



FY25 Wraparound Standards

Georgia Department of Juvenile Justice

Office of Residential and Community Based Services

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Table of Contents

INTRODUCTION	3
SECTION 1: POLICIES AND PROCEDURES	4
Standard 1: Telecommunications	4
Standard 2: Physical Plant (if applicable)	4
Standard 3: Criminal History Background Checks	5
Standard 4: Program Plan and Operations	6
Standard 5: Transportation of Youth (if applicable)	11
Standard 6: Investigations	12
Standard 7: Medication Management (if applicable)	12
Standard 8: Admission/Orientation	12
Standard 9: Grievances	13
Standard 10: Youth Rights and Responsibilities	14
Standard 11: Incident Reporting	15
Standard 12: Prison Rape Elimination Act Requirements (PREA)	15
Standard 13: Language Assistance Services	17
Standard 14: Safety Interventions	17
Standard 15: School Setting (if applicable)	17
Standard 16: Quality Improvement Planning	18
Standard 17: Research	18
Standard 18: Approved Hours and Billing	18
SECTION II: STAFFING REQUIREMENTS	20
Standard 19: Professional Credentials	20
Standard 20: Training Requirements	23
Standard 21: Type and Number of Staff	255
Standard 22: Approved Behavioral Health Practitioners	26
Standard 23: Documentation of Supervision for Individuals Working Towards Licensure (if applicable)	30
Standard 24: Documentation of Supervision of Certified Alcohol and Drug Counselor-Trainees (if applicable)	322
SECTION III: DOCUMENTATION REQUIREMENTS	333
Standard 25: Assessments	333
Standard 26: Diagnosis and Recommendation for Course of Treatment	34
Standard 27: Individualized Service Planning	34
Standard 28: Transition Planning	35
Standard 29: Discharges Summaries	36
Standard 30: Monthly Progress Reporting	36
Standard 31: Youth Records	37
Standard 32: Record Retention	38
Standard 33: Confidentiality	38

Wraparound Standards: FY 2025

Standard 34: New Referral & Admission Suspension _____	39
Standard 35: Probationary Period for Newly Contracted Wrap Providers _____	411
APPENDIX _____	42
Appendix A: Definitions _____	43
Appendix B: BASIC EXPECTED TREATMENT STANDARDS _____	44
Appendix C: Responsibilities of Youth _____	45
Appendix D: General Grievances/ Constituent Complaints _____	46
Appendix E: DJJ Wraparound Staff Directory _____	47
Appendix F: DJJ Referenced Policies _____	48
Appendix G: Forms _____	49
Appendix H: DJJ Background Clearance Sample _____	50

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 Provider 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 Provider must be on-call twenty-four (24) hours a day, seven (7) days a week.
- 1.2 Provider who offers telehealth services must have approval from DJJ to provide telehealth services to DJJ youth and families. Provider must inform DJJ in writing of the platform they will use to gain youths signature for signing in and out daily and how they will comply with HIPAA and ensure youth's privacy during sessions.

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 Provider 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 Provider must have policies, plans, and procedures in place that address emergency evacuation, relocation preparedness, and disaster response.
- 2.3 Provider shall have cleaning and maintenance procedures sufficient to maintain a sanitary and comfortable environment.
- 2.4 Provider shall have a basic Infection Control Plan to include standard precautions and hand washing protocols.

Wraparound Standards: FY 2025

- 2.5 Provider must serve youth in an appropriate environment that is clean, age appropriate, accessible, adequately lighted, ventilated, and temperature controlled.
- 2.6 Provider 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 All communications between the Criminal History Unit and the hiring authority (BCAS Users) regarding background investigations and documents may be done via email or through the Background Check Application System (BCAS). The Department of Juvenile Justice will discuss all matters related to Criminal Backgrounds with the programs identified and DJJ approved BCAS Users. The Criminal History Units email address is:
CHUManager@djj.state.ga.us
- 3.3 Provider shall maintain and upon request, provide DJJ with evidence of a satisfactory criminal record check (DJJ Background Clearance and Determination Letter) 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 and the DJJ Determination Letter (See Appendix H- Sample DJJ Background Clearance)
- 3.4 Provider must complete Fingerprints within ninety (90) days of the BCAS application submission date.
- 3.5 Providers must conduct and document, a Sex Offenders Registry (GASORC), Pardons and Paroles (PPD), and Department of Corrections check on all staff

Wraparound Standards: FY 2025

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.

- 3.6 Provider must submit a complete and updated Monthly Staff Roster by the 5th day of each month to indicate any changes in staff and the status of criminal history investigations and fingerprinting and mandatory trainings. Providers with multiple office locations throughout the state must submit a Monthly Staff Roster for each office location (See Appendix G - Monthly Roster Template).

Standard 4: Program Plan and Operations

- 4.0 Provider shall have current and clearly stated policies and procedures that guide all aspects of the operation of the agency.
- 4.1 Provider 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 Provider must have a secure agency email domain (Example: Jessie@jessieshouse.com).
- 4.4 Provider 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 Provider 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

IN-HOME INTENSIVE TREATMENT

1. **Purpose:** The purpose of In-Home Intensive Treatment is to provide time-limited, (approximately six (6) months) family focused therapeutic and/or clinical intervention services intended to stabilize the current living arrangement and/or to promote safe reentry/reunification with the identified family.

2. **Service Activities:** Activities include, but are not limited to, the following: providing direct services; therapy and counseling; mental health evaluations; anger and stress management counseling; defuse crises, evaluate its nature, and reduce recurrence; coordination of community care and services; advocating for service provision; monitoring placements for safety following aftercare; tutorial program; drug treatment and support services; behavior aides for youth; providing self-help and development of coping skills for youth and family; parenting skills training and/or parent aide services to help the family manage behaviors and/or mental health symptoms; grief management; etc.

3. **Contractor Qualifications:** In-Home Intensive Treatment must be provided by an individual with a minimum of a master's level of education in Social Work, Counseling, or Psychology; individuals with a master's degree must be under the supervision of an LCSW, LPC or LMFT. In this case, the WRAP Around Services monthly reports requires two (2) signatures: the licensed supervisor's and the master's level clinician assessors. The Behavior Aide is a professional employee, must be at least 21 years of age, responsible for providing in-home and community based direct support and/or one-on-one behavioral interventions and reinforcements to youth receiving therapeutic behavioral services in a community WRAP and/or residential program under the supervision of a licensed professional. The Behavior Aide may have a High School Diploma/GED and five (5) years of experience working with youth and families in a social service setting and possess the skills, knowledge, and training necessary to implement behavior management strategies, techniques, and services that promote the safety and well-being of DJJ youth or possess a Bachelor's Degree in Human Services or a related field.

IN-HOME CASE MANAGEMENT

1. **Purpose:** The purpose of In-Home Case Management is to be the liaison between the youth, their family, their healthcare provider and a professional case manager. Cases Management includes services that assist youth with gaining access to needed medical, social, behavioral, educational, and other services. It does not include the actual provision of those services but does oversee the process for helping an individual obtain them.

2. **Service Activities:** Activities include, but are not limited to, the following: educating the youth and their family about community resources, insurance benefits, and other concerns; coordination of community care and services; ensuring a comprehensive care plan is in place; advocating for service provision; monitoring placements for safety following aftercare; drug screening; tutorial program; behavior aides for youth; parent aide services (Para-professional) and/or parenting classes; transportation services; coordinating and facilitating family conferences; translation services; sign language services; etc.

3. **Contractor Qualifications:** Crisis Intervention to Prevent Placement Disruption must be completed by an individual with a minimum of a master's level of education in Social Work, Counseling, or Psychology. Individuals with a master's degree must be under the supervision of an LCSW, LPC or LMFT. In which case the WRAP Around Services monthly reports requires two signatures: the licensed supervisor's and the master's level clinician assessors.

CRISIS INTERVENTION TO PREVENT PLACEMENT DISRUPTION

1. **Purpose:** The purpose of Crisis Intervention is to provide time limited services to stabilize a volatile family situation and prevent placement disruption where safety of the youth is not an issue.

2. **Service Activities:** Activities include, but are not limited to, the following: nonviolent crisis intervention; address immediate crisis and develop appropriate links to services; crisis safety planning; therapy and/or counseling; behavior aides for youth; parenting classes on how to recognize signs of crisis, triggers, and utilizing de-escalation techniques; coordinating and facilitating family conferences; translation services, sign language services; etc.

3. **Contractor Qualifications:** Crisis Intervention to Prevent Placement Disruption must be completed by an individual with a minimum of a master's level of education in Social Work, Counseling, or Psychology. Individuals with a master's degree must be under the supervision of an LCSW, LPC or LMFT. In which case the WRAP Around Services monthly reports requires two signatures: the licensed supervisor's and the master's level clinician assessors. The Behavior Aide is a professional employee, must be at least 21 years of age, responsible for providing in-home and community based direct support and/or one-on-one behavioral interventions and reinforcements to youth receiving therapeutic behavioral services in a community WRAP and/or residential program under the supervision of a licensed professional. The Behavior Aide may have a High School Diploma/GED and five (5) years of experience working with youth and families in a social service setting and possess the skills, knowledge, and training necessary

to implement behavior management strategies, techniques, and services that promote the safety and well-being of DJJ youth or possess a Bachelor's Degree in Human Services or a related field.

CRISIS INTERVENTION FOR BEHAVIORAL MANAGEMENT

- 1. Purpose:** The purpose of Crisis Intervention for Behavioral Management is to provide immediate services to stabilize and manage the behavior of a youth.
- 2. Service Activities:** Activities include, but are not limited to, the following: non-violent crisis intervention; defuse crises, evaluate its nature, and reduce recurrence; address immediate crisis and develop appropriate links to services; parenting skills training and/or parent aide services to help the family manage behaviors and/or mental health symptoms; therapy and/or counseling; behavior aides for youth; coordinating and facilitating family conferences; translation services, sign language services; etc.
- 3. Contractor Qualifications:** Crisis Intervention for Behavior Management must be completed by an individual with a minimum of a master's level of education in Social Work, Counseling, or Psychology. Individuals with a master's degree must be under the supervision of an LCSW, LPC or LMFT to provide Crisis Intervention for Behavior Management. In this case the WRAP Around Services monthly reports requires two signatures: the licensed supervisor's and the master's level clinician assessors. The Behavior Aide is a professional employee, must be at least 21 years of age, responsible for providing in-home and community based direct support and/or one-on-one behavioral interventions and reinforcements to youth receiving therapeutic behavioral services in a community WRAP and/or residential program under the supervision of a licensed professional. The Behavior Aide may have a High School Diploma/GED and five (5) years of experience working with youth and families in a social service setting and possess the skills, knowledge, and training necessary to implement behavior management strategies, techniques, and services that promote the safety and well-being of DJJ youth or possess a Bachelor's Degree in Human Services or a related field.

ASSESSMENTS

- 1. Purpose:** Assessments guide case planning decisions and court recommendations necessary to provide youth and families with the opportunity to receive appropriate services and successful outcomes.
- 2. Initial Assessments:** With DJJ approval, the provider will complete an initial assessment if deemed necessary. The Initial Assessment must include, but is not limited to, the following: reason for referral; social and family history; trauma history;

Wraparound Standards: FY 2025

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; parents perception of youth; youth's perception of parent(s); youth's strengths, needs, abilities, and preferences; discipline used in family; parent(s) relationships; clinical observations of family; youth caregiver interaction; professional resources; natural supports; prior treatment and rehabilitation services used and outcomes of these services; current issues placing youth most at risk; needed interventions (when, how quickly, recommended services and settings, length of services, and recommended contractor(s)); and barriers to stabilization and recovery.

Additional Assessments

If a more Comprehensive Assessment (i.e. Mental Health, A &D, Behavioral, Trauma, etc.) is deemed necessary, beyond the required approved initial assessment, the Provider will contact DJJ to obtain approval. DJJ must pre-approve all additional comprehensive assessments.

3. Service Activities: Contractor must request approved assessment provisions that are pre-authorized by the RPS\Case Expeditor. Contractor's Assessment must provide to the supervising CCM and RPS/Case Expeditor the completed approved Assessment within ten (10) business days upon completion of the assessment.

4. Contractor Qualifications: A licensed professional must complete assessments. A licensed-eligible professional may complete an assessment if supervised by a licensed professional.

- 4.6 Provider 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, provider 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 logbook 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 Transportation of DJJ youth must be approved by the DJJ referring source.
- 5.6 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 Provider who offer medication management services must have a Medication Management Policy and detail their medication management policies and practices in their admission and/or orientation packet.
- 7.1 Provider 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 Provider will make contact with the youth and/or family within twenty-four (24) business hours of receipt of the referral. The provider will send email confirmation to the DJJ RPS/Case Expeditor and DJJ CCM to confirm the start

Wraparound Standards: FY 2025

of services. The email confirmation will be filed in the youth's record and available for review upon request. If the provider is unable to contact the youth and/or family, the provider will document all attempts made to contact the youth and family and notify the DJJ referring source of the attempts made.

- 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 has written policies and procedures that outline an orientation to the program.
- 8.3 The youth and guardian are provided a copy of the admission and/or orientation packet at the start of services. Youth and guardian will sign an acknowledgement statement indicating they received the admission/orientation packet. The acknowledgement statement will be placed in the youth's record. The orientation packet shall include the following:
 - Program Information
 - Grievance Process
 - Emergency Contact
 - Hours of Operation
 - Services Provided and Expectation of Programs
 - Bullying Policy
 - HIPPA Form
 - PREA
 - Youth Rights
 - Acknowledgement Form
- 8.4 Program orientation must include information and contact method for DJJ's Office of Ombudsman. (See Standard 9.2)

Standard 9: Grievances

- 9.0 Provider will establish an unimpeded grievance process, with an unbiased youth ombudsman to hear and respond to youth grievances. Providers shall have a clearly written Grievance Policy which outlines the providers complaint and appeals processes. The provider will have Grievance Forms

Wraparound Standards: FY 2025

that are easily accessible to the youth and their families. The Grievance Policy and Process shall be detailed in the admission and/or orientation packet provided to the youth and family at the start of services.

- 9.1 Provider 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 Provider shall ensure all DJJ youth, as well as their parent(s)/guardian(s), receive clear communication and documentation of 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/DJJDupalOmbudsmanForm.aspx>
 - e. Calls or visits may be made to the local facility or Community Services Office

Standard 10: Youth Rights and Responsibilities

- 10.0 Provider must adhere to DJJ's Basic Expected Treatment Standards and Responsibilities of Youth (See Appendix B- Basic Expected Treatment Standards) and (Appendix C 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, neglect and bullying.

Standard 11: Incident Reporting

- 11.0 Provider must immediately notify the DJJ Office of Investigations, Residential Placement Specialist (RPS)/Case Expeditor and Operations Support Specialist, of 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 Community 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-Community 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. Providers 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 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

Wraparound Standards: FY 2025

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 annually; all staff members are required to complete the online PREA 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 Specialist (OSS).
- 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 within 72 hours of contract execution (See Appendix G- 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 (See Appendix G- 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 Provider is responsible for providing their staff with the required PREA training to meet all PREA requirements and ensuring their staff complete the PREA Training and Annual PREA Refresher Training by the stated deadline.
- 12.7 Providers 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 Provide 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 Provider 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 Provider who provides services in school settings must include documentation of partnership with the school in the youth's file.
- 15.1 Provider 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.

Wraparound Standards: FY 2025

- 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 Provider 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 Provider shall have a well-defined quality improvement plan for assessing and improving organizational quality.
- 16.2 Provider 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. DJJ will not pay for missed visits, phone calls, paperwork, 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- 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.

Wraparound Standards: FY 2025

- 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.
- 18.6 Providers who offer telehealth (virtual) services must inform DJJ in writing of the platform they will use to ensure youth's ability to sign in and out and to ensure privacy and HIPAA compliance during sessions. Sessions are not to exceed 2 hours per week and must occur in an area where privacy can be met.
- 18.7 Provider must notify DJJ of the system used for billing. Format must guarantee signatures of youth and/or guardian are obtainable and eligible. Billing must be submitted via DJJ 's approved billing/reporting system.
- 18.8 Virtual sessions for the youth:
 - a. Upon approval by the DJJ representative, individual or group virtual sessions are permissible. Group Session is a minimum of six (6) and a maximum of twelve (12) participants.
 - b. Group Session is a minimum of six (6) participants and a maximum of twelve (12) participants.
 - c. The Contractor's virtual platform must be reviewed and pre-approved by the DJJ's ORCBS Director, or Deputy Commissioner, or designee of the Departments Division of Community Services.
 - d. Contractor will document participants attendance and session participation via signature on an electronic sign-in sheet.
 - e. Contractor's facilitators will ensure virtual session attendees complete the electronic sign-in sheet, and the facilitators signature is added/documentated on the sign-in sheet to confirm the youth's attendance.

f. The Contractor will ensure that the electronic youth sign-in sheet(s) for each session contains a timestamp of each individual youth's electronic signature, certifying the exact time the youth signed. Contractor will also ensure that the electronic sign-in sheet(s) for each session allows for both a "no type in" signature option or direct script format option for the youth attendees to show that the electronic sign-in sheet was completed as required for invoice approval, processing, and payment.

g. DJJ will collaborate with Contractor to ensure the referred youth comply with court ordered mandatory individual and group service attendance requirements and that their attendance is documented via electronic sign-in sheet(s) as required.

h. Copies of the virtual session(s) electronic sign-in Sheets must be included with the Contractor's submitted monthly invoices, as required by DJJ Accounts Payable Department.

Section II: Staffing Requirements

Standard 19: Professional Credentials

- 19.0 Provider 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 Provider 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 Provider must ensure that federal law, state law, professional practice acts, and in-field certification requirements are followed.
- 19.3 Provider 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;

Wraparound Standards: FY 2025

- 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 Provider must have a Board of Directors. Providers will provide the names and contact information for the Board of Directors upon request by DJJ.

19.5 Provider must ensure that the regular review and evaluation of the performance of all employees, agents, contractors, and sub-contractors is completed at least annually by the Program Director. The CEO/Owner will complete the Annual Performance Review of the Program Director. The Board of Directors will complete the Annual Performance Review of the CEO/Owner.

For-profit WRAP Providers will have procedures in place to ensure the regular review and evaluation of its contractors and sub-contractors at least annually.

Annual Performance Reviews will be filed in the corresponding personnel file and made available for review up on request.

19.6 Wrap Provider Staff Positions and Requirements:

Program Director

The Program Director must have a master’s degree from an accredited college or university in the area of behavioral or social sciences, social work, childhood education, business or public administration or related field and two (2) years of paid work experience in the field of social services or human service delivery and at least one of which has been in an administrative or supervisory capacity; or a bachelor’s degree from an accredited college or university in the same areas of study and four (4) years of paid work experience in a human services delivery capacity or a related field and at least two of which have been in an administrative or supervisory capacity.

The Program Director is responsible for supervising provider’s staff.

The Program Director shall not serve in any WRAP Program role for more than one agency, site, or location that is under contract with the Department of Juvenile Justice as a WRAP or RBWO Provider.

Licensed Professional- (LCSW-LMFT- LPC)

If the Licensed Professional is also the Program Director, they must meet the qualifications for the Program Director in addition to possessing a license as a LCSW,

Wraparound Standards: FY 2025

LMFT, or LPC granted by and in good standing with the State of Georgia's Composite Board of Counselors, Social Workers, and Marriage and Family Therapists.

The Licensed Professional is responsible for overseeing all clinical needs/services of youth.

All approved assessments must be completed by the Licensed Professional or licensed eligible professional, under the supervision of a licensed professional.

Master's Level Clinician

The Master's Level Clinician, i.e. Treatment Coordinator, Counselor, Therapist, etc. at minimum must have a master's degree in Social Work, Counseling, or Psychology and one (1) year of relevant experience working in a clinical or community-based treatment setting, providing direct clinical treatment services and treatment care coordination services to youth and families. The Master's Level Clinician will provide direct therapy and counseling services to assigned youth. The Master's Level Clinician is supervised by an LCSW, LPC, or LMFT. Master's Level Clinician to youth ratio is 1:8; one (1) Master's Level Clinician to eight (8) youth.

Case Worker

The Case Worker (**In-Home Case Management Service Only**) at minimum, must have a bachelor's degree in social work, Counseling, Psychology or related field and one (1) year of experience providing case management services to youth and families in a clinical or community-based treatment setting. The bachelor's level Case Worker will perform case management services to include, but is not limited to, implementing behavior management techniques and promoting the safety and well-being of DJJ youth. The Case Worker is supervised by an LCSW, LPC, or LMFT. The Case Worker to youth ratio is 1:10: one (1) Case Worker to ten (10) youth.

Behavior Aide

The Behavior Aide is a professional employee, must be at least 21 years of age, responsible for providing in-home and community based direct support and/or one-on-one behavioral interventions and reinforcements to youth receiving therapeutic behavioral services in a community WRAP and/or residential program under the supervision of a licensed professional. The Behavior Aide may have a High School Diploma/GED and five (5) years of experience working with youth and families in a social service setting and possess the skills, knowledge, and training necessary to implement behavior management strategies, techniques, and services that promote

the safety and well-being of DJJ youth or possess a Bachelor's degree in Human Services or a related field.

19.7 **Notification of Critical Staff Vacancies**

Contractor must immediately notify the Assistant Director of the Office of Residential and Community-Based Services (ORCBS) and the assigned Operation Support Specialist (OSS) of staff vacancies in the Director, Clinical Director, or Licensed Professional (s) positions.

19.8 **Approval of Applicants for Critical Staff Positions**

Prior to registering an applicant for a DJJ background check, the contractor must submit the applicant's educational credentials (Professional License, Degree, and Resume) to the Assistant Director of the Office of Residential and Community-Based Services (ORCBS) and the assigned Operations Support Specialist (OSS) for review and approval for the positions of Director, Clinical Director, or Licensed Professional(s).

At the discretion of the ORCBS Director and/or Assistant Director, the provider may be required to submit educational credentials for review and approval for additional staff positions within the agency.

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
 - *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:

Wraparound Standards: FY 2025

- 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
 - o Symptom management;
 - o Principles of recovery relative to youth with mental illness;
 - o Principles of recovery relative to youth with addictive disease;
 - o Principles of recovery and resiliency relative to youth;
 - o Principles of trauma informed practice; and
 - o 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 Provider must attend all Provider Meetings scheduled by the DJJ Office of Residential and Community Based Services and respond timely to emails, phone calls and inquires by DJJ staff.

Standard 21: Type and Number of Staff

- 21.0 Provider 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 Provider must identify the Master's Level Clinician to youth ratio for each service offered. The ratio must be detailed in their program description. At a minimum, the Master's Level Clinician to youth ratio shall be 1:8, one (1) Master's Level Clinician to eight (8) youth. Additionally, at a minimum, the Case Worker to youth ratio shall be 1:10; one (1) Case Worker to ten (10) youth.
- 21.4 Provider 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 Provider 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);

Wraparound Standards: FY 2025

- 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 Provider must have policies and documentation practices that detail all human resources practices.

Standard 22: Approved Behavioral Health Practitioners

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

22.1 Provider 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 Therapist to meet programmatic standards. Licensed staff must be in good standing with the licensing authority for the duration of the contract.

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	Minium 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	No. Additionally, can supervise others.	43-10A

Wraparound Standards: FY 2025

		Workers, and Marriage and Family Therapists.		
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 dependency treatment.	43-10A-7
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
Certified Addiction Counselor, Level I (CAC-I)	GED / high school diploma or higher. Must meet the legal standards	Certification by the Georgia Addiction	Services limited to those practices sanctioned by the	43-10A-7

Wraparound Standards: FY 2025

	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.	Counselors' Association.	certifying board and Georgia Code 43-10A-7 and shall in any event be limited to the provision of chemical dependency treatment.	
Certified Alcohol and Drug Counselor Trainee (CADT-T)	<p>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.</p> <p>Completion of Standardized Training Requirement for Paraprofessionals approved by the Georgia Department of Community Health.</p>	<p>Certification by the Alcohol and Drug Abuse Certification Board of Georgia (ADACB-GA); International Certification and</p> <p>Reciprocity Consortium / Alcohol and Other Drug Abuse (IC&RC).</p>	<p>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.</p> <p>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.</p>	43-10A-7
Psychologist / LCSW / LPC / LMFT' supervisee/trainee (S/T)	<p>Must meet the following:</p> <ol style="list-style-type: none"> 1. Minimum of a Bachelor's degree; and 2. Completion of Standardized <p>Training Requirement for Paraprofessionals approved by 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 	<p>Under supervision in accordance with the GA Composite Board of 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>	<p>Under supervision of a licensed Psychologist /LCSW, LPC, or LMFT in accordance with GA Composite Board of 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>	43-10A

Wraparound Standards: FY 2025

	<p>ultimately qualify as a licensed practitioner; and/or</p> <p>c) Not registered, but is acquiring documented supervision toward full licensure</p> <p>i. There shall be a signed attestation by the practitioner and supervisor to be on file with personnel office; and</p> <p>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</p> <p>iii. The attestation must be updated on an annual basis.</p>			
Master’s Level Clinician (i.e. Treatment Coordinator, Counselor, Therapist)	Minimum of a Master’s level of education in Social Work, Counseling, or Psychology. One (1) year of relevant experience working in a clinical or community-based treatment setting.	Provides direct therapy and counseling services to youth, directs and monitors the activities of the Behavior Aide when utilized for treatment purposes. Youth ratio is one (1) Master’s Level Clinician to eight (8) youth: 1:8.	Under the supervision of Master’s level Clinician /Licensed Psychologist, LCSW, LPC or LMFT.	N/A
Program Director	Must have a Master’s degree from an accredited college or university in the area of Behavioral or Social Sciences, Social Work, Childhood education, Business or Public Administration or related field and two (2) years of paid work experiences in the field of Social Services or Human Service delivery and at	Program Director shall not serve in any WRAP program role for more than one agency, site, or location that is under contract with DJJ as a WRAP or RBWO Provider If the Program Director is also Licensed Professional (LCSW-LMFT-LPC), they must	Under supervision of CEO/Owner of the program.	N/A

Wraparound Standards: FY 2025

	least one of which has been in an administrative or supervisory capacity: or a bachelor’s degree from an accredited college or university in the same areas of study and four (4) years of paid work experience in a human services delivery capacity or a related field and at least two of which have been in an administrative or supervisory capacity.	meet the qualifications of both; LCSW, LMFT or LPC and Program Director. State of Georgia Composite Board of Counselors, Social Workers, and Marriage and Family Therapists.		
Case Worker (In-Home Case Management Service Only)	Minimum a Bachelor’s degree in Social Work, Counseling, Psychology or related field and one (1) year of experience providing case management services to youth and families in a clinical or community-based treatment setting.	Bachelor's level Case Worker will perform case management services to include, but is not limited to, implement behavior management techniques, promoting the safety and well-being of DJJ youth	Under supervision of LCSW, LPC, or LMFT.	N/A
Behavior Aide	High school diploma/GED and five (5) years of experience working with youth and families or a Bachelor’s Degree in Human Services or a related field.	Must be at least 21 years of age	Under the supervision of an appropriately licensed/credentialed professional.	N/A

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.

Wraparound Standards: FY 2025

- 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 foundation toward licensure. Students and individuals who meet the definition of a Supervisee/Trainee (see Standard 26.0) will require a co-signature from a licensed supervisor.
- 23.2 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.
- 23.3 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.
- 23.4 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.
 - o The attestation must include the name of the program the student attends, degree to be earned, and the anticipated/actual graduation date; and
 - o 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.
 - o 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
 - o The attestation must be updated on an annual basis.

- 23.5 Documentation 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

Wraparound Standards: FY 2025

- 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, if approved by DJJ, must be completed within the first 15 days of intake into all behavioral health service types. Ongoing assessments, if approved by DJJ, 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 DJJ Approved Initial 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);

Wraparound Standards: FY 2025

- 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. If a more Comprehensive Assessment (i.e. Mental Health, A &D, Behavioral, Trauma, etc.) is deemed necessary, the provider will notify DJJ and obtain approval.

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. Provider will integrate the DJJ Service Plan into the Individualized Treatment Plan and any other supplemental plans created for the youth.

27.1 Provider shall develop an Individualized Treatment 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.

An Individualized Treatment Plan is not required when the only service provided is Behavior Aide Services. Behavior Aide Services will be documented on the Monthly Progress Report and submitted by the 5th day of each month.

- 27.2 Provider shall ensure that Individualized Treatment Plans adhere to the following:
- Individualized Treatment Plans are completed within 30 days of the date the service began;
 - 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 the initial assessment (if approved by DJJ), 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 treatment 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 treatment 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 Providers 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 report will be emailed or faxed to the DJJ CCM and DJJ RPS/Case Expeditor and placed in the youth’s file along with the email or fax verifying the Monthly Progress Report was submitted by the 5th day of the month.

Wraparound Standards: FY 2025

- 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 Provider 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 Providers shall prepare and submit any requested reports or information within the requested time frame.

Standard 31: Youth Records

- 31.0 Provider 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);
 - 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;

Wraparound Standards: FY 2025

- 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 the 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 information/process.
- 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 documenting how information in the record is transferred when a youth is relocated or discharged from service.

Standard 33: Confidentiality

- 33.0 Provider agrees not to release or disclose any information to any other party except as may be required by law.

Wraparound Standards: FY 2025

- 33.1 Provider must have clear written 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 Provider 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 Provider 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 Provider must provide confidentiality and HIPAA training to all staff annually and maintain record of training in the personnel file.

Standard 34: New Referral & Admission Suspension

- 34.0 Provider will comply with all DJJ contract deliverables, DJJ WRAP Standards, and DJJ Policies. Failure to comply will result in:
 - Intervention from DJJ Office of Residential and Community Based Services,
 - Letter of Concern,
 - New Referral and Admission suspension, and/or
 - Up to Termination of contract.

Involuntary New referral and Admission Suspension with or without the removal of DJJ youth.

DJJ may impose an Involuntary New Referral and Admission Suspension with or without the removal of DJJ youth, for the following reasons.

- Physical Plant issues
- Staffing Issues
- Programmatic issues
- Administrative issues

Wraparound Standards: FY 2025

During the time of Involuntary New Referral and Admission Suspension with or without the removal of DJJ youth, providers will comply with all rules and regulations of the DJJ contract; Wrap Around Standards; and DJJ Policies.

The In-Voluntary New Referral and Admission Suspension will remain in place until the provider has corrected all areas of deficiencies identified and DJJ has approved the corrections made by the provider and has lifted the involuntary new referral and admission suspension

Voluntary New Referral and Admission Suspension with Removal of DJJ Youth

Voluntary New Referral and Admission Suspension with removal of DJJ youth may be requested for the following reasons:

- Major Physical Plant Remodeling & Construction
- Staffing Issue
- Programmatic Issue
- Administrative Issue

During the period of the Voluntary Suspension, the Provider will not be required to complete or participate in the following contractual obligations:

- Unannounced and announced DJJ contractual audits
- Submission of Monthly Staff Rosters
- Completion of DJJ Background and Fingerprints for newly hired staff
- Five (5) year PREA background checks for current staff

Prior to the Voluntary New Referral and Admission Suspension being lifted by DJJ, the Provider will:

- Submit all Monthly Staff Rosters from the date of suspension to present.
- Ensure all staff hired from the date of voluntary suspension to present have a cleared DJJ Background and Fingerprints.
- Ensure all newly hired staff from the date of the voluntary suspension to present completed PREA Training (6 modules) and Sexual Harassment Prevention within 30 days of completion of the DJJ of the Background and Fingerprint
- DJJ (5) year background clearance has been completed.

Voluntary New Referral and Admission Suspension with approval for DJJ youth to remain in the placement:

Provider will comply with all rules and regulations as stated in the DJJ Contract; Wrap-Around Standards; and DJJ Policies as DJJ youth will continue to receive

services. If during this time all youth are successfully discharged, providers will move to the above category of Voluntary Suspension with Removal of DJJ youth.

Standard 35: Probationary Period for Newly Contracted Wrap Providers

35.0 The newly contracted WRAP Provider will undergo a probationary period of three (3) months, starting from the date the first youth receives services under the contract. During this period, DJJ will evaluate the quality of services provided, adherence to the terms of the Wrap Contract and Wrap Standards and address any questions the provider may have regarding the contract and/or standards. The assigned Operation Support Specialist (OSS) will schedule a Technical Assistance Meeting with the Wrap Provider each month during the probationary period. The Owner, CEO, Master’s Level Clinician, and Director are required to attend all scheduled Technical Assistance Meetings with the assigned Operation Support Specialist (OSS) throughout the probationary period and as needed thereafter.

To ensure the provider can effectively manage DJJ’s processes and expectations related to referrals, service quality, and invoicing, DJJ will impose service limits during the probationary period. The maximum number of youth the Wrap Provider can serve at any given time is sixteen (16). The Wrap provider will not accept more than 16 youth during this period. The maximum number of youth the Wrap Provider can serve can be increased or decreased at the discretion of the DJJ Director of the Office of Residential and Community Based Services.

At the end of the probationary period, the assigned OSS will schedule a meeting with the provider’s Owner, CEO, Director, and the ORCBS Director and Assistant Director to review the program’s successes and challenges during the probation period. Based on the performance, concerns, and/or challenges identified during this meeting, the ORCBS Director may end or extend the probationary period.

APPENDIX

Appendix A: Definitions

Appendix B: Basic Expected Treatment Standards

Appendix C: Responsibilities of Youth

Appendix D: General Grievances/ Constituent Complaints Process

Appendix E: DJJ Wraparound Staff Directory

Appendix F: DJJ Referenced Polices

Appendix G: Forms Monthly Roster Template/ Emergency Phone List form

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

- 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 djiombudsman@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	Phone #	Email
Racquel Watson	Director	(404) 859-4765	racquelwatson@djj.state.ga.us
Marcelle Moon	Assistant Director	(678) 350-4809	marcellewilliams@djj.state.ga.us
Deon Mimes	Operation Analyst III	(404) 782-1706	deonmimes@djj.state.ga.us
Shondra Glover	Admin Support III	(678) 429-7110	shondra.glover@djj.state.ga.us
Jasmine Peek	Residential Treatment Services Specialist (RTSS)	(678)-381-5520	Jasmine.peek@djj.state.ga.us
Danielle Hargrove	Residential Treatment Services Specialist (RTSS)	(404) 683-8698	danielle.hargrove@djj.state.ga.us
Courtney Jones	Residential Treatment Services Specialist (RTSS)	(404) 210-7990	courtneyjones@djj.state.ga.us
Melinda Mack	Residential Treatment Services Specialist (RTSS)	(770) 314-8602	melindamack@djj.state.ga.us
Kimberly Pipkin	Residential Treatment Services Specialist (RTSS)	(912) 531-6956	kimpipkin@djj.state.ga.us
Sheri Boyd	Operation Support Specialist (OSS)	678-427-0445	Sheri.boyd@djj.state.ga.us
Terry Isaac	Operation Support Specialist (OSS)	(404) 556-8378	terryisaac@djj.state.ga.us
Sade Winchester	Operation Support Specialist (OSS)	(470) 218-9655	sadewinchester@djj.state.ga.us
Tikeshia Watts	Operation Support Specialist (OSS)	(478) 232-7638	tikeshawatts@djj.state.ga.us
Elizabeth Albea	Residential Placement Specialist (RPS)	706-594-8147	elizabethalbea@djj.state.ga.us
Tulea Benjamin	Residential Placement Specialist (RPS)	(912) 312-0091	tuleabenjamin@djj.state.ga.us
Angela Daly	Residential Placement Specialist (RPS)	(404) 673-9091	angeladaly@djj.state.ga.us
Crystal Lawrence	Residential Placement Specialist (RPS)	(706) 573-5387	crystalbrown@djj.state.ga.us
Michele Santamore	Residential Placement Specialist (RPS)	(404) 683-8604	michelesantamore@djj.state.ga.us

DJJ Referenced Policies

3.52 Criminal Background Investigations

5.1 Records Management

5.2 Case Records

5.4 Education Records

5.5 Health Records

8.5 Special Incident Reporting

8.42 Crime Scene Preservation

14.2 Commercial Sexual Exploitation

20.31 Needs Assessment and Service Planning

22.3 Internal Investigations

23.1 Prison Rape Elimination Act

DJJ Background Clearance Sample

Appendix H

Background Check Authorization

Add Notes

Note: Fields marked with * are mandatory.

Title* CRIMINAL HISTORY CLEARANCE

Notes:

Send To: Tangeia Tengerine
Subject: CRIMINAL HISTORY CLEARANCE
Hello

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 CHUMessenger@dj.state.ga.us.

The following individual has been cleared for hire as of the following date:

Name: Sandie Strawberry
Date of Approval: 07/27/2018 07:00:02 PM EDT
Facility: Watermelon Group Home
Reported by: Oscar Orange
Date: 02/01/2018 11:04:03 AM
Thank you,
Background Check Support Team Georgia Department of Juvenile Justice