

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 12-16</p>	<p align="center">Policy # 18.24</p>
<p>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)</p>	<p>Related Standards & References: ACA Standards: 4-JCF-3C-01 through 04; 4-JCF-5C-03 DJJ 8.20, 15.1, 15.3, 16.6, 18.11</p>	
<p>Chapter 18: PROGRAMS AND SERVICES</p>	<p>Effective Date: 11/1/12 Scheduled Review Date: 11/1/14</p>	
<p>Subject: BEHAVIOR MANAGEMENT UNITS</p>	<p>APPROVED:</p>	
<p>Attachments: A – Standardized Program Plan B – Request for BMU Referral C – Referral Form D – Youth Referral Letter E – Youth BMU Placement Letter and Appeal Form F – Parent/Guardian BMU Placement Letter G – BMU Orientation Acknowledgment H – Standardized BMU Handbook I – Behavior Management Unit Weekly Assessment and Point Log J – Behavior and Risk Management Plan</p>	<p align="center">  <hr/> L. Gale Buckner, Commissioner </p>	

I. POLICY:

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

II. DEFINITIONS:

Behavioral Health Staff: At a minimum, Social Service Provider, Social Services Coordinator, Psychologist, Psychiatrist, Psychometric Specialist, Professional Social Service Worker, 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.

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.

Behavior Management Unit Transition Team: A team of DJJ staff from each of the program areas responsible for the review and recommendations for phase advancement or demotion or transition of youth to the general population. At a minimum, the team will consist of representatives from: mental health, medical services, education, security and facility case management staff.

Behavior and Risk Management Plan: An individualized program plan that specifies target behaviors, security requirements and specialized interventions designed to ensure safety and support the youth’s ability to function in the program.

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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.

Facility Director Designee: For the purposes of this policy, the facility Director may only designate an Institutional Program Director, Assistant Director, or Unit Manager.

Transition Team: A team of DJJ staff from each of the program areas (facility case manager, community case manager, security, medical, mental health, education) responsible for youth case review and the recommendation of release or extension of length of stay.

III. PROCEDURES:

- A. The Deputy Commissioner of Secure Facilities or designee will authorize Behavior Management Units (BMU) at specified secure facilities based upon an assessment of the needs of the population and available resources.
- B. The Division of Secure Facilities and the Division of Programs and Education Services will oversee the design, development, and delivery of BMU programs. The Division of Secure Facilities and the Division of Programs and Education Services will identify and approve all programs and curricula used by BMUs. The service provider will deliver the service in accordance with the approved programs and curricula, and with the approval of the Assistant Commissioner and Deputy Commissioner of Secure Facilities or designee.
- C. Each secure facility authorized to operate a BMU must have a written program plan (see Attachment A) approved by the Assistant Commissioner and Deputy Commissioner of Secure Facilities or designee prior to the operation of the program.
 1. The facility Director will submit the proposed program plan to the Regional Administrator, Regional Program Coordinator, Regional Principal, Regional Behavioral Health Services Administrator and the Regional Health Services Administrator for review.
 2. Upon review and agreement of the program plan, the Regional Administrator will submit the program plan to:
 - The Assistant Commissioner;
 - The Deputy Commissioner of Secure Facilities or designee;
 - Assistant Deputy Commissioner of Programs and Education Services;
 - The Director of Behavioral Health Services;
 - The Director of Medical Services;
 - The Director of Programs and Transition Services; and
 - The DJJ Associate Superintendent.
 3. Each facility Director will designate a contact person responsible for receiving and managing all BMU referrals.

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D. Behavior Management Unit Referral:

1. Youth who present a serious risk to the safety and security of the facility or who have failed to respond to other behavior management strategies may be referred to the Behavior Management Unit (see Attachment A for specific criteria). The Assistant Commissioner and the Deputy Commissioner of Secure Facilities must approve all BMU entry criteria.
2. Any staff in the facility may make a referral to a BMU or a referral may result from a clinical screening/assessment. Staff will make a referral by submitting the Request for Behavior Management Unit Referral Form (Attachment B) to the youth's facility case manager.
3. The facility case manager will respond to the requesting staff member within 3 days of receipt of the request, with a copy to the youth's Institutional Program Director, Assistant Director or the Unit Manager. The facility case manager will notify the requesting staff member of any interventions taken.
4. The facility case manager will complete Section I of the Referral Form (Attachment C) and will present the referral to the Transition Team for review. The facility case manager will notify the youth of the referral using the Youth Referral Letter (see Attachment D).
5. The facility case manager will notify youth referred for placement in the BMU no sooner than 24 hours in advance of the Transition Team meeting (see Attachment D). If the youth's behavior presents a danger to safety and security, the youth will be notified no sooner than the day of the Transition Team meeting. The youth will be encouraged and given the opportunity to attend the Transition Team meeting if he/she elects to attend.
6. The Transition Team will review all referred youth to determine the need for BMU services.
 - a. The medical, mental health and education representatives must approve the placement of each youth in the BMU. If there are circumstances that would contraindicate the youth's placement in the BMU, the medical, mental health and education representatives will document on the Referral Form if modifications can be made to enable the placement.
 - b. If either the medical, mental health or education representatives determine that placement of a youth in the BMU is contraindicated and no modifications can be made, the youth will be referred through the facility Director to the Behavioral Health Placement Review Panel.
 - c. The facility case manager will document the Transition Team's determination and the basis for the determination in the JTS Facility Program Module.

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- E. In an emergency, the facility Director or the Director’s supervisor (in the absence of the Director) may house a youth on the Behavior Management Unit as part of the disciplinary process (see DJJ 16.5, Disciplinary Reports and Hearings) pending Transition Team review.

IV. Behavior Management Unit Placement

- A. Each youth will have an opportunity to appeal the placement to the facility Director or next level supervisor. The youth must appeal the placement decision within 72 hours of receipt of the letter, excluding weekends and holidays (see Attachment E).
- B. The facility Director or next level supervisor must respond to the appeal within 72 hours of receipt.
- C. The facility case manager will notify the parent/guardian of youth placed in the BMU (see Attachment F) within 72 hours of admission to the program. The case manager will document the notification in a JTS facility program communication note.
- D. If a student with disabilities is placed on the BMU, the education representative will notify the Director of Special Education within 72 hours of the placement.
- E. Youth who are placed in a BMU program will be provided an orientation (Attachment G) to the unit and the program that includes, at a minimum:
- Review of the BMU handbook;
 - Key staff;
 - Schedule of activities;
 - Help Request process;
 - Grievance process;
 - Behavior management system;
 - Program rules;
 - How disciplinary infractions will be handled;
 - Objective criteria to determine progress; and
 - Objective criteria for successful completion.

The BMU will use the standardized handbook (Attachment H) to create the facility-specific BMU student handbook.

Each youth admitted to the BMU will have access to a copy of the handbook on the unit.

- F. Youth provided behavior management unit services shall have their cases reviewed by the Behavior Management Unit Transition Team at least weekly to determine the youth’s progress and whether the youth’s phase will be changed using the Behavior Management Unit Weekly Assessment and Point Log (see Attachment I).
1. If the youth is not making acceptable progress in the BMU, the Transition Team will:

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- Determine if Behavioral Health Placement Review Panel referral is appropriate;
 - Determine if a Special Management Plan is appropriate;
 - Determine if a Behavior and Risk Management Plan is needed;
 - Determine if the youth can be discharged from the program; and/or if the youth may continue progressing on the unit;
 - Review the programming and education services to determine if modification is necessary; and
 - Discuss and document other alternatives to placement in the BMU.
- G. Youth served in a Behavior Management Unit will receive the basic rights outlined in DJJ 15.1, Basic Rights and Responsibilities of Youth and uncensored, confidential contact with their legal representative as outlined in DJJ 15.3, Youth Access to Court and Counsel.
- H. Youth will receive living conditions (mattress, linens, lighting, etc.) consistent with the general population, unless further limited by a Special Management Plan or safety protocol.
- I. Youth will be visually checked by staff at least every 15 minutes while in the room in accordance with DJJ 8.20, Room Checks, unless the youth has been identified as being at risk of self-harm and placed on suicide precautions or a shorter observation interval is stipulated in an Special Management Plan.
- J. At minimum, the facility Director (or designee) and the Administrative Duty Officer (ADO) will visit the BMU in person at least weekly. During each visit, the facility Director (or designee) or ADO will review the logbook and will have a face-to-face visit with each youth confined for more than 22 hours per day. The Director (or designee) and ADO will document all face-to-face visits with youth confined for more than 22 hours in the unit logbook and will list the names of those youth.
- K. Any youth confined for more than 22 hours per day, including confinement as part of a BMU placement, will receive counseling, mental health, medical, education and administrative services in compliance with DJJ 16.6, Services in Confinement, unless a Special Management Plan or Behavior and Risk Management Plan directs the services to be withheld.
- L. Counseling Services:
1. With the exception of youth on a Behavior and Risk Management Plan, the facility case manager will provide counseling services in accordance with DJJ 18.10, Facility Case Management Services.
 2. Each youth in the BMU will receive a weekly individual counseling session to discuss the youth's progress in the BMU.
 3. The facility case manager will document these visits and the BMU Transition Team meeting in the JTS Facility Programs module.

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4. The Director of Programs and Transition Services will approve the facility's BMU programming and case management services.

M. Medical Services:

1. Youth will have access to health care services while placed in the BMU, as outlined in the standardized program plan.
2. The DJJ Medical Director will approve the facility's BMU Medical Services program plan.
3. Medication Administration:
 - a. Medications are administered in a face-to-face manner, with the youth's door open.
 - b. Medications will be administered at the time prescribed.
 - c. If the youth refuses to take the medication and refuses to give the medication back to the nurse, the security staff that is observing the administration will confiscate the medication and return it to the nurse.
 - d. Medical services staff will document all medications not administered as prescribed. The medical services staff will report medications not administered as prescribed (other than refusals) to the Director or designee.

N. Behavioral Health Services:

1. Youth on the BMU will have access to mental health services through the help request process (see DJJ 18.11, Requests for Services) or by verbal request to any staff.
2. Youth on the BMU will receive all services required by BMU Behavioral Health Services Program Plan, at minimum.
3. The Director of Behavioral Health Services will approve the facility's BMU Behavioral Health Services program plan.

O. Education 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.

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3. Special education students will receive assignments from a certified special education teacher.
4. After 10 days in the BMU, the youth's Individual Education Program must be reviewed and modified.
5. Students will be provided the necessary writing utensils unless otherwise indicated in a Special Management Plan or safety protocol.
6. 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 will be the same as the CAP work that the student would receive if they were present in class. Textbooks and /or textbook pages should be delivered for the student to use to complete assignment.
7. The Associate Superintendent of Schools will approve the facility's BMU Education program plan.

P. Behavior Management Unit Oversight:

1. Oversight of the BMU is a shared responsibility between the Division of Secure Facilities and the Division of Programs and Education Services.
2. The Division of Secure Facilities is responsible for the daily operations of the BMU and for the safety and security of the program.
3. The Division of Programs and Education Services is responsible for the integrity of the authorized programming in the approved facility program plan.
 - a. The Office of Programs and Transition Services will ensure the BMU is operating in accordance with the authorized program plan as well as general counseling services provided in the program.
 - b. The Office of Behavioral Health Services will ensure that mental health services are provided to the youth based on the youth's individual needs as well as any specialized plans.
 - c. The Office of Medical Services will ensure that all aspects of medical services are provided in accordance with the authorized program plan.

{Updated by Directive #13-04 on 2/26/13}

Q. Application and Removal of Restraints

1. Security restraints will be applied as trained by the Office of Training.

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2. If after 2 hours, a youth in security restraints meets the criteria for removal of the restraints, but refuses restraint removal, a qualified mental health professional (QMHP) and a licensed health care professional must evaluate the youth and determine if continuation of the restraints is contraindicated.
 - a. If the QMHP and/or licensed health care professional determine that continuation of the restraints is contraindicated, the facility Director will determine the most reasonable means of immediately removing the restraints.
 - b. If the QMHP and the licensed health care professional determine that continuation of the restraints is not contraindicated, they will document the determination on the Restraint Flow Sheet and in a JTS progress note. The QMHP and licensed health care professional will not be required to monitor the youth as prescribed in DJJ 8.31, Restraint of Youth.
 - c. The officer responsible for maintaining constant visual observation of the youth must contact the QMHP or mental health on-call staff if the youth's status or presentation changes.

V. LOCAL OPERATING PROCEDURES REQUIRED: NO