

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 17-17</p>	<p align="center">Policy #12.22</p>
<p>Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards & References: O.C.G.A. §§ 49-4A-7, 49-4A-8 ACA Standards: 3-JDF-3D-06-5, 3-JDF-3E-01,02 4-JCF-4B-06, 4-JCF-3C-01, 4-JCF-3C-02, 4-JCF-3D-05, 4-JCF-3D-06 DJJ 8.20, 15.11</p>	
<p>Chapter 12: BEHAVIORAL HEALTH SERVICES</p>	<p>Effective Date: 12/28/17 Scheduled Review Date: 12/28/18</p>	
<p>Subject: SPECIAL MANAGEMENT PLANNING</p>	<p>Replaces: 9/20/16 Division of Support Services</p>	
<p>Attachments: A – Special Incidents Requiring an SMP B – Behavior Record C – Request for Extended Removal from Programming</p>	<p>APPROVED:</p>  <hr/> <p>Avery D. Niles, Commissioner</p>	

I. POLICY:

Youth who have difficulty adjusting to their environment or present other high-risk behaviors or concerns (e.g., assaultive behavior, in danger of being victimized, self-injurious or suicidal behaviors) may be referred to behavioral health staff to be considered for a Special Management Plan.

II. DEFINITIONS:

Behavioral Health Staff: Includes 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. Other facility staff, clinical consultants, community case managers, community mental health providers, DFACS caseworkers, other community support persons and parents may also be included.

Coping Support: Assistance provided to youth who have limited ability to tolerate stress and/or regulate emotions.

Crisis Management Strategies: Interventions that are used during a crisis event to reduce or resolve immediate youth risk.

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	SPECIAL MANAGEMENT PLANNING	12.22	2 of 7

Designated Responsible Clinician (DRC): The individual responsible for the clinical quality of the facility’s behavioral health services and who has final say in the matters of clinical judgment. The designated responsible clinician must be a licensed mental health professional with at least a master’s degree in a mental health related field.

Environmental Strategies: Interventions used to make arrangements and/or alterations in a youth’s physical environment to help ensure his/her safety.

Interpersonal Strategies: Interventions used to guide staff’s interactions with a youth and/or the youth’s interactions with others to help reduce a youth’s victimization risk.

Licensed Mental Health Professional: A licensed Psychiatrist, licensed Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Clinical Nurse Specialist (CNS) in psychiatry/mental health. Licensure at the independent practice level is required in order for a clinician to be considered an LMHP.

Multidisciplinary Team (MDT): 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 case workers, other community support persons, and parents may also be included.

Prevention and Early Intervention Strategies: Strategies for intervening before or at the beginning of an event to address the trigger and other factors that increase the likelihood of an individual exhibiting a behavior of concern or engaging in self-injurious behavior.

Qualified Mental Health Professional (QMHP): Mental health staff with education, training and experience adequate to perform the duties required in accordance with professional standards. When the QMHP is required to complete assessments or provide individual counseling to youth with mental illness, the QMHP must have at least a master’s degree in a mental health related field, training, and experience in the provision of mental health assessment and counseling procedures. A masters-level student under the supervision of a QMHP may perform the functions of a QMHP.

Regional Behavioral Health Services Administrator: Mental health staff that provide support to facility behavioral health staff and oversight to ensure the quality and accessibility of all behavioral health services provided in the facility.

Removal from Programming: Provision of programs and/or services to youth in a location or manner other than that specified in the facility’s regular programming schedule.

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	SPECIAL MANAGEMENT PLANNING	12.22	3 of 7

Special Management Plan: A treatment-oriented, written plan by a qualified mental health professional that includes a description of the youth’s typical response to crisis, known events that may precipitate a crisis, behaviors that suggest the youth may be beginning to escalate or lose control, personal issues that may increase the youth’s vulnerability to stressful situations, and specific actions for preventing and managing crisis.

Special Management Team: The team of individuals responsible for the creation and revision of a Special Management Plan that includes but is not limited to: Psychologist, Psychiatrist, Social Service Coordinator, Social Service Provider or Treatment Program Specialists, Substance Abuse Counselor, Registered Nurse, facility case manager, education representative (e.g., teacher, principal and counselor), security representative and administration representative. The Team may also include clinical consultants, community case managers, community mental health providers, DFACS caseworkers and other community support persons.

Trigger: An event or circumstance that is likely to cause a crisis situation for the youth.

Victim Risk: The status of a youth who needs special precautions to ensure his/her safety.

Warning Sign: Behaviors or verbalizations that indicate a youth may be in the early stages of a crisis.

III. GENERAL PROCEDURES:

A. Behavioral health staff will lead the development of the SMP with input from the youth’s facility multidisciplinary team. The DMHA may schedule a separate special management team meeting; however, the mental health treatment team may serve as the special management team. If this option is selected by the facility, the dual function of the team will be specified in the local operating procedure. The special management team follows a structured agenda that includes discussion of, at minimum, the following:

1. Youth who have been referred for SMP consideration by the facility multidisciplinary team (MDT). Youth who are referred by the MDT will not require a help request per DJJ 15.11, Request for Services; the mental health representative to MDT will be responsible for documenting the referral in a Special Management Team note in JTS;
2. Youth who has had relevant SIRs as described in sections I and J of this policy;
3. Interventions and strategies for youth that the team has determined requires SMP; and
4. Modifications for and potential discontinuation of active SMPs.

B. Youth may be referred to mental health staff to be considered for the development of an SMP by staff, family or other professionals at any point during the youth’s stay in a DJJ facility. Referrals will be made in accordance with DJJ 15.11, Requests for Services.

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	SPECIAL MANAGEMENT PLANNING	12.22	4 of 7

- C. The Special Management Team will consider the youth’s behavior and circumstances to determine if an SMP may be necessary. The rationale for the team decision will be documented in a multi-signature Special Management Team communication note in the Juvenile Tracking System (JTS). If the Special Management Team places the youth on an SMP, the “Create Special Management Plan” option will be selected in the Plan section of the SMP team note.
- D. In urgent situations a qualified mental health professional (QMHP) may develop and implement an SMP for a youth between scheduled Special Management Team meetings. The QMHP will bring the SMP to the next scheduled Special Management Team meeting for team review and potential modification.
- E. Mental health staff will enter all SMPs into JTS by the end of the shift in which the Special Management Team makes the determination that an SMP is needed. All SMPs will be maintained in an area that is readily accessible to direct care staff and will be made available no later than the end of the shift in which they are created.
- F. When a youth has suicide/self-harm risk and/or coping support needs, the SMP will address all identified issues. Youth who have a Special Management Plan for victim risk are not required to be on the mental health caseload. Youth who have an SMP for suicide/self-harm risk or coping support will be placed on the mental health caseload.
- G. Special Management Plans will be individualized and used only under the leadership of the facility’s Special Management Team. SMPs must not be used as a substitute for the disciplinary process. SMPs should not be required as a standard part of a housing plan for any correctional/treatment program (e.g., substance abuse, routine transition from specialty units, etc.).
- H. Special management plans will not include use of isolation as a mental health treatment intervention.
- I. Special Management Plans will be individualized and used only under the leadership of the facility’s Special Management Team. SMPs must not be used as a substitute for the behavior management system or the disciplinary process. SMPs must never be required as a standard part of any correctional/treatment program (e.g., substance abuse, routine transition from specialty units, etc.).
- J. Youth who are involved as the victim or accused in 3 or more of the special incident types in Attachment A (Special Incidents Requiring an SMP) within a 30-day period must be considered for an SMP.
- K. Youth who are involved as the victim or accused in any of the special incident types in Attachment A (Special Incident Requiring an SMP) must be referred for consideration for a SMP:

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	SPECIAL MANAGEMENT PLANNING	12.22	5 of 7

- L. Each special incident type listed in Special Incidents Requiring an SMP (Attachment A) that necessitates referral must occur in separate, unique incidents. For example, when there is more than one of these codes used in a single incident, that incident will only be counted as 1 incident for the purposes of this policy.
- M. The youth is involved in the incident if he/she is coded as the victim or accused on the Special Incident Report. Witnesses to incidents will not require consideration for a Special Management Plan.
- N. The Psychologist or Psychiatrist must review and sign the Special Management Plan within 10 days of development. The psychologist or psychiatrist may direct that adjustments be made to the SMP subsequent to their review. However, implementation of an SMP will not be delayed pending psychologist/psychiatrist review.
- O. The facility Director and Designated Mental Health Authority (DMHA) will establish local operating procedures that provide for:
 - 1. The staff responsible for discontinuing the alert by the end of the shift in which a Special Management Plan is discontinued;
 - 2. Communication of Special Management Plans to direct care staff with the responsibility for supervising youth;
 - 3. Maintenance of Special Management Plans and Behavior Records in a location that is readily accessible to all direct care staff;
 - 4. Review of the Special Management Plans at each shift briefing;
 - 5. The staff responsible for notifying the parent/legal guardian and court service worker/community case manager of the Special Management Plan as soon as possible usually within 72 hours; and
 - 6. The staff responsible for filing multi-signature SMP Team notes, discontinued SMPs and Behavior Records in the youth's health record.
- P. Behavior Records:
 - 1. Behavioral health staff will see all youth with a current Special Management Plan daily to provide counseling, monitor current mental status, and evaluate the need for additional services. This review will be documented on the Behavior Record (Attachment A). Behavior Record entries will not be backdated. Entries that are not completed within 2 hours of the end of the shift must be entered as soon as feasible and include the reason they were late.
 - 2. The shift supervisor will review the Special Management Plan at the beginning of each shift. If any changes are made to a plan developed earlier, supervisors will

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	SPECIAL MANAGEMENT PLANNING	12.22	6 of 7

review the changes with the staff at the beginning of each shift. Shift supervisors will document the review on the Behavior Record (Attachment A).

3. At the end of each shift, the shift supervisor (or designee) will document on the Behavior Record a summary of the youth's behavior for that shift. Night shift supervisors will document any behavior inconsistent with what would be expected during the night hours. Staff may not backdate Behavior Record entries. Entries that are not completed within 2 hours of the end of the shift must be entered as soon as feasible and include the reason they were late.
4. If a youth is on a safety protocol and a SMP, separate behavior records are not required for each documentation process. If either the safety protocol or the SMP is discontinued the associated behavior records will be filed with the discontinued safety protocol or SMP and new behavior records initiated to accompany the remaining process.
5. The Special Management Plan team will review the SMP at least weekly to determine if it should be revised or discontinued. This review will be documented on the multi-signature Special Management Team progress note in JTS and signed by all team participants. These will be filed in the mental health section of the youth's health record.
6. At the request of the DMHA the Chief of Psychology Services may grant a written waiver to the requirement of daily Behavior Record documentation in special circumstances (e.g., youth on long-term protective plans, very young youth, etc.). These waivers will not be granted or apply to youth in any type of isolation. All youth in any type of isolation will have documentation of his/her behavior every shift in the Behavior Record.

Q. Discontinuation of a Special Management Plan:

The Special Management Team will authorize discontinuation of Special Management Plans. The plan and associated Behavior Records will be filed in the mental health section of the youth's health record upon discontinuation.

IV. USE OF SMP FOR REMOVAL FROM PROGRAMMING:

- A. Youth may be removed from regular programming through Special Management Plan interventions. The SMP must describe an alternate plan for delivery of services. Removal from programming follows the below continuum:
 1. Only the approval of the Special Management Team is required for:
 - a) Removal of youth from routine facility programming for a single facility program or service; or

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	SPECIAL MANAGEMENT PLANNING	12.22	7 of 7

- b) Removal of youth from routine facility programming for multiple, but not all, facility programs or services.
- 2. Additional administrative approval (see Section IV, B-C) is required for removal of youth from all facility programming or services.
 - a) If a Special Management Team desires to remove a youth from all facility programming, they must request approval from the Regional Behavioral Health Services Administrator by completing and emailing the Request for Extended Removal from Programming (Attachment B) by the end of the shift in which the SMP is implemented. The RBHSA will respond to the request by completing an SMP team note for the youth and documenting full approval, partial approval with suggestions for plan modification or lack of approval of the SMP. If the RBHSA declines a plan, they will also communicate this decision via email to the facility DMHA.
 - b) Continued use of removal from programming for more than 14 calendar days will require the approval of the Director of OBHS or designee. The facility DMHA requesting the extension will submit the Request for Extended Removal from Programming Form (Attachment B) via email as soon as possible but no less than 12 hours prior to the start time of the requested extension. The Director of OBHS or designee will respond to the request by completing a Special Management Plan team note for the youth and documenting full approval, partial approval with suggestions for plan modification, or lack of approval of the SMP. If the Director of OBHS declines a plan, he/she will also communicate this decision via email to the facility DMHA. Continued approvals will be requested via this process every 14 calendar days.

V. LOCAL OPERATING PROCEDURES REQUIRED: YES

- The LOP will include the information required in section III.O.