

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 14-11	Policy # 12.13
Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (as authorized by Deputy Commissioner)	Related Standards & References: ACA Standards: 4-JCF2A-7, 4,JCF-3A-16/18/20, 4-JCF-3B-01/02, 4-JCF-4C-09, 4-JCF-3C-01-04 DJJ 8.31, 12.2, 12.6, 18.7	
Chapter 12: BEHAVIORAL HEALTH	Effective Date: 12/1/14	
Subject: INTENSIVE TREATMENT UNITS	Scheduled Review Date: 12/1/15	
Attachments: A – ITU Program Plan B – ITU Student Handbook	New Policy Support Services Division APPROVED:  <hr/> Avery D. Niles, Commissioner	

I. POLICY:

The Department of Juvenile Justice shall assure the safety of youth and staff in secure facilities. The Intensive Treatment Unit is a specialized unit for youth who threaten the secure and orderly management of the facility. Youth may gain access to the Intensive Treatment Unit based on staff referral and clinically appropriate screening and assessment.

II. DEFINITIONS:

Behavioral Health Staff: At a minimum, Social Service Provider, Social Services Coordinator, Psychologist, Psychiatrist, a nurse trained in mental health duties, and mental health interns, and other staff with the education, training and experience adequate to perform the duties required in accordance with professional standards, as authorized by the Designated Mental Health Authority.

Behavioral Health Treatment Team: For the purposes of this policy, all staff responsible for the care and treatment of youth with mental illness, including all staff specifically designated as behavioral health staff by job title, contract or assigned duties. In addition, staff from each of the program areas and facility administration.

Behavioral Health Placement Review Panel (BHPRP): A committee authorized to receive/review referrals for placement and assign placements or services for youth who have been identified, through established criteria, as potentially needing more intensive treatment services than the current placement is able to provide.

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Behavior Management Unit (BMU): A unit with an intensive, highly structured program for youth who have chronic behavioral difficulties that negatively affect the safety and security of the facility.

Designated Mental Health Authority (DMHA): The individual responsible for the facility’s behavioral health services, including ensuring the quality and accessibility of all behavioral health services provided to juveniles. The designated mental health authority must be a mental health professional with at least a master’s degree in a mental health related field.

Intensive Treatment Unit: A secure residential treatment facility that provides intensive treatment to male youth served by the DJJ system who (1) have displayed severe behavior problems (e.g., disruptive and aggressive behavior, persistent negative interactions with staff and youth), (2) have presented major safety concerns, and (3) have been highly unresponsive to treatment in other secure facilities.

Juvenile Detention Counselor : The designated RYDC or YDC employee who has case management responsibilities for a youth and shares joint service planning responsibilities with the community case manager.

III. PROCEDURES:

A. The Division of Secure Facilities and the Division of Support Services will oversee the operation of the Intensive Treatment Unit (ITU) program. The Division of Secure Facilities and the Division of Support Services will identify and approve all programs and curricula used by the ITU. The service providers will deliver the service in accordance with the approved programs and curricula.

B. Intensive Treatment Unit Referral

1. Youth who present a serious risk to the safety and security of a facility or who have failed to respond to other behavior management strategies, such as placement on a Behavioral Management Unit, may be referred to the ITU (see Attachment A, ITU Program Plan, for specific criteria).
2. The referring facility transition team will review all youth being considered for ITU referral.
3. If the transition team determines that ITU referral is indicated, the transition team will refer the youth to the behavioral health treatment team for secondary review. The referral will be made by entering an urgent help request into JTS. The help request will be entered into JTS within 24 hours of the transition team decision.
4. Youth referred by the transition team for ITU consideration will be discussed at the next scheduled behavioral health treatment team meeting.

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- a) The behavioral health treatment team will review the youth's records and determine whether there are any additional treatment interventions that should be considered for the youth, such as Positive Behavioral Agreement, Special Management Plan, Mental Health Treatment or psychiatric hospitalization.
 - b) If the behavioral health treatment team agrees with the determination of the transition team, the facility Designated Mental Health Authority (DMHA) will assure that a referral to the Behavioral Health Placement Review Panel is generated in accordance with 12.6, Behavioral Health Placement Review Panel. The referral will be entered within 24 hours of the treatment team decision.
5. All referrals to ITU will be made through the Behavioral Health Placement Review Panel.
 6. All youth referred to the ITU must be placed on the mental health caseload in accordance with DJJ 12.2, Scope of Behavioral Health Services.

C. Intensive Treatment Unit Placement

1. On the ITU, the behavioral health treatment team and facility transition team will occur as one team meeting.
2. The Juvenile Detention Counselor (JDC) will notify the parent/guardian of a youth who is assigned to the ITU within 72 hours of assignment to the program. The JDC will document the notification in a JTS facility program communication note.
3. The Juvenile Detention Counselor (JDC) will notify the Community Case Manager of a youth who is assigned to the ITU within 72 hours of assignment to the program. The JDC will document the notification in a JTS facility program communication note.
4. If a student with disabilities is assigned to the ITU, the behavioral health treatment team education representative will notify the Director of Special Education within 72 hours of the assignment.
5. Youth who are assigned to the ITU will be provided an orientation (Attachment A, Program Plan) to the unit and the program that includes, at a minimum:
 - a) Review of the ITU student handbook;
 - b) Key staff;
 - c) Schedule of activities;

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- d) Help Request process;
 - e) Grievance process;
 - f) The Today and Tomorrow system;
 - g) Program expectations;
 - h) Disciplinary process;
 - i) Objective criteria to determine progress; and
 - j) Objective criteria for successful completion.
6. Each youth assigned to the ITU will have access to a copy of the handbook on the unit.
 7. Youth assigned to the ITU will be discussed weekly in behavioral health treatment team.
 8. In addition to all other treatment functions, the behavioral health treatment team will:
 - a) Review the youth's Today and Tomorrow status;
 - b) Review the youth's progress in the treatment program;
 - c) Determine whether the youth is ready for step-down; and
 - d) Determine whether the youth is ready for discharge from the program.
 9. If the behavioral health treatment team determines that the youth is ready for step-down, they will plan to transition the youth to the ITU step-down unit (see Attachment A, ITU Program Plan).
 10. If the behavioral health treatment team determines that the youth is ready for discharge from the program, the Clinical Director or designee will generate a referral to the Behavioral Health Placement Review Panel to inform the Panel that the youth has completed the program. Youth may be deemed ready to be discharged from the program for two reasons:
 - a) The youth has successfully completed the program and is ready to return to general population; or
 - b) The behavioral health treatment team has determined that the youth will not be successful in the program and/or is disruptive to the treatment of the other youth on the ITU.

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11. The Associate Superintendent of Schools will approve the facility's ITU Education program plan.

D. Intensive Treatment Unit Oversight

1. Oversight of the ITU is a shared responsibility between the Division of Secure Facilities and the Division of Support Services.
2. The Division of Secure Facilities is responsible for the daily operations of the ITU and for the safety and security of the program.
3. The Division of Support Services is responsible for the integrity of the authorized programming.

E. Application and Removal of Restraints

1. Mechanical restraints will be used in accordance with DJJ 8.31 to manage the youth's behavior in situations where it is clear that danger to self or others is imminent. Mechanical restraints will also be authorized in other circumstances as described in the ITU Program Plan (attachment A).
2. Security restraints will be applied as trained by the Office of Training.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO