



FY 2022 Wraparound Standards

Georgia Department of Juvenile Justice

Office of Residential and Community Based Services

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Introduction

DJJ's mission is to transform young lives by providing evidence-based rehabilitative treatment services and supervision, strengthening the well-being of youth and families, and fostering safe communities.

These Wraparound Standards are organized into three main sections: Policies and Procedures, Staffing Requirements, and Documentation Requirements.

In implementing these Standards, the aim is to ensure that the youth and families served receive the best possible care. These standards shall serve as the minimum expectation for service provision. Providers should make every effort to exceed these requirements and shall always defer to those applicable statutory requirements, rules, regulations, licensing, contractual, and accreditation requirements which are most stringent.

Additionally, these standards are not meant to limit or standardize services. Providers are encouraged to develop their own practices and approaches in order to meet and/or exceed these standards.

Thank you for all of your support and care in working with DJJ youth!

Section 1: Policies and Procedures

Standard 1: Telecommunications

- 1.0 Providers must have the ability to respond to crisis situations in a timely manner, and must have a process in place to provide after-hours accessibility. This process may include use of the Georgia Crisis and Access Line (GCAL) designed to help individuals in a mental health crisis, crisis related to an intellectual/developmental disability and/or substance abuse crisis; for more information visit www.mygcal.com or call 1-800-715-4225.
- 1.1 Providers must be on-call twenty-four (24) hours a day, seven (7) days a week.

Standard 2: Physical Plant (if applicable)

- 2.0 If services are provided at a physical plant, the service environment must be safe. Providers must ensure that all local and state ordinances are addressed and all evidence and/or documentation of compliance must be on file.
- 2.1 Providers must ensure compliance with state and county of residence fire and life safety codes and providers must have a copy of the most recent fire inspection on file.
- 2.2 Providers must have policies, plans, and procedures in place that address emergency evacuation, relocation preparedness, and disaster response.
- 2.3 Providers shall have cleaning and maintenance procedures sufficient to maintain a sanitary and comfortable environment.
- 2.4 Providers shall have a basic Infection Control Plan to include standard precautions and hand washing protocols.
- 2.5 Providers must serve youth in an appropriate environment that is clean, age appropriate, accessible, adequately lighted, ventilated, and temperature controlled.
- 2.6 Providers must ensure that there is sufficient space, equipment, and privacy to accommodate the provision of identified services.

Standard 3: Criminal History Background Checks

- 3.0 Prior to performance of contract duties, the provider and any subcontractor having contact with the youth served by DJJ shall undergo and clear a criminal record history investigation conducted by DJJ's Criminal History Unit (CHU) and a fingerprint record check as outlined in DJJ Policy 3.52 Background Investigations and DJJ Policy 23.1 Prison Rape Elimination Act. Criminal history investigation and fingerprinting shall be conducted prior to the performance of any contractual duties, unless otherwise notified.
- 3.1 Once the contract has been executed, any newly hired employees must complete and clear a criminal record history investigation prior to the performance of DJJ contract duties.
- 3.2 Communications between the Criminal History Unit and the hiring authority regarding background investigations and documents may be done via email or through the Background Check Application System (BCAS). The Criminal History Unit email address is: CHUManager@djj.state.ga.us
- 3.3 Providers shall maintain and upon request, provide DJJ with evidence of a satisfactory criminal record check of any members of its staff or a subcontractor's staff assigned to or proposed to be assigned to any aspect of the performance of contract duties; all staff personnel files shall include the following pertaining to their criminal record check: the DJJ Background Clearance receipt and the DJJ Determination Letter. (See Appendix H for a DJJ Background Clearance Sample and Appendix I for a DJJ Determination Letter Sample)
- 3.4 Providers must complete Fingerprints within ninety (90) days of the BCAS application submission date.
- 3.5 Providers must conduct a Child Protective Services history check through the Georgia Child Abuse Registry for all staff no more than 30 days before hiring and annually within 30 days of the staff's anniversary date. The results of this check must be documented in the personnel file. Any staff whose check reveals a substantiated CPS history are deemed unemployable. Providers must have a policy which details this process for checking the registry and managing the results.
- 3.6 Providers must conduct and document, a Sex Offenders Registry (GASORC), Pardons and Paroles (PPD), and Department of Corrections check on all staff no more than 30 days prior to hiring and annually within 30 days before the staff's anniversary date. The results of these checks must be documented in the personnel file. Providers must have a policy detailing the process for checking these registries, managing the results, and monitoring compliance with this requirement.
- 3.7 Providers must submit a complete and updated Monthly Roster by the 5th day of each month to indicate any changes in staff and the status of criminal history investigations and fingerprinting. (See Appendix G for Monthly Roster Template)

Standard 4: Program Plan and Operations

- 4.0 Providers shall have current and clearly stated policies and procedures that guide all aspects of the operation of the agency.
- 4.1 Providers must have a formal code of conduct to communicate moral behavioral standards for the organization’s staff and guidelines for ethical decision making.
- 4.2 Organizational and agency policies and procedures must have evidence of compliance with applicable statutory requirements, rules, regulations, licensing, accreditation, and contractual requirements. If any of the aforesaid requirements are more stringent than these Standards, providers shall defer to the requirements that are most stringent.
- 4.3 Providers must have a secure agency email domain (Example: Jessie@jessieshouse.com).
- 4.4 Providers must have a program description that has been approved by DJJ that specifies the program philosophy, purpose, description and range of services, how identified services are provided, and characteristics and ages of youth served.
- 4.5 Providers will use five (5) main programmatic standards for treatment:
- In-Home Intensive Treatment
 - In-Home Case Management
 - Crisis Intervention to Prevent Placement Disruption
 - Crisis Intervention for Behavioral Management
 - Assessments
- 4.6 Providers shall utilize evidence-based practices (or practices undergoing evaluation which have a strong indication of being successful) to address the basic care and criminogenic needs of youth receiving services from their program.
- 4.7 Community services may not be provided in an Institution for Mental Diseases, jail, Youth Development Campus (YDC), or prison system.
- 4.8 Youth seventeen and younger may not be served with adults in the same therapeutic setting.
- 4.9 Provider must have policies and procedures in place for handling medical emergencies (conditions or situations that threaten life, limb or continued functioning).

Standard 5: Transportation of Youth (if applicable)

- 5.0 If transportation is provided for youth in any capacity, providers must have policies, procedures, and practices in place that address transportation of youth. These policies must apply to all vehicles used, owned or leased, by the provider, subcontractors and staff.
- 5.1 Transportation policies must include:
- Authenticating licenses of drivers;
 - Proof of insurance for all drivers;
 - Routine vehicle maintenance;
 - Safe transport of youth;
 - Availability of first aid kits;
 - Vehicles are clean and operable;
 - Vehicle tags and registration are current;
 - Emergency preparedness; and
 - Maintaining attendance of youth served while in vehicles.
- 5.2 All vehicles used to transport youth will have annual safety inspection of brakes, exhaust system, headlights, steering, stop lights, suspension, tires, turn signals, windows, and windshield wipers.
- 5.3 A vehicle log book must be maintained for each vehicle used for transportation of youth. The vehicle log must provide the following information for every transport: the capacity of the vehicle, the date of transport, attendance of youth transported including youth names, destination, and the purpose of the transport.
- 5.4 No vehicle shall be used to transport more youth than the manufacturer's rate seating capacity.
- 5.5 If staff utilize staff owned vehicles to transport youth, provider must detail in writing that the use of staff owned vehicles is part of the provider's practice and indicate that the provider takes full responsibility of the staffs' actions; it must also be noted that the provider verifies insurance and maintenance on staff owned vehicles to the same standard they do for provider owned vehicles. This information must be provided to DJJ on the provider's letterhead and signed by the same individual that signed the DJJ contract. Providers must have written processes and procedures in place that detail how staff owned vehicle maintenance and insurance are verified when staff owned vehicles are used to transport DJJ youth.

Standard 6: Investigations

- 6.0 The provider and its employees shall cooperate with all DJJ inspections and investigations.
- 6.1 The provider and its employees shall respond truthfully to any legitimate inquiry by DJJ, and refrain from making false or misleading statements in connection with any authorized investigation or inspection.

Standard 7: Medication Management (if applicable)

- 7.0 Providers who offer medication management services must detail their policies and practices surrounding medication in their admission and/or orientation packet.
- 7.1 Providers must follow the DHS guidelines for Psychotropic Medication Use in Children and Adolescents, and they must have and follow their own medication management policy for other prescription and non-prescription medications. Medication consents must be given from parent/guardian.
- a. Providers' medication management policy must include management medication refusal.
 - b. The provider shall designate, authorize and train staff to hand out and supervise the administering medications.
 - c. The providers' staff will maintain a thorough record of all medications taken by children in the program including the required documentation that medication was handed out by the authorized staff and taken by the children for whom it was prescribed.
 - d. Providers will have a medication management policy that outlines the process to be used for inventorying each child's medication. At a minimum, the process should include documented medication inventory upon admission, at least monthly and upon discharge.

Standard 8: Admission/Orientation

- 8.0 Providers will make contact with the youth and/or family within twenty-four (24) hours of receipt of the referral.
- 8.1 All funded services must start within five (5) business days from the date of contact with the family. If the services are not started within the stated timeframe, then notification and reason(s) for delay must be documented and reported to DJJ RPS/Case Expeditor and DJJ Community Case Manager (CCM).
- 8.2 The provider will make email confirmations to the DJJ RPS/Case Expeditor and DJJ CCM to confirm the start-up of services.
- 8.3 The provider has written policies and procedures that outline an orientation to the program.
- 8.4 The youth and guardian are provided their own copy of an admission and/or orientation packet at the start-up of services. Youth and guardian will sign an acknowledgement and it will be placed in the youth's record. The orientation packet should include the following:
- Program Information
 - Grievance Process
 - Emergency Contact
 - Hours of Operation
 - Services Provided and Expectation of Programs

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- Bullying Policy
- HIPPA Form
- PREA
- Youth Rights
- Acknowledgement Form

8.5 Program orientation must include information and contact process for DJJ's Office of Ombudsman. (See Standard 9.2)

Standard 9: Grievances

- 9.0 Providers shall have a current and clearly written Grievance Policy to include Grievance forms as well as complaint and appeals processes, that are readily accessible to the youth and their families. This process shall be detailed in the admission and/or orientation packet provided to the youth and family at the start of services.
- 9.1 Providers shall maintain records of all grievances, complaints, and appeals along with the corresponding resolutions. Grievances should be filed in youth's record and relevant personnel files as applicable.
- 9.2 Providers shall ensure all DJJ youth, as well as their parent(s)/guardian(s), receive clear communication regarding the contact process for DJJ's Office of Ombudsman as outlined in DJJ Policy 15.9 Ombudsman Guidelines during the program orientation. (See Standard 8.5) Methods for filing a complaint or inquiry/referral are indicated below. (Please visit <https://djj.georgia.gov/office-ombudsman> for additional information)
- a. Email: djjombudsman@djj.state.ga.us
 - b. Mail: Department of Juvenile Justice, Office of Ombudsman, 3408 Covington Highway, Decatur, Georgia 30032
 - c. Phone (toll-free): 1-855-396-2978
 - d. Online: complaint referral form is located at <http://www.djj.state.ga.us/Employees/DJJDrupalOmbudsmanForm.aspx>
 - e. Calls or visits may be made to the local facility or Community Services Office

Standard 10: Youth Rights and Responsibilities

- 10.0 Providers must adhere to DJJ's Basic Expected Treatment Standards and Responsibilities of Youth. (See Appendix B for the Basic Expected Treatment Standards and Appendix C for the Responsibilities of Youth)
- 10.1 Youth may report any violation of their rights through the provider's DJJ approved grievance process or by contacting the DJJ Office of Ombudsman and their DJJ CCM. Staff and the general public may report any violation of a youth's rights by contacting the DJJ Office of Ombudsman. (See Standard 8.5)
- 10.2 All identified incidents of unlawful discrimination, harassment, or bullying by youth or staff must be reported verbally to DJJ within 1 hour using the attached Emergency Contact Phone List. (See Standard 11.1)
- 10.3 Provider must have policies and procedures that promote the safety and welfare of youth and ensure that youth are protected from abuse and neglect.

Standard 11: Incident Reporting

- 11.0 Providers must immediately notify in writing, the DJJ Residential Placement Specialist (RPS)/Case Expeditor as well as Operations Support Manager, with a copy to the Department's Office of Investigations and Apprehensions, all allegations of Prison Rape Elimination Act (PREA) incidents, abuse, assault, neglect or exploitation of a youth referred to their program by DJJ as outlined in DJJ Policy 8.5 Special Incident Reporting, DJJ Policy 8.9 Child Abuse Reporting, and DJJ Policy 23.1 Prison Rape Elimination Act.
- 11.1 Notification of any emergency/serious medical situation, Prison Rape Elimination Act (PREA) incident, or significant problem must be made immediately but no later than one hour via the WRAP Emergency Phone List; if the provider does not receive a "live person" from their initial contact they will leave a detailed message and move to the next person on the contact list until they speak to a DJJ representative. (See Appendix G for Emergency Phone List)
- 11.2 Provider shall have a formal written incident reporting procedure that is approved by the licensing or certification authority (if applicable) and by the Department. Provider will provide DJJ with a copy of all incident reports relating to PREA incidents, abuse, neglect, serious injuries, suicide attempts, and any other incident which have the potential for incurring legal liability or adverse publicity. These reports shall be forwarded to the DJJ RPS/Case Expeditor/ Operations Support Manager (OSM) and DJJ CCM within twenty-four (24) hours of the incident. All incident reports shall be placed in the corresponding youth's file.

Standard 12: Prison Rape Elimination Act Requirements (PREA)

- 12.0 Provider, to include any subcontractors, will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42 U.S.C.15601 ET. Seq.), and with all applicable PREA Standards, Department Policies related to PREA and Department Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within Department Facilities/Programs/Offices owned, operated or contracted. Contractor acknowledges that, in addition to "self-monitoring requirements" Department will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and Department Policies may result in termination of the contract.
- 12.1 All staff who will have contact with DJJ youth must be compliant with PREA requirements. Staff must complete the online PREA Training Series as outlined in DJJ Policy 23.1 Prison Rape Elimination Act. Each staff member must complete the training within thirty (30) days of hire; for existing staff, each staff member must complete the training within thirty (30) days of contract execution. DJJ will provide an online PREA refresher training every two years; all staff members are required to complete the online refresher training as designated by DJJ's PREA Coordinator.

- 12.2 Provider must ensure that all PREA incidents or alleged incidents are reported to the DJJ Office of Investigations as well as the Operations Support Manager (OSM).
- 12.3 Provider will have all personnel sign a PREA Staff Acknowledgement Statement and keep the signed form in the employee's file as outlined in Policy 23.1 Prison Rape Elimination Act. Each staff member must sign the PREA Acknowledgement Statement within five (5) business days of hire; for existing staff, training and signature must be obtained with 72 hours of contract execution. (See Appendix G for PREA Staff Acknowledgement Statement)
- 12.4 Provider will have all youth, upon admission, sign a PREA Youth Acknowledgement Statement and keep the signed form in the youth's file as outlined in DJJ Policy 23.1 Prison Rape Elimination Act. Each admitted youth must sign the PREA Acknowledgement Statement within 48 hours of the services start date or contract execution. (Please see Appendix G for PREA Youth Acknowledgement Statement)
- 12.5 During the interview process providers will ask all applicants and prospective employees about previous sexual abuse misconduct.
- 12.6 Providers are responsible for providing their staff with required PREA training to meet all PREA requirements.
- 12.7 Provider staff who engage in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal.
- 12.8 All suspected crime scenes shall be secured as outlined in DJJ Policy 8.42 Crime Scene Preservation to prevent unauthorized access by any person, removal of evidence, or contamination of the crime scene in any manner.
- 12.9 Accommodations will be made in accordance with DJJ Policy 15.10 Language Assistance Services to ensure that youth who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters.
- 12.10 Provider must have a written plan for ensuring a coordinated team response to incidents of sexual abuse.

Standard 13: Language Assistance Services

- 13.0 Language assistance services shall be provided to all youth with limited English proficiency in accordance with DJJ Policy 15.10 Language Assistance Services.

- 13.1 Provider must notify DJJ of any language assistance service needs for determination of costs, billing, and payment.
- 13.2 Family members, children, friends, and untrained volunteers will not be used as interpreters, unless specifically requested by the youth or youth's parent or legal representative, and upon approval of the DJJ CCM.

Standard 14: Safety Interventions

- 14.0 Providers must have a policy detailing whether and under what circumstances restrictive interventions can be implemented based on the service(s) they provide and the licensure requirements.
- 14.1 Adaptive supportive devices or medical protective devices must only be used for medical and/or protective reason(s); they must not be used for behavior control. Use of the adaptive supportive devices or medical protective devices shall be defined by a physician's order and authorized in the youth's individualized resiliency plan.

Standard 15: School Setting (if applicable)

- 15.0 Providers who provide services in school settings must include documentation of partnership with the school in the youth's file.
- 15.1 Providers must include a plan in the youth's file for minimizing school disruption and documentation on why the course of intervention occurs during school hours as opposed to before/after school or in other community settings.
- 15.2 Youth receiving the service(s) must never be taken out of the classroom out of convenience to the provider.
- 15.3 Services and supports provided in a school setting should not displace but should complement the supports provided to the youth by the school based on the IEP or 504 plan.

Standard 16: Quality Improvement Planning

- 16.0 Providers must provide Yearly Outcome Data Reports (due by July 31st or each year for the previous contractual year of service) to support performance metrics for the service deliverables. Reports should be provided to the Director of the Office of Residential and Community Based Services.

- 16.1 Providers shall have a well-defined quality improvement plan for assessing and improving organizational quality.
- 16.2 Providers shall have performance indicators in place for assessing and improving organizational quality to include data collection, measurement, evaluation, target goals, and outcomes.

Standard 17: Research

- 17.0 Any research, study, review, or analysis of DJJ youth must be reviewed and approved by the Department of Juvenile Justice and shall be in accordance with applicable laws, rules and regulations concerning the protection of human subjects as outlined in DJJ Policy 1.9 Research.

Standard 18: Approved Hours and Billing

- 18.0 Payment from DJJ will only be made for direct contact with the youth. The visits must be face to face direct contact with the youth and family. DJJ will not pay for missed visits, phone calls, paper work, travel time, etc.
- 18.1 The youth and/or family should not have more than two (2) hours per visit unless otherwise approved by the DJJ RPS/Case Expeditor. The DJJ RPS/Case Expeditor will send the DJJ Wraparound Services Request and Approval Form with the approved hours and duration of the service(s). If additional service hours are warranted, written approval must be provided by the Department Representative via the DJJ Wraparound Services Request and Approval Form.
- 18.2 Monthly invoices should be submitted to the DJJ RPS/Case Expeditor by the 5th day of each month. Invoices must be accompanied by a log of actual visits by date and duration. (See Appendix G for Monthly Invoice and Monthly Invoice Service Log). A copy of the email sent to DJJ RPS/Case Expeditor must be filled in the youth record as documentation of invoice submission.
- 18.3 If the Court requires that the Provider attend a hearing, any payment is the responsibility of that court. If the Provider is unable to attend the court hearing they must give the Court prior notice.
- 18.4 Unless otherwise specified, the duration of service provision may not exceed six (6) months, unless approval of the DJJ RPS, Case Expeditor, and/or Department Supervisor is granted via the Wraparound Services Referral and Approval Form.
- 18.5 Services may not be provided and billed for youth who are detained in Regional Youth Detention Centers (RYDCs) awaiting juvenile court proceedings.

Section II: Staffing Requirements

Standard 19: Professional Credentials

- 19.0 Providers will ensure that their staff members maintain their professional credentials as outlined in their DJJ contract as well as in DJJ Policy 3.55 Professional Credentials.
- 19.1 Providers shall have organizational policies and practices which demonstrate that appropriate professional staff shall conduct services, supports, and treatment to include:
- Oversight of service provision to youth;
 - Supervising the formulation of treatment plans;
 - Conducting assessments; and
 - Supervising high intensity services.
- 19.2 Providers must ensure that federal law, state law, professional practice acts, and in-field certification requirements are followed.
- 19.3 Providers must have job descriptions in place for all personnel. The job descriptions shall include the following:
- Qualifications for the job;
 - Job duties and responsibilities;
 - Competencies required for the job;
 - Expectations regarding the quality and quantity of work; and
 - Documentation that each individual staff has reviewed, understands, and is working under a specific job description.
- 19.4 Providers must have a Board of Directors
- 19.5 Providers must ensure that regular review and evaluation of the performance of all staff is documented and done at least annually by managers who are qualified to conduct evaluations. Board of Directors will complete Annual Performance Reviews for the CEO/Owner.

Standard 20: Training Requirements

- 20.0 Prior to direct contact with any DJJ youth, staff must be provided an orientation. Orientation must include the following:
- The purpose, scope of services, supports, and treatment offered as well as any related policies and procedures;
 - *HIPAA and Confidentiality of written and spoken client information;*
 - *Mandated Reporting requirements;*
 - Rights and Responsibilities of youth;
 - Annual Sexual Harassment Prevention Training;
 - Requirements for recognizing and reporting suspected abuse, neglect, or exploitation of any individual to DJJ, within the agency's organization, to the appropriate regulatory or licensing agencies, and to law enforcement; and

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- *PREA requirements as outlined in DJJ Policy 23.1 Prison Rape Elimination Act.*

- 20.1 Within the first sixty (60) days from the date of hire, all staff having direct contact with DJJ youth shall receive training to include:
- Social, behavioral, medical, and physical needs and characteristics of the persons served;
 - *Youth Rights and Responsibilities*;
 - Promoting positive, appropriate and responsive relationships with persons served, their families and stakeholders;
 - *Staff boundaries*;
 - *Communication Skills*;
 - *Crisis intervention techniques for de-escalating challenging and unsafe behaviors*;
 - Nationally benchmarked techniques for safe utilization of emergency intervention of last resort (if applicable per organizational policies and protocols);
 - *Ethics and cultural competency*;
 - *Fire safety (if services are provided onsite at a physical plant)*;
 - *Emergency and disaster plans and procedures (if services are provided onsite at a physical plant)*;
 - Current CPR/AED through the American Heart Association, Health & Safety Institute, or the American Red Cross. All CPR/AED training, regardless of level, includes both written and hands-on competency training.
 - First aid and safety training;
 - *Specific individual medications and their side effects and medication management*;
 - *Documentation requirements*;
 - Services, support, and treatment topics appropriate for the youth served to include:
 - Symptom management;
 - Principles of recovery relative to youth with mental illness;
 - Principles of recovery relative to youth with addictive disease;
 - Principles of recovery and resiliency relative to youth;
 - Principles of trauma informed practice; and
 - Relapse prevention.
- 20.2 Staff must complete a minimum of 16 hours of ongoing training annually to include the trainings listed above in *italics*. Please note that First Aid and CPR training are not included and may not count toward this annual training requirement.
- 20.3 Providers must attend all Provider Meetings scheduled by the DJJ Office of Residential and Community Based Services.

Standard 21: Type and Number of Staff

- 21.0 Providers shall have an adequate staffing pattern to provide access to services.
- 21.1 Professional staff must be:

- Properly licensed or credentialed in their professional field as required;
 - Present in numbers to provide adequate supervision to staff;
 - Present in numbers to provide services, support and treatment to youth as required; and
 - Experienced and competent in their professional field.
- 21.2 Non-professional staff must be:
- Properly trained and credentialed;
 - Present in numbers to provide services, supports and treatment to youth as required; and
 - Experienced and competent in their area of service provision.
- 21.3 Providers must identify staff to youth served ratios for each service offered. These ratios must be detailed in their program description. At a minimum, the staff to youth ratio shall be 1:8.
- 21.4 Providers shall not enter into a contract or other arrangement with another person or agency for the provision of all or substantially all of any service without written approval from DJJ.
- 21.5 Providers shall maintain a personnel file for each employee that, at a minimum, includes:
- Identifying information;
 - Date of Employment;
 - Criminal history Background Check Clearance and Determination Letter;
 - Georgia Child Abuse Registry search results, Sex Offender Registry search results, Pardons and Parole Database Search results, and Department of Corrections Database search results;
 - PREA Acknowledgement Statement (signed and dated within business days of hire);
 - Orientation and training dates;
 - Job description;
 - Annual performance evaluations;
 - Employee discipline and/or grievance reports;
 - HIPPA Training
 - Sexual Harassment Prevention Training and Acknowledgment Form
 - Records of educational qualifications and/or professional credentials;
 - Copy of Professional License and Certifications
 - For staff working toward licensure or for Certified Alcohol and Drug Counselor-Trainees: documentation of supervision.
- 21.6 Providers must have policies and documentation practices that detail all human resources practices.

Standard 22: Approved Behavioral Health Practitioners

- 22.0 All provider qualifications will be met as outlined in the DJJ Contract Annex B Scope of Services.

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22.1 Providers must employ clinically licensed staff with a valid LCSW, LMFT or LPC granted by the State of Georgia's Composite Board of Counselors, Social Workers, and Marriage and Family

Therapists (as well as be in good standing with that authority) to oversee and meet programmatic standards.

22.2 The table below outlines the requirements of the approved behavioral health practitioners permitted to work with DJJ youth:

Professional Title & Abbreviation for Signature Line	Minimum Level of Education/ Degree/ Experience Required	License/Certification Required	Requires Supervision?	State Code
Psychologist (PhD or PsyD)	Doctoral Degree	Licensed by the Georgia Board of Examiners of Psychologists	No. Additionally, can supervise others.	43-39-1 to 43-39-20
Licensed Clinical Social Worker (LCSW)	Master's degree in Social Work plus 3 years' supervised full-time work in the practice of social work after the Master's degree.	Licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.	No. Additionally, can supervise others.	43-10A
Licensed Professional Counselor (LPC)	Master's degree	Licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.	No. Additionally, can supervise others.	43-10A
Licensed Marriage and Family Therapist (LMFT)	Master's degree	Licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.	No. Additionally, can supervise others.	43-10A
Licensed Master's Social Worker (LMSW)	Master's degree in Social Work	Licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.	Works under direction and supervision of an appropriately licensed/credentialed professional	43-10A
Associate Professional Counselor (May be noted as LAPC and APC)	Master's degree	Licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.	Works under direction and supervision of an appropriately licensed/credentialed professional	43-10A
Associate Marriage and Family Therapist (May be noted as LAMFT and AMFT)	Master's degree	Licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.	Works under direction and supervision of an appropriately licensed/credentialed professional	43-10A
Certified Advanced Alcohol and Drug Counselor (CAADC) Note: ICAADC is an accepted equivalent.	Master's degree or above in human services, with a clinical application. Must meet the legal standards set forth in Georgia Code 43-10A-7. Must meet the certification criteria set forth by the certifying body, and maintain certification in good standing.	Certification by the Alcohol and Drug Abuse Certification Board of Georgia (ADACB-GA); International Certification and Reciprocity Consortium / Alcohol and Other Drug Abuse (IC&RC).	Services limited to those practices sanctioned by the certifying board and Georgia Code 43-10A-7, and shall in any event be limited to the provision of chemical	43-10A-7

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			dependency treatment.	
Georgia Certified Alcohol and Drug Counselor Level III (GCADC-III)	Master's degree or above in human services, with a clinical application. Must meet the legal standards set forth in Georgia Code 43-10A-7. Must meet the certification criteria set forth by the certifying body, and maintain certification in good standing.	Certification by the Alcohol and Drug Abuse Certification Board of Georgia (ADACB-GA); International Certification and Reciprocity Consortium / Alcohol and Other Drug Abuse (IC&RC).	Services limited to those practices sanctioned by the certifying board and Georgia Code 43-10A-7, and shall in any event be limited to the provision of chemical dependency treatment.	43-10A-7
Master Addiction Counselor (MAC) through the National Board of Certified Counselors (NBCC)	Master's Degree Documentation of a minimum of 12 semester hours of graduate coursework in the area of OR 500 CE hours specifically in addictions. Must meet the legal standards set forth in Georgia Code 43-10A-7. Must meet the certification criteria set forth by the certifying body, and maintain certification in good standing.	Certification by the National Board of Certified Counselors (NBCC) Nationally Certified Counselor (NCC) credential – must be Licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.	Services limited to those practices sanctioned by the certifying board and Georgia Code 43-10A-7, and shall in any event be limited to the provision of chemical dependency treatment.	43-10A-7
Master Addiction Counselor (MAC) through the National Association of Alcohol and Drug Counselors (NAADAC)	Master's degree or higher in Substance Use Disorders/Addiction and/or counseling related subjects. Current credential or license as a Substance Use Disorder/Addiction Counselor or Professional Counselor issued by a state or credentialing authority. Must meet the legal standards set forth in the Georgia Cod 43-10A-7. Must meet the certification criteria set forth by the certifying body, and maintain certification in good standing.	Certification by the National Association of Alcohol & Drug Abuse Counselors, the Association for Addiction Professionals. Current credential or license as a Substance Use Disorder/Addiction Counselor or Professional Counselor issued by a state or credentialing authority.	Services limited to those practices sanctioned by the certifying board and Georgia Code 43-10A-7, and shall in any event be limited to the provision of chemical dependency treatment.	43-10A-7
Georgia Certified Alcohol and Drug Counselor II (GCADC-II) Note: CADC-II and ICADC-II are accepted equivalents.	Bachelor's degree. Must meet the legal standards set forth in Georgia Code 43-10A-7. Must meet the certification criteria set forth by the certifying body, and maintain certification in good standing.	Certification by the Alcohol and Drug Abuse Certification Board of Georgia (ADACB-GA); International Certification and Reciprocity Consortium / Alcohol and Other Drug Abuse (IC&RC).	Services limited to those practices sanctioned by the certifying board and Georgia Code 43-10A-7, and shall in any event be limited to the provision of chemical dependency treatment.	43-10A-7
Certified Addiction Counselor, Level II (CAC-II)	Bachelor's degree. Must meet the legal standards set forth in Georgia Code 43-10A-7. Must meet the certification criteria set forth by the certifying body, and maintain certification in good standing	Certification by the Georgia Addiction Counselors' Association.	Services limited to those practices sanctioned by the certifying board and Georgia Code 43-10A-7, and shall in any event be limited to the provision of chemical dependency treatment.	43-10A-7
Georgia Certified	GED / high school diploma (state	Certification by the Alcohol and	Services limited to	43-10A-7

Wraparound Standards: FY 2022

Alcohol and Drug Counselor I (GCADC-I) Note: CADC-I and ICADC-I are accepted equivalents.	accredited) or higher. Must meet the legal standards set forth in Georgia Code 43-10A-7. Must meet the certification criteria set forth by the certifying body, and maintain certification in good standing.	Drug Abuse Certification Board of Georgia (ADACB-GA); International Certification and Reciprocity Consortium / Alcohol and Other Drug Abuse (IC&RC).	those practices sanctioned by the certifying board and Georgia Code 43-10A-7, and shall in any event be limited to the provision of chemical dependency treatment.	
Certified Addiction Counselor, Level I (CAC-I)	GED / high school diploma or higher. Must meet the legal standards set forth in Georgia Code 43-10A-7. Must meet the certification criteria set forth by the certifying body, and maintain certification in good standing.	Certification by the Georgia Addiction Counselors' Association.	Services limited to those practices sanctioned by the certifying board and Georgia Code 43-10A-7, and shall in any event be limited to the provision of chemical dependency treatment.	43-10A-7
Certified Alcohol and Drug Counselor – Trainee (CADT-T)	High school diploma/equivalent or higher, and actively pursuing certification as a GCADC. Must meet the legal standards set forth in Georgia Code 43-10A-7. Must meet the criteria set forth by the certifying body, and maintain certification trainee status in good standing. Completion of Standardized Training Requirement for Paraprofessionals approved by the Georgia Department of Community Health.	Certification by the Alcohol and Drug Abuse Certification Board of Georgia (ADACB-GA); International Certification and Reciprocity Consortium / Alcohol and Other Drug Abuse (IC&RC).	Under supervision of a Certified Clinical Supervisor (CCS), MAC, CAADC, CAC-II, GCADC-II or -III, LPC, LCSW or LMFT who have a minimum of 5 hours of Co-Occurring or Addiction specific continuing education hours per year. Services limited to those practices sanctioned by the certifying board and Georgia Code 43-10A-7, and shall in any event be limited to the provision of chemical dependency treatment.	43-10A-7
Bachelor's level Case Manager	Bachelor's degree in Social Work, Counseling, Psychology or a related field.	Under supervision of an appropriately licensed/credentialed professional.	Under supervision of a licensed Psychologist/LCSW, LPC, or LMFT.	
Behavior Aide/ Paraprofessional	High school diploma/equivalent or higher.	Skills and knowledge necessary to provide behavior aide and parent aide services.	Under supervision of an appropriately licensed/credentialed professional.	
Psychologist / LCSW / LPC / LMFT's supervisee/trainee (S/T)	Must meet the following: 1. Minimum of a Bachelor's degree; and 2. Completion of Standardized Training Requirement for Paraprofessionals approved by	Under supervision in accordance with the GA Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists or enrolled in	Under supervision of a licensed Psychologist/LCSW, LPC, or LMFT in accordance with GA Composite Board of	43-10A

	<p>the Department of Community Health; and one or more of the following:</p> <ol style="list-style-type: none"> a. Registered toward attaining an associate or full licensure; and/or b. In pursuit of a Master’s degree that would qualify the student to ultimately qualify as a licensed practitioner; and/or c. Not registered, but is acquiring documented supervision toward full licensure <ol style="list-style-type: none"> i. There shall be a signed attestation by the practitioner and supervisor to be on file with personnel office; and ii. The attestation must include the anticipated and/or actual date, degree earned, licensure type (e.g. Psychologist, LCSW, LMFT, LPC), and anticipated date of licensure examination; and iii. The attestation must be updated on an annual basis. 	<p>a practicum with an accredited educational Master’s degree program which provides supervision as part of a curriculum which is the foundation toward licensure.</p>	<p>Professional Counselors, Social Workers, and Marriage and Family Therapists or enrolled in a practicum with an accredited educational Master’s degree program which provides supervision as part of a curriculum which is the foundation toward licensure.</p>	
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Standard 23: Documentation of Supervision for Individuals Working Towards Licensure (if applicable)

- 23.0 Psychologist/LCSW/LPC/LMFT’s supervisee/trainee is defined as an individual with a minimum of a Bachelor’s degree and one or more of the following:
- Registered toward attaining an associate of full licensure; and/or
 - In pursuit of a Master’s degree that would qualify the student to ultimately qualify as a licensed practitioner (Psychologist, LCSW, LMFT, LPC, LMSW, AMFT, APC); and/or
 - Not registered, but is acquiring documented supervision toward full licensure in accordance with O.C.G.A. 43-10A-3.
- 23.1 These individuals must be under supervision of a licensed Psychologist, LCSW, LPC, or LMFT in accordance with the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists (GA Composite Board) OR enrolled in a practicum with an

accredited educational Master's degree program which provides supervision as a part of a curriculum which is the foundation toward licensure.

- 23.2 Students and individuals who meet the definition of a Supervisee/Trainee (see Standard 26.0) will require a co-signature from a licensed supervisor.
- 23.3 In accordance with the GA Composite Board, interns and trainees must work under direction and documented clinical supervision of a licensed professional. Providers will be required to present documentation of supervision of Supervisee/Trainees upon request by DJJ. Supervision must be completed monthly; documentation of supervision for previous month must be in personnel file by the 10th day of the following month.
- 23.4 Documentation of supervision as defined by O.C.G.A 43-10A-3 must be present and current in personnel record. The three specialties governed by the GA Composite Board have different supervision requirements for individuals working toward licensure and it is the responsibility of the provider to ensure that the supervision requirements specified by the Board for the specialty (professional counseling, social work, or marriage and family therapy) for which the individual is working toward licensure are met.
- 23.5 For Supervisee/Trainees who are either in pursuit of a Master's degree that would qualify the student to ultimately qualify as a licensed practitioner (Psychologist, LCSW, LMFT, LPC, LMSW, AMFT, APC) or not registered, but is acquiring documented supervision toward full licensure in accordance with O.C.G.A. 43-10A-3 the provider will be required to present an attestation signed by both the supervisor and supervisee/trainee which either:
- Confirms enrollment in a practicum with an accredited educational Master's degree program which provides supervision as a part of a curriculum which is the foundation toward licensure;
 - The attestation must include the name of the program the student attends, degree to be earned, and the anticipated/actual graduation date; and
 - The attestation must be updated on an annual basis; or
 - Confirms that supervision is being provided towards licensure in accordance with O.C.G.A 43-10A-3.
 - The attestation must include graduation date, degree earned, type of licensure being sought (e.g. Psychologist, LCSW, LPC, LMFT) and the anticipated/actual date of licensure examination; and
 - The attestation must be updated on an annual basis.
- 23.6 Documentation of Supervisee/Trainees who are receiving on-site supervision in addition to the supervision that they are receiving off-site towards their licensure must include:
- A Copy of the documentation showing supervision towards licensure; and
 - Documentation in compliance with the above-state requirements.

Standard 24: Documentation of Supervision of Certified Alcohol and Drug Counselor-Trainees (if applicable)

- 24.0 The definition of Certified Alcohol and Drug Counselor-Trainee (CADC-T) is “an individual who is actively seeking certification as a GCADC and is receiving appropriate Clinical Supervision.” A CADC-T may perform counseling as a trainee for a period of up to three (3) years if they meet the requirements in O.G.C.A. 43-10A. This is limited to the provision of chemical dependency treatment under direction and supervision of a clinical supervisor approved by the certification body under which the trainee is seeking certification. Providers should refer to O.C.G.A. 43-10A-3 for the definitions of “direction” and “supervision.”
- 24.1 The Certified Alcohol and Drug Counselor-Trainee Supervision Form and supporting documentation indicating compliance with the below requirements must be provided for all services provided by a CADC-T. The following outlines the definition of supervision and requirements of clinical supervision:
- Supervision means the direct clinical review, for the purpose of training or teaching, by a supervisor of a specialty practitioner’s interaction with an individual. It may include, without being limited to, the review of case presentations, audio tapes, video tapes, and direct observation in order to promote the development of the practitioner’s clinical skills.
 - Monthly Staff Supervision form must be present and current in the personnel file. Supervision must be completed monthly; supervision form for previous month must be in personnel file by the 10th day of the following month.
 - Evidence must be available to show that supervising staff meet qualifications:
 - The following credentials are acceptable for Clinical Supervision: CCS; GCADC-II or –III; CAC-II; MAC, CAADC or LCP/LCSW/LMFT who have a minimum of 5 hours of Co-Occurring or Addiction Specific Continuing Education hours per year; certification of attendance/completion must be on file.
 - The CADC-T must have a certification test date that is within 3 years of hire as a CADC-T, and;
 - The CADC-T may not have more than 3 years of cumulative experience practicing under supervision for the purpose of addiction certification, per GA Rule 43-10A; and
 - ACT must have a minimum of 4 hours of documented supervision monthly – this will consist of individual and group supervision.

Section III: Documentation Requirements

Standard 25: Assessments

- 25.0 An initial assessment must be completed within the first 15 days of intake into all behavioral health services types. Ongoing assessments shall be completed as needed by changes with the youth, for reauthorization of services, and upon discharge.
- 25.1 Individualized services, supports, and treatment determinations shall be made on the basis of a needs assessment with the youth. The youth and family must be informed of the findings of the assessments in a language they can understand.
- 25.2 Assessments are completed in accordance with the needs of the youth as identified on the DJJ Referral Form. Assessments may include but are not limited to the following:
- Reason for referral;
 - Social and family history;
 - Trauma history;
 - Living arrangements (past and present);
 - School records and information;
 - Employment information;
 - Financial issues;
 - Health and wellness;
 - Mental health diagnosis and/or medication history;
 - Appropriate diagnostic tools;
 - Legal issues and concerns;
 - Substance abuse issues (past and present);
 - Physical, medical, and sexual abuse history;
 - Parent’s perception of youth;
 - Youth’s perception of parent(s);
 - Youth strengths, needs, abilities, and preferences;
 - Discipline used in the family;
 - Parent(s) relationship(s);
 - Clinical observations of the family;
 - Childcare giver interaction;
 - Professional resources;
 - Natural supports;
 - Prior treatment and rehabilitation services used and outcomes of these services;
 - Current issues placing a youth most at risk;
 - What interventions are needed, when, how quickly, in what services and settings, length of services, and with what provider(s); and
 - Barriers to stabilization and recovery.
- 25.3 Additional assessments can be performed or obtained by the provider, with approval from DJJ, if required to fully inform the services, supports, and treatment provided.

Standard 26: Diagnosis and Recommendation for Course of Treatment

- 26.0 A verified diagnosis is defined as a behavioral health diagnosis that has been provided following a face-to-face evaluation by a professional identified in O.C.G.A Practice Acts as qualified to provide a diagnosis.
- 26.1 All services may be recommended by a physician or other appropriately licensed practitioner (e.g. Psychiatrist, Psychologist, Physician, and/or court order).

Standard 27: Individualized Service Planning

- 27.0 Every DJJ youth shall have a DJJ Service Plan as outlined in DJJ Policy 20.31 Needs Assessment and Service Planning. Providers will integrate the DJJ Service Plan into any supplemental plans created for the youth.
- 27.1 Providers shall develop an individualized service plan with engagement and input from the youth and family. Others assisting in the development of the plan are those that are significant in the life of the youth and whom the youth gives consent for input. For youth with coexisting and complex needs, cross disciplinary approaches to planning shall be used.
- 27.2 Providers shall ensure that individualized service planning must adhere to the following:
- Be driven by the youth and focuses on outcomes the youth wishes to achieve;
 - Identify and prioritize the needs of the youth;
 - Be fully explained to the youth using language they can understand and agreed to by the youth;
 - Signed by the youth and/or guardian to indicate that the youth served as an active participant in the planning and process of services. Any subsequent changes to the plan must also be initialed by the youth and/or guardian to document acknowledgement;
 - State goals towards achieving stated hopes, choices, preferences, and desired outcomes of the youth and/or family;
 - Assure goals and/or objectives are relevant to assessments, designed to reduce or make symptoms manageable, and indicative of desired change in level of functioning;
 - Define goals/objectives that are individualized, specific, and measurable with achievable timeframes;
 - Detail interventions which will assist in achieving the outcomes detailed in the goals/objectives;
 - Identify and select services and interventions of the right duration, intensity and frequency to best accomplish stated objectives/goals;
 - Identify staff responsible to deliver or provide the specific service, support, and treatment;

- Include a projected plan to modify or decrease the intensity of services, supports, and treatment as goals are achieved;
- Documents to be incorporated in the plan for reference include: medical updates, additions to the plan based on reassessments, and safety/crisis plan.

27.3 Individualized service plans must be reassessed in the following circumstances: changing needs; as requested by the youth and/or family; at least annually; and when goals are not being met.

27.4 When services are provided to youth during school hours, the individualized service plan must indicate how the intervention has been coordinated among the family system, school, and provider. Documentation must exist that indicate that the intervention is most effective when provided during school hours.

Standard 28: Transition Planning

28.0 Providers will initiate transition planning at the onset of service delivery and include specific objectives to be met prior to decreasing the intensity of service or discharge.

28.1 Providers must define discharge criteria which objectively measures progress with documented goals/objectives, desired changes in levels of functioning, and quality of life.

28.2 Providers must ensure transition planning is measurable and includes anticipated discharge date.

Standard 29: Discharges Summaries

29.0 Providers will submit a written discharge summary to the DJJ CCM, RPS/Case Expeditor, and to the Court (if applicable) within five (5) business days of discharge. The summary must be provided to the youth and family as well.

29.1 The Discharge Summary shall include the following information:

- Strengths, needs, and abilities of the youth;
- Services, supports, and treatment provided;
- Outcomes of the goals and objectives achieved during the service provision period;
- Reason for ending services; and
- Plans for aftercare and upon discharge.

29.2 In case of an interruption of service for any reason, the DJJ RPS/Case Expeditor and DJJ CCM shall be notified within twenty-four (24) hours.

29.3 The discharge summary shall be placed in the youth's record within 30 days of discharge.

Standard 30: Monthly Progress Reporting

- 30.0 Provider will maintain regular contact with the youth's DJJ CCM, if applicable.
- 30.1 Provider will provide a Monthly Progress Report to the assigned DJJ RPS/Case Expeditor and the DJJ CCM by the 5th day of each month for the previous month's services. Such report will be signed and dated by the Clinical Director. The signed form will be emailed or faxed to the DJJ CCM and DJJ RPS/Case Expeditor and placed in the youth's file along with documentation indicating it was sent as detailed above.
- 30.2 Monthly Progress Report shall provide all the necessary supporting evidence to justify the need for the services and should include observations of the youth's behaviors and level of functioning as well as the purpose and outcomes of the provided service, intervention, and/or modality.
- 30.3 Monthly Progress Report shall also include documentation regarding significant events to include:
- Issues, situations, or events occurring in the youth's life;
 - The youth's response to the issues, situations or events;
 - Relationships and interactions with family and friends;
 - Missed appointments to include the result of following up and strategies to avoid future missed appointments.
- 30.4 Providers will provide a written family assessment and/or progress notes of Wraparound Services to the court and DJJ RPS/Case Expeditor within seventy-two (72) hours of a scheduled court hearing, if requested. (See Appendix G for the Monthly Summary Report template)
- 30.5 Provider shall prepare and submit any requested reports or information within the requested time frame.

Standard 31: Youth Records

- 31.0 Providers must ensure that information in youth's record is organized, complete, current, meaningful, and succinct.
- 31.1 The information in the youth's file shall include:
- The name of the youth, sex, date of birth, religion, race;
 - The youth's and/or guardian's identification and emergency contact information;
 - Referral documentation, services start date, and admission and/or orientation dates;
 - Information supporting the medical necessity of the service(s);

- Insurance information;
- Rights, consent and legal information to include: consent for service, release of information documentation, PREA Acknowledgement Statement (signed and dated within 48 hours of the services start date), and evidence that youth rights and responsibilities are reviewed;
- Pertinent medical information;
- Relevant correspondence;
- Clear evidence that the services billed are the services provided;
- Assessments, service plans and reviews, progress notes and communication notes, monthly summaries, and discharge plans and summaries;
- Records of behavior management, emergency safety interventions, written grievances, and incident reports;
- For youth served in a school setting: documentation of partnership with the school and plan for minimizing school disruption and why course of intervention occurs during school hours;
- For individuals with limited English proficiency the communication: documentation of communication accommodations provided.

31.2 Youth's records must be maintained onsite for review for a minimum of 180 days following the last date of service and/or discharge date.

31.3 All signatures and/or initials must be original and belong to the person creating the signature and/or initials.

31.4 All signatures must be dated by the person signing and/or initialing to reflect the date on which the signature/initials occurred (e.g. no backdating, no postdating, etc.).

31.5 Provider shall permit authorized representatives of DJJ access to all records and information at any time.

Standard 32: Record Retention

32.0 All DJJ youth case files must be retained to the end of the calendar year that youth reaches age twenty-three (23) as outlined in DJJ Policy 5.1 Records Management. If a provider agency closes or ceases to contract for wraparound services in the meantime, DJJ should be contacted for record storage.

32.1 Provider must have written operational procedures, consistent with legal requirements governing the retention, maintenance and purging of records.

32.2 Provider must have written policy and documented practice of how information in the record is transferred when a youth is relocated or discharged from service.

Standard 33: Confidentiality

- 33.0 Providers agree not to release or disclose any information to any other party except as may be required by law.
- 33.1 Provider must have clear policies, procedures, and practices that support secure, organized, and confidential management of information to include electronic records, if applicable.
- 33.2 Provider will comply with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and provide for the protection of patient privacy and the security of Protected Health Information as outlined in the provider’s HIPAA Agreement.
- 33.3 Providers shall have a Confidentiality and Health Insurance Portability and Accountability Act (HIPAA) Privacy Policy that addresses state and federal confidentiality laws and regulations.
- 33.4 Providers must have a Notice of Privacy Practices that provides youth and their families’ adequate notice of the provider’s policies and practices regarding use and disclosure of their Protected Health Information.
- 33.5 Providers must provide confidentiality and HIPAA training to all staff annually and maintain record of training in the personnel file.

APPENDIX

Appendix A: Definitions

Appendix B: Responsibilities of Youth

Appendix C: General Grievances/ Constituent Complaints Process

Appendix D: DJJ Wraparound Staff Directory

Appendix E: DJJ Wraparound Staff Directory Map

Appendix F: DJJ Referenced Policies

Appendix G: Forms

Appendix H: DJJ Background Clearance Sample

Definitions

Background Check Application System (BCAS): DJJ's Criminal History Unit's online background processing system.

Case Expeditor: Individual that is responsible for monitoring and tracking the RYDC population and youth receiving alternative to detention services for an assigned catchment area.

Community Case Manager (CCM): Juvenile Probation/Parole Specialist I, II, III (JPPS) or Juvenile Probation Officer I or II who provides direct supervision and coordination of services for a youth. The Community Case Manager also includes any member of an established case management team who may perform case management tasks.

Criminal History Unit (CHU): The DJJ unit responsible for reviewing and processing criminal record checks for applicants as previously defined.

Health Insurance Portability and Accountability Act (HIPAA): A 1996 Federal law that restricts access to individuals' private medical information.

Office of Ombudsman: DJJ's agency-wide problem solver responsible for investigating complaints and attempting to resolve them for the individuals involved.

Prison Rape Elimination Act (PREA): A federal law that supports the elimination, reduction, and prevention of sexual assault and rape within correctional systems. It applies to all federal, state, and local prisons, juvenile facilities, jails, police lock-ups, private facilities and community settings such as residential providers.

Regional Youth Detention Center (RYDC): Secure short-term centers for youth awaiting trial or waiting to enter a community program or long-term facility.

Residential Placement Specialist (RPS): Individual that provides placement and financial oversight to youth placed in a Residential Placement for youth from their assigned Region.

Youth Development Campus (YDC): Secure long-term facilities for youth sentenced or committed to DJJ custody by juvenile courts.



BASIC EXPECTED TREATMENT STANDARDS

- To be free of unlawful discrimination because of race, religion, color, sex, age, national origin, or disability, pregnancy, childbirth, or related medical conditions
- To be free of harassment because of race, religion, color, sex, gender, sexual orientation, age, national origin, or disability, pregnancy, childbirth, or related medical conditions
- To be free of bullying
- To send and receive mail
- To make and receive telephone calls
- To receive visitors
- To have contact with attorneys and other authorized legal representatives
- To have freedom in personal grooming and dress, except when it would conflict with facility requirements for safety, security, identification, or hygiene
- To file a grievance
- To be treated respectfully, impartially and fairly and to be addressed by name in a dignified, conversational form
- To be informed of the rules, procedures and schedules of the facility within 24 hours of admission
- To be free from corporal punishment, physical abuse, assault, personal injury, or disease
- To be free from interference with the normal bodily functions of eating, sleeping or bathroom functions by any person
- To be free from mental or verbal abuse, intimidation, threats, humiliation, or property damage
- To be free from sexual abuse
- To practice his/her faith and to participate in religious services and religious counseling on a voluntary basis
- To vote (by absentee ballot) if 18 years of age or older. (To register, the youth must contact the Registrar of Voters in the county where he/she resided before confinement.)
- To review his/her case record while in a facility or community residential placement
- To freedom of expression, as long as it does not interfere with the rights of others or the safety and security of the facility/program
- To due process in disciplinary proceedings
- To equal access to programs and services in co-correctional facilities or equivalent services among different facilities
- To maintain his/her physical, mental and emotional health by exercising on a daily basis



RESPONSIBILITIES OF YOUTH

DEPARTMENT OF JUVENILE JUSTICE

- To obey all federal and state laws at all times
- To respect peers and staff by obeying all legal and reasonable staff requests
- To refrain from bullying, harassment, and unlawful discrimination through the use of verbal abuse, ethnic slurs, slander, and/or obscene gestures
- To follow the rules, procedures, schedules, and directions of staff while in the facility/program. Youth shall treat staff members and other youth with respect and shall not engage in activity that is designed to be disruptive to the living environment.
- To clean and maintain their living quarters and other general areas of the facility. Youth are expected not to damage public or privately owned property located within the facility
- To ask for mental health, medical, and dental care when needed
- To maintain his/her clothes, body, and hair in a manner consistent with the facility requirements for safety, security, identification, and hygiene
- To refrain from infringing upon the rights of other youth and/or staff
- To obey all orders of the court, to remain in placement and to participate fully, to the best of their ability, to achieve the goals identified in the Service Plan
- To promote the physical safety, sexual integrity, and personal security of others through the use of self-discipline
- To refrain from personal and/or intimate relationships with staff or other youth
- To refrain from possession contraband and to discourage others from possessing contraband
- To personally refrain from and discourage others from possessing or transmitting any kind of weapon or object which could be used as a weapon
- To personally refrain from and discourage others from possessing, using, buying, selling, or otherwise providing or having alcohol, tobacco, narcotics, or other illegal drugs, or from abusing any other substance as an intoxicant or stimulant
- To practice and encourage honesty in all interactions

General Grievances/ Constituent Complaints

Any grievance related to administrative operations or the provider's relations with the Department of Juvenile Justice should be handled through the DJJ Office of Ombudsman.

Complaints may be submitted via written letter to the DJJ Central Office (3408 Covington Highway, Decatur, Georgia 30032) or via e-mail at djjombudsman@djj.state.ga.us or by calling toll-free 1-855-396-2978.

You may also visit our online referral form at <http://www.djj.state.ga.us/Employees/DJJDrupalOmbudsmanForm.aspx>.

Every complaint is reviewed and assessed. A return phone call, a letter, or a visit is made to anyone who contacts the Ombudsman to inform them of actions taken to resolve an issue or address a concern.

When the Ombudsman's Office receives an inquiry or complaint, a Customer Service Agent (CSA) is assigned to contact you and begin to investigate your concerns.

The Ombudsman will sort out details of the complaint and have each person involved submit a summary of their response.

Once those summaries are received, the Ombudsman determines the next course of action needed.

After the final report is accepted and reviewed, the Ombudsman's Office contacts the individual who asked for the inquiry to discuss the resolution.

DJJ Wraparound Staff Directory

Name	Title	Region	Phone #	Email
Racquel Watson	Office of Residential and Community Based Services Director	Statewide	(404) 859-4765	racquelwatson@djj.state.ga.us
Marcelle Moon	Office of Residential and Community Based Services Manager 2	Statewide	678-350-4803	marcellewilliams@djj.state.ga.us
Richard Fox	Statewide Case Expeditor	Statewide	(706) 676-5820	richardfox@djj.state.ga.us
Daphney Barnett	Operations Support Manager (OSM)	Northeast	(678)367-8396	daphneybarnett@djj.state.ga.us
Tulea Benjamin	Regional Placement Specialist (RPS)	Southeast	(912) 312-0091	tuleabenjamin@djj.state.ga.us
Sade Parks	Operations Support Manager (OSM)	Southwest	(470) 218-9655	sade.parks@djj.state.ga.us
Crystal Brown	Regional Placement Specialist (RPS)	Southwest	(706) 573-5387	crystalbrown@djj.state.ga.us
Angela Daly	Regional Placement Specialist (RPS)	Northeast	(404) 673-9091	angeladaly@djj.state.ga.us
Terry Isaac	Operations Support Manager (OSM)	Northwest	(404) 556-8378	terryisaac@djj.state.ga.us
Courtney Jones	Regional Placement Specialist (RPS)	Northwest	(404) 210-7990	courtneyjones@djj.state.ga.us
Michele Santamore	Regional Placement Specialist (RPS)	Northwest	(404) 683-8604	michelesantamore@djj.state.ga.us
VACANT	Regional Placement Specialist (RPS)	Northeast		
Tikeshawatts	Operations Support Manager (OSM)	Southeast	(478) 232-7638	tikeshawatts@djj.state.ga.us

DJJ Referenced Policies

1.9 Research

3.52 Criminal Background Investigations

3.55 Professional Credentials

5.1 Records Management

8.5 Special Incident Reporting

8.9 Child Abuse Reporting

8.42 Crime Scene Preservation

15.9 Ombudsman Guidelines

15.10 Language Assistance Services

20.31 Needs Assessment and Service Planning

23.1 Prison Rape Elimination Act

Forms

All wraparound related forms and policies can be located in the DJJ wraparound zip folder provided to each currently contracted provider

DJJ Background Clearance Sample

Background Check Authorization

Page 1 of 1

Add Notes

Note : Fields marked with * are mandatory.

Title* CRIMINAL HISTORY CLEARANCE

Notes:

Send To: TangelaTangerine
Subject:CRIMINAL HISTORY CLEARANCE
Title

NOTE: PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL - THIS EMAIL HAS BEEN SENT FROM A NON-MONITORED ALIAS. IF you have any questions, please send email to CHUManager@djstate.ga.us.
The following individual has been cleared for hire as of the following date:

Name: Sandra Strawberry
Date of Application: 07/27/2018 07:00:02 PM EDT
Facility: Watermelon Group Home
Reported by: Oscar Orange
Date: 08/01/2018 11:04:03 AM

Thank you,
Background Check Support Team Georgia Department of Juvenile Justice

