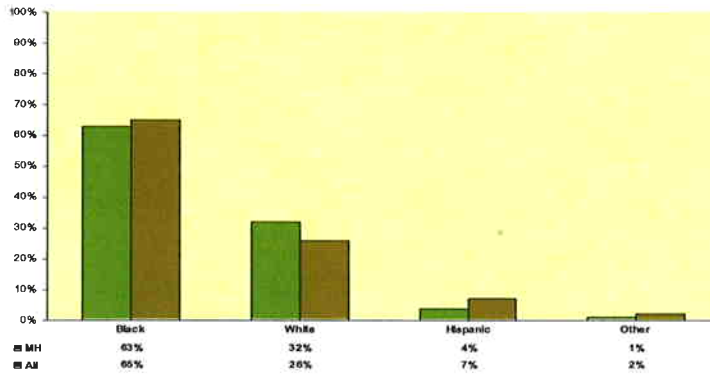
| Program | Admissions (unduplicated count) | Avg. Daily Population | Avg. MH Caseload |
|--|------------------------------------|--------------------------|---------------------|
| Youth Development Campus (YDC) | 3,356 | 1,965 | 34% |
| Regional Youth Detention Center (RYDC) | 14,304 | 1,380 | 27% |

Racial Composition



CALENDAR YEAR 2007

MH Treatment Youth & all Incarcerated Youth

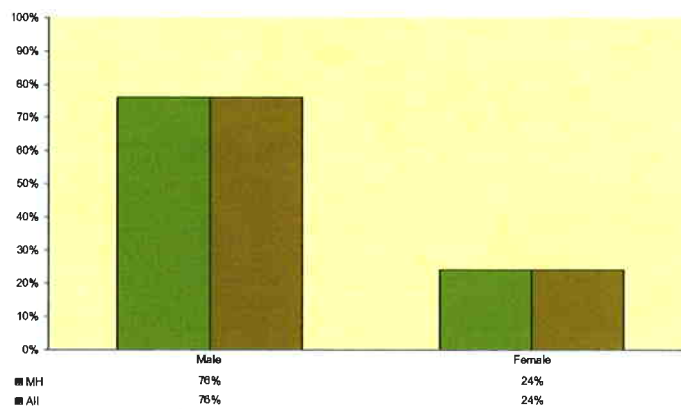


Gender



CALENDAR YEAR 2007

MH Treatment Youth & all Incarcerated Youth





Diagnostic Characteristics of youth receiving on-going MH Services CY-2007

| | |
|--|------------|
| ● Disruptive Behavior Disorders | 62% |
| ● Attention Deficit Disorders | 51% |
| ● Mood Disorders | 36% |
| ● Substance-Related Disorders | 23% |
| ● Impulse Control Disorders | 15% |
| ● Anxiety and Trauma | 10% |
| ● Adjustment Disorders | 6% |
| ● Mental Retardation | 4% |
| ● Thought Disorders | 2% |



General Population Mental Health Services

- Utilize New Freedom Treatment Program to provide content for 14 core problem areas
- Program based on Evidenced Based Cognitive Behavioral Theory, Motivational Interviewing and Stages of Change Theory
- May be delivered in Group or Individually
- Clinical support and supervision of program provided by psychologists

Substance Abuse Services - FY 2007



- **60 to 75% of youth in DJJ secure facilities need intervention**
- **25% of youth in RYDC received Substance Abuse Services in FY 2007**
- **50% of youth in YDC received Substance Abuse Services in FY 2007**

Substance Abuse Treatment Program



- **YDC Substance Abuse Treatment and Intervention utilizes an evidence based treatment program- Seven Challenges**
- **RYDC intervention program utilizes a substance abuse component of the New Freedom Treatment Program - based in CBT, Stages of Change Theory, Motivational Change Theory**

Specialized YDC Treatment Services



- **Mental Health Units**
 - ✓ Macon YDC – 14 female beds
 - ✓ Augusta YDC – 20 male beds
- **Shelter Care Unit**
 - ✓ Augusta – 20 male beds
- **Substance Abuse Units**
 - ✓ Bill Ireland YDC - 40 male beds
 - ✓ Sumter YDC – 25 male beds
 - ✓ Eastman YDC- 32 male beds

Placement Review Panel



- An interdivisional panel that meets weekly to review and track referrals from facilities for youth that may require additional services or mental health alternate placement (238 youth were reviewed in 2007)
- Policy and automated systems provide criteria and triggers for panel referral based on diagnostic criteria, risk and acuity of the youth
- After review of referral information and pertinent records, the panel develops a response to address the referral concerns. Possible responses include:
 - ✓ reassignment of youth to a specialty unit,
 - ✓ provide / arrange consultation and technical assistance
 - ✓ pursue a community-based specialized placement
 - ✓ Legal diversion / intervention

Alternate Placement Options



- YDC Mental Health Units
- YDC Shelter Unit
- YDC Substance Abuse Unit
- Short-term Program Alternatives
- Community Based Specialized Treatment Services
 - ✓ Residential treatment
 - ✓ Therapeutic Foster care
 - ✓ Therapeutic Wilderness program
 - ✓ Wrap-around services

Documentation of Services Managing Care



- DJJ has an electronic health record within the Juvenile Tracking System (JTS) which allows us to:
 - Provide improved continuity among facilities and upon discharge
 - Track programming trends and needs
 - Prompt planned clinical services
 - Monitor and manage care

Juvenile Tracking System (JTS) Reports



- JTS task and productivity reports provide tools for facility self-monitoring and Regional Behavioral Health Services Administrator monthly reviews.
- Facility Task Reports provide a dynamic log of processes that need to be completed.

State of Georgia - Department of Juvenile Justice
(For Internal Use Only)

Daily OBHS Task Report

METRO RYDC
Monday, January 14, 2008
Sort by: TRIAGE

* Indicates current Mental Health involvement or involvement in the last 6 months (indicated where TASK is MH Screening only)
Dates in RED are overdue
If the juvenile has a valid MAYSI (completed in last 30 days), then a MAYSI due date will not appear on the report at the time of placement.

| Name | Task | Date/Time Assigned | Triage | Type of Referral | DUE DATE | Provider Name |
|-----------------|---------------|----------------------|---------------|------------------|----------------------|---------------|
| BANK, MONBYNTHA | MH SCREENING | 05/25/07 6:00:00 PM | 2 HOURS* | Placement | 05/25/07 7:00:00 PM | |
| AUBERS, REC | MH SCREENING | 09/03/07 10:00:00 AM | 2 HOURS | Placement | 09/03/07 12:00:00 PM | |
| DALL, LESTER | MH SCREENING | 10/02/07 5:00:00 PM | 2 HOURS | Placement | 10/02/07 7:00:00 PM | |
| AUBERS, REC | MH Assessment | 12/05/07 2:15:48 PM | URGENT | MH Referral | 12/04/07 2:14:28 PM | THOMAS, HOLY |
| BANK, MONBYNTHA | MAYSI | 05/25/07 6:00:00 PM | PRIOR TO USA* | Placement | 05/26/07 6:00:00 PM | |
| AUBERS, REC | MAYSI | 09/03/07 10:00:00 AM | PRIOR TO USA | Placement | 09/04/07 10:00:00 AM | |
| DALL, LESTER | MAYSI | 10/02/07 6:00:00 PM | PRIOR TO USA | Placement | 10/02/07 5:00:00 PM | |

Print

JUVENILE TRACKING SYSTEM REPORTS (cont)



- **Facility statistical reports** are compiled automatically from JTS data to examine workload & service delivery performance for individual staff and facilities
- **Facility Quality Assurance information** is entered in JTS on a monthly basis -- information is available as a report for facility & central office monitoring - report includes:
 - ✓ Current problems with analysis and corrective actions,
 - ✓ Record of staff development activities for the month,
 - ✓ Summary of staffing issues (vacancies, etc.)
 - ✓ Other problematic concerns, accomplishments, activities, problems

Transition from Facilities



RYDC

- Notification to parent or guardian that youth will receive services in the facility and will require care upon release
- Individualized contact with parent or Juvenile Probation Officer regarding youth's needs
- Provide family with Behavior Health Link information
- Transition Plan is available for youth receiving services for youth 30 days or longer

YDC

- Formal transition meeting 60 days prior to discharge
- Transition Plan that describes needs and services provided



Gaps In Service

- **Internal Gaps/Issues**
 - ✓ **Correctional Institutions not always conducive to mental health treatment**
 - ✓ **Lack of availability/participation of families and community support systems**
 - ✓ **Staff Turnover – Difficulty with recruitment and retention of qualified professional staff**
 - ✓ **Obstacles to diversion of youth with complex needs who need high intensity mental health placements/services**



External Gaps/Issues

- **Inadequate coordination with community mental health service providers**
 - ✓ **No organized process for routine sharing of information – records**
 - ✓ **No organized linkages at intake and discharge**
 - ✓ **Difficult to identify community service providers**
 - ✓ **Coordination of medication management**
 - ✓ **Lack of treatment resources in community**
- **Need to improve transition planning between DJJ and Georgia Department of Corrections MH providers for youth who transfer to an adult correctional facility at age 17**
- **Lack of services for 17 to 21 year olds**