

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 12-01	Policy # 16.6
Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDCs & YDCs)	Related Standards & References: ACA Standards: 4-JCF-3C-03 DJJ 8.20, 9.2, 13.20, 15.1	
Chapter 16: RULES AND DISCIPLINE	Effective Date: 1/15/12	
Subject: SERVICES IN CONFINEMENT	Scheduled Review Date: 1/15/13	
Attachments: A – Confinement Checks Form	APPROVED:  <hr/> L. Gale Buckner, Commissioner	

I. POLICY:

Youth held in room confinement shall have a room, food, clothing, exercise, and other services comparable to those available to youth in the general population.

II. DEFINITIONS:

Administrative Duty Officer: The senior official designated by the Director to function in his/her absence and on weekends, holidays, and times other than the facility's normal business hours. The Administrative Duty Officer must have the experience and knowledge necessary to fulfill the duties. Mental health staff, health care staff, and direct care staff who work a regular shift directly supervising youth will not serve as Administrative Duty Officer.

Behavioral Health Staff: For the purposes of this policy, at minimum, Social Service Provider, Social Services Coordinator, Psychologist, Psychiatrist, Psychometric Specialist, Professional Social Service Worker, a nurse trained in mental health duties, and masters and doctoral level 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.

Confinement: The separation of a youth from others for disciplinary reasons or for reasons involving the safety and security of the youth, others, or the facility including, but not limited to, pre-hearing confinement and disciplinary confinement. For the purposes of behavioral health and case management staff in a special management unit at a YDC, and for this policy, this will include youth who are isolated for more than 22 hours per day.

Designated Health Authority (DHA): The individual responsible for the facility's health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The Designated Health Authority will

Chapter	Subject	Policy #	Page
RULES AND DISCIPLINE	SERVICES IN CONFINEMENT	16.6	2 of 8

be a Registered Nurse. Final medical judgments will rest with a single designated licensed responsible physician.

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 and who is serving in a mental health staff position.

Facility Case Manager: 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.

Medical Services Staff: Staff licensed as a Registered Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

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 masters degree in a mental health related field and 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 who provide support to facility behavioral health staff and oversight to ensure the quality and accessibility of all behavioral health services provided in the facility.

Regional Health Services Administrator: Licensed health service staff that provides support to facility health staff and oversight to ensure the quality and accessibility of all health services provided in the facility.

III. PROCEDURES:

- A. The facility Director will ensure that youth receive services in confinement comparable to those youth in the general population.

Directive 15-01
February 2nd, 2015

1. ~~All services in confinement will be documented using the Confinement Checks Form (Attachment A), which will be filed with the Disciplinary Report.~~
1. Compliant youth who are on PHC or disciplinary confinement will be taken from their rooms for all scheduled individual or group therapy or counseling sessions. If there is a substantial reason to believe that the youth continues to

Chapter	Subject	Policy #	Page
RULES AND DISCIPLINE	SERVICES IN CONFINEMENT	16.6	3 of 8

pose a significant imminent risk to safety and security despite being compliant, the facility Director or designee, the facility DMHA, and the facility DPA will develop a plan for the youth to receive his or her scheduled services in an alternative manner for the duration of the PHC or disciplinary confinement. This plan will be documented in an OBHS progress note or in a Facility Programs case note and in a Special Management Plan.

2. Compliant youth who are assigned to a BMU will be taken from their rooms for all scheduled individual or group therapy or counseling sessions. This expectation is true for all phases of the BMU program. If there is a substantial reason to believe that the youth continues to pose a significant imminent risk to safety and security despite being compliant, the facility Director or designee, the facility DMHA, and the facility DPA will develop a plan for the youth to receive his or her scheduled services in an alternative manner for as brief a time as possible, with the goal of returning the youth to regular programming promptly. This plan will be documented in an OBHS progress note or in a Facility Programs case note and in a Special Management Plan.
3. Special Management Plans and Behavior and Risk Management Plans will not include provisions that allow the youth to skip programming. However, they may document alternative locations for service delivery if the youth's condition warrants. The goal should always be to return the youth to regular programming as soon as it is safe and feasible.
4. Compliant youth on any confinement or BMU status will be brought from their cells for scheduled appointments with the psychologist or the psychiatrist unless there is a substantial reason to believe that the youth continues to pose a significant imminent risk to safety and security despite being compliant. If the youth cannot be taken from his cell to see the psychologist or the psychiatrist, an alternative plan will be developed so that the youth does not miss his medical or psychological service. Youth requiring an emergency visit with the psychologist or psychiatrist will be provided with the service as soon as possible.

B. Room Checks:

1. Youth in confinement will be visually checked at irregular intervals at least every 15 minutes in accordance with DJJ 8.20, Room Checks.
2. Room checks will be documented using the electronic monitoring system (e.g., Detex or Guard Plus).

C. Administrative Visits:

Chapter	Subject	Policy #	Page
RULES AND DISCIPLINE	SERVICES IN CONFINEMENT	16.6	4 of 8

1. The shift supervisor will have a face to face encounter with all youth in confinement at the beginning of 1st and 2nd shifts (including holidays and weekends).
2. Shift supervisor visits will be documented on the Confinement Checks Form (Attachment A).
3. The facility Director, Administrative Duty Officer or Director's designee may authorize release of the youth from confinement at any time. The authorization may be given verbally and will be documented on the Confinement Checks Form.

D. Behavioral Health ~~Services~~ **Confinement Rounds:**

1. A behavioral health staff member will conduct daily rounds to evaluate all youth who are confined. (If a youth enters confinement after daily rounds have been conducted, the youth may be evaluated during the next rounds, but no later than 24 hours after the start of confinement.)
2. Behavioral health staff will document the daily rounds for each confined youth on the Confinement Checks Form (Attachment A). Behavioral health staff will also enter a progress note into the Juvenile Tracking System (JTS) to document the confinement visit.
3. Encounters for confined youth will be conducted in a face-to-face interactive manner, with the room door open. Youth requiring additional assessment will be taken to an adequately equipped and private area for evaluation.
4. If the youth's condition contraindicates continued confinement, the Designated Mental Health Authority will notify the facility Director to have the youth placed in an appropriate treatment setting until the condition improves.

E. Counseling ~~Services~~ **Confinement Rounds:**

1. A facility case manager will conduct daily rounds to evaluate all youth who are confined. (If a youth enters confinement after daily rounds have been conducted, the youth may be evaluated during the next rounds, but no later than 24 hours after the start of confinement.)
2. The facility case manager will document the daily rounds for each confined youth on the Confinement Checks Form (Attachment A). The facility case manager will also enter a progress note into the JTS Facility Programs module to document the confinement visit.

Chapter	Subject	Policy #	Page
RULES AND DISCIPLINE	SERVICES IN CONFINEMENT	16.6	5 of 8

3. Encounters with confined youth will be conducted in a face-to-face interactive manner, with the room door open. Youth requiring additional assessment will be taken to an adequately equipped and private area for evaluation.
4. If the youth's condition contraindicates continued confinement, the facility case manager will notify the facility Director to have the youth placed in an appropriate treatment setting until the condition improves.

F. Medical ~~Services~~ **Confinement Rounds:**

1. A medical services staff will conduct daily rounds to evaluate all youth who are confined. (If a youth enters confinement after daily rounds have been conducted, the youth may be evaluated during the next rounds, but no later than 24 hours after the start of confinement.)
2. The medical services staff will document the daily rounds for each confined youth on the Confinement Checks Form (Attachment A). The RN will also enter a progress note into JTS to document the confinement visit.
3. Encounters for confined youth will be conducted in a face-to-face interactive manner, with the room door open. Youth requiring additional assessment will be taken to an adequately equipped and private area for evaluation.
4. If the youth's condition contraindicates continued confinement, the Designated Health Authority will notify the facility Director to have the youth placed in an appropriate treatment setting until the condition improves.

G. Educational Services:

1. Students in confinement will receive coursework on a daily basis in accordance with DJJ 13.20, Student Attendance. Coursework should be appropriate for the students in accordance to grade level and academic subject assignments.
2. Students will receive assignments from a certified teacher.
3. Special education students will receive assignments from a certified special education teacher.
4. Students will be provided the necessary writing utensils unless otherwise indicated in a Special Management Plan or safety protocol.
5. Students will receive at least two visits from educational staff every school day while in confinement to deliver, explain and monitor lessons. Coursework delivered to students in confinement should be the same as the CAP work that the student would receive if they were present in class. Textbooks and /or

Chapter	Subject	Policy #	Page
RULES AND DISCIPLINE	SERVICES IN CONFINEMENT	16.6	6 of 8

textbook pages should be delivered for the student to use to complete assignment.

6. Educational visits will be documented on the Confinement Checks Form (Attachment A). The education staff making the confinement check will also enter a progress note into JTS to document the confinement visit.
7. Encounters with confined students will be conducted in a face-to-face interactive manner, with the room door open.

H. Recreational and Leisure **Services Confinement Rounds:**

1. Youth in confinement will receive one hour of large muscle exercise outside of the room.
2. Youth in confinement will receive one hour of leisure activities each day inside the room. Leisure activities may include books, puzzles, coloring books, etc.
3. All recreation activities will be documented on the Confinement Checks Form (Attachment A).

I. Food Services:

1. Youth in confinement will receive the same food in the same quantities as youth in the general population. Menus and/or portions will not be altered except as ordered by a physician, licensed mental health professional or clergy. (See DJJ 9.2, Menu Planning and Meal Service)
2. Youth will be provided at least 15 minutes to eat.
3. Meal service will be documented on the Confinement Checks Form (Attachment A).

J. Each secure facility will develop local operating procedures to provide for coverage to ensure confinement visits are conducted. The local operating procedure will specify the level of staff to provide confinement visits and may include staff other than behavioral health staff or case managers who have been specifically trained to provide these visits. The local operating procedure must be approved by:

- Regional Behavioral Health Services Administrator;
- Designated Mental Health Authority;
- Regional Health Services Administrator;
- Designated Health Authority; and

Chapter	Subject	Policy #	Page
RULES AND DISCIPLINE	SERVICES IN CONFINEMENT	16.6	7 of 8

- Facility Director.

K. Coverage in Non-30 Bed Facilities

1. A qualified mental health professional (QMHP) (including SSP, TPS, SSC, Psychologists or PSSW) will conduct the daily behavioral health services checks on all youth in confinement. A case manager with mental health training can conduct the daily behavioral health services checks on youth in confinement in accordance with facility local operating procedure. In the case of a vacancy or extended leave (i.e. sick, training) of a QMHP, a Registered Nurse with mental health training may conduct the daily behavioral health services checks on youth in confinement. The local operating procedure for this coverage must be approved by the Regional Health Services Administrator and Regional Behavioral Health Services Administrator.
2. A QMHP may conduct daily counseling services checks on youth in confinement in accordance with facility local operating procedures.

L. Coverage at 30 Bed Facilities

1. A QMHP (including SSP, Psychologists or PSSW) will conduct the daily behavioral health services checks on youth in confinement. A case manager with mental health training can conduct the daily behavioral health services checks on youth in confinement in accordance with facility local operating procedure. A Registered Nurse with mental health training may conduct the daily behavioral health services checks on youth in confinement as part of a rotation of eligible staff. In the case of a vacancy or extended leave (i.e. sick, training) of a QMHP, a Registered Nurse with mental health training may conduct the daily behavioral health services checks on youth in confinement. The local operating procedure for this coverage must be approved by the Regional Health Services Administrator (RHSA) and Regional Behavioral Health Services Administrator (RBHSA).
2. A QMHP may conduct daily counseling services checks on youth in confinement in accordance with facility local operating procedures.
3. Coverage for holidays may be coordinated at the discretion of the facility Director, in consultation with the Designated Mental Health Authority (DMHA) and Designated Health Authority (DHA). The plan for coverage must be approved by the RHSA and RBHSA.
4. The service will be documented on the Confinement Checks Form and in JTS as a “confinement round” type communication note.

Chapter	Subject	Policy #	Page
RULES AND DISCIPLINE	SERVICES IN CONFINEMENT	16.6	8 of 8

5. When the confinement check is conducted by a case manager or a trained Registered Nurse, documentation will be entered in the JTS section that is appropriate for that position (Facility Programming or Medical Confinement check).
 6. The facility case manager and the trained Registered Nurse will receive the appropriate training by the DMHA to ensure confinement checks are completed within policy guidelines.
 7. A roster of trained staff members will be available to the facility Director, DMHA and the DHA. They will also be made available to the RHSA and the RBHSA for their review.
- M. Staff will ensure that youth in confinement are afforded the same basic rights as youth in the general population, as outlined in DJJ 15.1, Basic Rights and Responsibilities of Youth.
 - N. The Confinement Checks Form for every day while in confinement will be filed with the youth's Disciplinary Report.
 - O. When a youth's status changes from pre-hearing confinement to disciplinary confinement, the status change will be documented on the Confinement Checks Form and a new form will not be initiated.

IV. LOCAL OPERATING PROCEDURES REQUIRED: YES