

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 18-5	Policy # 12.14
Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities	Related Standards & References: ACA Standards: 4-JCF-4D-04, 4-JCF-4D-05, 4-JCF-5C-06 DJJ 8.31, 12.2, 12.6, 18.6	
Chapter 12: Behavioral Health Services	Effective Date: 3/22/18	
Subject: SPECIALIZED TREATMENT UNITS	Review Date: 3/22/19	
Attachments: A – STU Program Plan B – STU Student Handbook	Replaces: 1/31/16 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 Campuses. The Specialized Treatment Unit is a specialized unit for youth who threaten the secure and orderly management of the facility. Youth may gain access to the Specialized Treatment Unit based on staff referral and clinically appropriate screening and assessment.

II. DEFINITIONS:

Behavioral Health Staff: At a minimum, Social Service Provider, Juvenile Detention Counselors, Sex Offender Treatment Specialist, Sex Offender Treatment Supervisor, Institutional Program Directors, Social Services Coordinator, Psychologist, Psychiatrist, nurse trained in mental health duties, Professional Social Service Worker, Social Service Worker, substance use treatment staff, and master's and doctoral level mental health students, 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: Individuals 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. The team will consist of, but not be limited to: Social Service Providers, Social Service Coordinators, Psychologists, Psychiatrists, Professional Social Services Workers, Juvenile Detention Counselors, Institutional Program Directors, Social Service Workers, Recreation staff, administration representative, security representative, mental health representative, education representative, medical representative, and disciplinary hearing officer (when available). Consultants, community case managers, DFCS caseworkers, other community support persons, and parents may also be included.

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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.

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.

Managing Team: The team that manages a youth's treatment and service provision. This may be the facility multidisciplinary team, behavioral health treatment team, or in YDCs, the sexually harmful behavior intervention treatment team.

Multidisciplinary Team: Individuals responsible for the service management and oversight of youth in secure facilities, including all staff specifically designated as programs and case management staff by job title, contract, or assigned duties. The team will consist of, but not be limited to: Juvenile Detention Counselors, Institutional Program Directors, Social Service Workers, Recreation staff, administration representative, security representative, mental health representative, education representative, and medical representative. Consultants, Community Case Managers, DFCS caseworkers, other community support persons, and parents may also be included.

Sexually Harmful Behavior Intervention Treatment Team: A monthly to bi-monthly meeting to discuss youth progress in the SHBIP program and facility, service planning, PBIS, reentry/transitional planning, and family/community staff updates and involvement. The team will consist of, but not be limited to: all staff specifically designated as Juvenile Sex Offender Certified Counselors (JSOCC) by job title, contract, or assigned duties, Institutional Program Directors (IPD), Sex Offender Coordinators, Juvenile Detention Counselors, Psychologist/Clinical Consultant, Social Service Workers, recreation staff, administration representative, security representative, education representative, medical representative, and disciplinary hearing officer (when available). Community Case Managers, youth and family, DFCS caseworkers, and other community support persons may also be included.

Specialized Treatment Unit: A secure residential treatment unit that provides intensive treatment to youth served by the DJJ system who have had: (1) sustained difficulties engaging in treatment/making progress in treatment; (2) sustained difficulties with peer and/or staff interaction; and (3) a sustained pattern of difficulty with affect regulation.

STU Committee: Staff responsible for making admission, treatment, and discharge decisions for Specialized Treatment Units. The STU Committee will include, at minimum, the facility Clinical Director, Social Services Coordinator, the Assistant Director of Care and Treatment, the SSP assigned to the STU, the IPD assigned to STU, the JDC assigned to the STU, an STU education representative, and a lieutenant assigned to the STU.

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III. PROCEDURES:

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

B. Specialized 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 and routine programming may be referred to the STU (see Attachment A for specific criteria).
2. Each facility that operates an STU will have an STU Committee. The STU Committee is chaired by the facility psychologist or designee. The facility psychologist will chair unless he/she is not in the facility. The STU Committee meets weekly at minimum and will review all referrals to the STU.
 - a) Youth may be referred to the STU Committee for consideration by the behavioral health treatment team, the multidisciplinary team or the sex offender treatment team.
 - b) Upon receipt of the referral, the facility psychologist will conduct a Psychodiagnostic Evaluation (PDE) to evaluate the youth for STU-specific information.
 - c) Following the PDE, the facility psychologist will determine what, if any, additional clinical information should be gathered (e.g., checklists, assessment tools).
 - d) The STU Committee will manage admissions thoughtfully, giving careful consideration to the individual youth's needs and current composition of the therapeutic setting on the STU.
 - e) If the STU Committee determines that the youth is not appropriate for STU placement, the Committee will make alternative programming recommendations to the referring team.

C. Specialized Treatment Unit Placement

1. On the STU, the STU Committee will oversee the youth's treatment and case management needs until the youth completes the STU program.

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2. The Juvenile Detention Counselor (JDC) will notify the parent/guardian of a youth who is assigned to the STU within 72 hours of assignment to the program. The JDC will document the notification in a JTS facility program communication note.
3. The JDC will notify the Community Case Manager of a youth who is assigned to the STU within 72 hours of assignment to the program. The JDC will document the notification in a JTS facility program communication note.
4. Youth who are assigned to the STU will be provided an orientation as outlined in the STU Program Plan (Attachment A).
5. Each youth assigned to the STU will have access to a copy of the handbook on the unit. (Attachment B)
6. Youth assigned to the STU will be discussed weekly at minimum in the STU Committee. These meetings will be documented as an STU Team Communication note in JTS.
7. If the STU Committee determines that the youth is ready for step-down, they will plan to transition the youth to the STU step-down phase of the program (see Attachment A).
8. The STU Committee determines when the youth is ready for discharge from 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 STU Committee 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 STU, the STU Committee may recommend discharge from the program.

D. Specialized Treatment Unit Oversight

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

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IV. LOCAL OPERATING PROCEDURES REQUIRED: NO