

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 16-14</p>	<p align="center">Policy # 18.30</p>
<p>Applicability: { } All DJJ Staff { } Administration { } Community Services {x} Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards & References: ACA Standards: 4-JCF-5A-02, 4-JCF-5C-02; 4-JCF-5C-04 through 07, 3-JDF-5B-01, 04, 05,06 DJJ 18.5</p>	
<p>Chapter 18.30: PROGRAMS AND CASE MANAGEMENT</p>	<p>Effective Date: 9/27/16 Scheduled Review Date: 9/27/17</p>	
<p>Subject: SERVICE PLANNING</p>	<p>Replaces: 10/30/15 Division of Support Services</p>	
<p>Attachments: A. Initial Program Protocol B. JDC Initial Parent Letter C. Approved Selection of Programs Protocol</p>	<p>Approved</p>  <hr/> <p>Avery D. Niles, Commissioner</p>	

I. POLICY:

All youth in a secure facility shall have an individualized Service Plan that is written in simple, clear terms that can be easily understood by the youth. The Plan shall identify issues that will be the focus of treatment, specific objectives and interventions designed to address those issues.

II. DEFINITIONS:

Aftercare: Supervision of youth after the completion of an alternate placement or YDC stay.

Behavioral Health Treatment Plan: A detailed plan of behavioral health care developed by the behavioral health treatment team, the youth, and where possible, the youth’s parents/legal guardians. This plan includes referral information, strengths and resources, diagnoses, medications, risk areas, mental health alternate placement review criteria, treatment domain list, problem severity rating, behavioral objectives and interventions, and progress review.

Behavioral Health Treatment Team: Individuals responsible for the care and treatment of youth with mental illness, including all staff members specifically designated as “behavioral health staff” by job title, contract or assigned duties. Other facility staff members, clinical consultants, community case managers, community mental health providers, DFACS caseworkers, community support persons, and parents may also be included.

Community Case Manager: Juvenile Probation/Parole Specialist I, II, or III (JPPS) who provides direct supervision and coordination of services for a youth. It also includes any member of an established case management team who can perform case management tasks.

Designated Program Authority (DPA): The OBHS facility program staff approved by the Regional Program Administrator who is responsible for ensuring the quality and accessibility of generalized counseling, programs and case management services. The Designated Program Authority must possess at least a bachelor’s degree and a minimum of 2 years of experience in the area of counseling and/or case management services.

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	2 of 10

Initial Program Protocol: An initial plan of programs and services for youth who are admitted to a secure facility. This plan includes delivery of generalized counseling, programs, and case management services that are to be implemented prior to development of the Service Plan.

Interventions: Specific actions to be taken by the youth, parent/legal guardian, Juvenile Detention Counselor, or other team members that are intended to facilitate successful completion of the Service Plan objectives.

Juvenile Needs Assessment (JNA): A tool that will evaluate the presenting strengths and needs of each youth and systematically identify critical areas of needs or problems in order to plan effective interventions.

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 behaviors intervention treatment team.

Mental Health Caseload: Those youth who have been identified, following assessment, as requiring behavioral health services. These youth are assigned a primary clinician to coordinate the Behavioral Health Treatment Team presentations of this youth and assure that the services recommended by the team are provided.

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: 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.

Multidisciplinary Team (MDT) Meeting: A weekly meeting chaired by the facility DPA to discuss the programming needs, programming progress, and PBIS level of youth in the facility. When a facility does not have youth requiring a weekly meeting, the DPA will notify the RPA within 24 hours of the regularly scheduled MDT meeting.

Primary Clinician: The qualified mental health professional responsible for documenting all treatment planning activities.

Progress Review: A managing team discussion of youth treatment progress that occurs every 30 days at minimum. Routine reviews of youth treatment (treatment/service plan updates, PBIS tier discussions, step-down discussions, etc.) will be considered progress reviews.

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	3 of 10

Service Plan: A tool that will allow staff to address a youth’s identified needs through services. Each need has a goal objective and actions steps/interventions that will help the youth become successful.

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 and transitional planning, and family/community staff updates and involvement. The team will consist of: all staff members specifically designated as Sex Offender Treatment Specialist, Institutional Program Directors (IPD), Sex Offender Coordinators, Juvenile Detention Counselors, Psychologist/Clinical Consultant, Social Service Workers, Recreation staff, administration representative, security representative, education representative, and medical representative. Community Case Managers, youth and family, DFCS case workers, and other community support persons may be included.

SOAP Format: The complete and organized format used to document in progress notes an encounter with a youth. The subjective (S) portion of the note includes any verbal complaints and/or statements. The objective (O) portion of the note includes any observations and results of an examination that follow or respond to the subjective complaint or statement. The assessment (A) portion of the note includes any diagnoses and conclusions along with the professional’s opinion whether the objective findings support the subjective complaint or statement. The plan (P) portion of the note indicates the treatment and education provided, if any, and the logical conclusion to the encounter with the youth.

Youth-Centered Reentry Team (YCRT): Team responsible for identifying, coordinating, and fostering progress of the youth on the needs, services, or programs intended to prepare the youth and family for the youth’s return from confinement. Team members will consist of: staff responsible for the direct management of the youth to include the JDC, JPPS, and, where applicable, the SSP assigned to the youth, education staff, security staff, administration, and medical staff as well as the youth, family, and other important members of the youth’s life that the youth nominates and agrees to participate including clinical consultants, community case managers, community mental health providers, DFACS case workers, and other community support persons.

YCRT Meetings: The regularly scheduled meetings at which the youth’s transition and reentry need are discussed.

III. PROCEDURES:

- A. Each youth will have a team that manages the treatment, programming, and case management for the youth (Youth’s managing team):
 - 1. The Multidisciplinary Team (MDT) will provide case oversight and service plan management for all youth who are not on the mental health caseload, or youth who are not in sex offender treatment in Youth Development Campuses (YDC).

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	4 of 10

2. The Behavioral Health Treatment Team will provide all management and oversight of treatment, programming, and case management for youth who are on the mental health caseload.
 3. The Sexually Harmful Behavior Intervention Treatment Team will provide all management and oversight of treatment, programming, and case management for youth who are in sex offender treatment and are not on the mental health caseload. Youth who are on the mental health caseload will have their mental health services managed by the Behavioral Health Treatment Team. All other programming and case management will be managed by the Sex Offender Treatment Team.
- B. Each facility will have a MDT, chaired by the Designated Program Authority (DPA) or designee, that meets weekly and follows a structured agenda such as:
1. Initial Service Plans;
 2. Service Plan Updates;
 3. Review of youth's response to programming; and
 4. Review of youth PBIS levels.
 5. Review of youth releases
 6. Youth Status Report (s); and
 7. Progress Reviews.
- C. Each youth admitted to a RYDC will be assigned to a Juvenile Detention Counselor (JDC) within one business day of admission.
1. The JDC will have a face to face contact with the youth to review orientation information. This contact will occur on the day of admission, if possible, but no later than the first business day after youth's admission.
 2. The JDC will document the contact as an admission/orientation note in the JTS Facility Program Progress Note module. (If the assigned JDC is not available, then the youth will meet with another JDC for the first face to face contact. In a 30-bed facility, the youth will meet with a mental health staff.)
 3. The JDC will attempt to engage the parent or legal guardian in the youth's treatment by:
 - a) Contacting the youth's parent/legal guardian by telephone within three (3) business days if youth is at a RYDC and within 72 hours of admission if youth is at a YDC.

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	5 of 10

- b) Conversation between the JDC and parent/guardian of the youth should include discussion of any additional programs that the youth has received, identification and phone contact number of the assigned JDC at the current facility, and any concerns noted by the parent/guardian.
 - c) The JDC will document the conversation or if there was a failed attempt to reach the parent/guardian, in JTS parental communication note.

- D. Within 72 hours of admission, the assigned JDC will determine if the youth has an existing Service Plan, and:
 - 1. If a youth is entering the RYDC without an existing Service Plan, the JDC will develop the Initial Programs Protocol (IPP) (Attachment A) within 72 hours of the orientation contact. The JDC will present the IPP to the youth's managing team within 10 days of development of the IPP.
 - 2. If a youth is entering the RYDC with an existing plan, the JDC will review and edit the existing plan in collaboration with the community case manager. The JDC will present the youth's Service Plan to the youth's managing team within 10 days of admission for approval.
 - 3. The JDC will mail the Initial Parent Letter (Attachment B) within 72 hours of the development of the IPP or the initial team presentation.
 - 4. The youth and the parent/legal guardian, when possible, will be involved in the development of the Service Plan.
 - 5. The JDC, youth, and when possible, the parent/legal guardian will sign the Service Plan. The youth will be provided with a copy of the service plan. If the parent/guardian is present they will also be provided with a copy of the plan.
 - 6. The signed plan will be uploaded into JTS correspondence.

- E. The JDC will meet face to face with the youth to complete a Juvenile Needs Assessment (JNA) and Service Plan in the Juvenile Tracking System (JTS) no later than 45 days from the date of youth's admission. The Service Plan must be entered into JTS within 24 hours after the JNA is entered into JTS.

- F. The Service Plan will be developed earlier than 45 days when there is a need to have the youth presented to the youth's managing team.

- G. For youth in an RYDC with a disposition or revocation, the Community Case Manager will consult the JDC prior to completing the JNA and service plan. See DJJ 20.31, Needs Assessment and Service Plan.

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	6 of 10

- H. Each youth admitted to a YDC will be assigned to a JDC within one business day of admission. The JDC will have face to face contact with the youth to review orientation information within 24 hours of the youth's admission. The JDC will document the contact as an admission/orientation note in the JTS Facility Program Progress Note module.
- I. Within 24 hours of YDC admission the JDC will:
1. Review custody and housing/length of stay. If there is any discrepancy in the length of stay, the JDC will notify the Office of Classification Services;
 2. Review the service plan; and
 3. Review any alerts.
 4. Document the above record review in the Facility Programs Service Plan Communication Note in JTS.
- J. Within 10 days of admission to a YDC, the MDT will meet to review and approve the youth's Service Plan. All youth, including those on the mental health caseload, will be reviewed by the MDT for the initial Service Plan review.
1. Prior to the MDT team meeting, the JDC will review:
 - a) Court Orders;
 - b) Recent Case Notes;
 - c) Recent Facility Programs Progress Notes;
 - d) Existing Service Plan, including the Social Summary;
 - e) Placement History;
 - f) Legal History;
 - g) Home Studies;
 - h) JNA;
 - i) Institutional File (including records/reports uploaded in correspondence); and
 - j) Special Incident Report history.
 2. The JDC will use this information to monitor the youth's adjustment to the YDC, and summarize pertinent information at the YCRT meeting.

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	7 of 10

K. Service Planning:

1. The Service Plan will include interventions that address needs identified in the JNA:
 - a) Family and residential circumstances;
 - b) Interpersonal adjustment;
 - c) Behavioral health;
 - d) Substance use;
 - e) Educational/vocational goals and needs; and
 - f) Physical health.
2. Facility mental health treatment plans, education plans, and medical treatment plans will supplement the Service Plan and will be referenced in the Service Plan. The Service Plan will not substitute for these plans, nor will these plans substitute for the Service Plan.
3. Service Plan goals will be established in those Juvenile Needs Assessment (JNA) service domains designated as the top three needs.
4. The youth's managing team (MDT, Behavioral Health Treatment Team, or Sex Offender Team) will be responsible for the management of treatment, programming services, case management and release decisions. The youth's assigned JDC, SSP, and/or SHIBP Treatment Specialist will present information developed by the managing team to the YCRT. This information will include: treatment and programming engagement and progress, setbacks (if any), and release criteria eligibility.
5. Information and planning developed at the YCRT meeting will be incorporated into the service plan of YDC youth.

L. Service Plan Updates:

1. The MDT, Behavioral Health Treatment Team, or Sexually Harmful Behavior Intervention Treatment Team will review the Service Plan at least once every 90 days. JDCs will be responsible for presenting the Service Plan at both meetings.
2. Youth's progress review will occur at least once every 30 days, or more frequently when there are substantial changes in the youth's behavior, situation, or presentation.

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	8 of 10

- M. The youth, parent/legal guardian, if possible, and the community case manager will be involved in the development of the Service Plan.
- N. The JDC, youth, and when possible, the parent/legal guardian will sign the Service Plan. The signed plan will be uploaded into JTS correspondence. The youth will be provided with a copy of their service plan. If the parent/guardian is present they will also be provided with a copy of the plan.
- O. Youth Service Provision:
1. The JDC or designee will make rounds in the housing unit during his/her scheduled workday and will make notes of the rounds in the logbook.
 2. Each youth will participate in general programming activities offered in the Master Schedule, and;
 - a) Approved OBHS Services will be provided in accordance with DJJ 18.5, Program Provisions in secure facilities.
 - b) All youth will be assigned to programs based on their needs identified in the JNA, and as directed by their Service Plan, MH Treatment Plan, and/or SO Treatment Plan.
 - c) In addition to the interventions assigned per the service plan, all youth admitted to a secure facility from the community who have not completed PREA within the past 6 months will complete PREA within 45 days of admission. Participation in PREA will be done concurrently with other programs/interventions directed by the Service Plan.
 - d) All youth in secure facilities with an adjudicated offense will participate in and complete Victim Impact within 6 months of placement in the facility or within 6 months of the adjudication date, whichever is sooner. Participation in Victim Impact will be done concurrently with other programs/interventions directed by the Service Plan.
 - e) If a youth transfers prior to completing PREA or Victim Impact services, the receiving facility will assure that the youth completes the services.
 - f) All completed program certificates will be uploaded in JTS by the assigned JDC or designee showing that the youth has successfully completed that particular intervention.
 - g) Youth who are transferred from one secure facility to another secure facility the assigned JDC or designee will enter a communication note in JTS under Facility Programs providing the following:

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	9 of 10

- i. Youth's status in their current services;
 - ii. Progress with treatment;
 - iii. Complex or unresolved issues; and
 - iv. Known legal status.
3. The JDC will have a face to face meeting with each youth assigned to their caseload who is not currently receiving other treatment services (e.g., RSAT, MH Caseload, and Sex Offender) at least 2 times per month. Face to Face meetings may include individual sessions, orientation sessions, and family counseling. The JDC will have a face to face meeting with youth who are receiving other treatment services at least once every month.
4. The JDC will contact the parent/legal guardian in person or by telephone to update them on their youth's status and progress at least once every quarter. This contact will be documented as a parent contact note in the Facility Programs module of JTS.
5. JDCs will be available to all youth for help requests. Situations that indicate that a staff member needs to complete a help request for a youth include:
 - a) Youth requests to call his/her attorney, parents, community case manager, or other court official;
 - b) Youth requests information about his/her case;
 - c) Youth displays difficulty adjusting; and
 - d) Concerns about the youth's safety.
6. JDCs will hold face-to-face sessions with youth in a private area that promotes confidentiality. Routine individual sessions by JDCs may be deferred for youth who are receiving other treatment services (e.g. mental health, RSAT, Sexually Harmful Behaviors).
7. The primary focus of an individual counseling session is to:
 - a) Monitor youth's adjustment to the facility;
 - b) Assist the youth with interpersonal skills;
 - c) Monitor the progress of youth's Service Plan;
 - d) Teach and facilitate problem solving skills; and

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	10 of 10

e) Assign the youth to appropriate services.

P. The JDC will document all case management sessions, individual sessions, face to face sessions, and group counseling activities in the JTS Facility Program Module. Documentation will be entered within 24 hours of the delivery of the activity or service.

1. The JDC will document Facility Program Module notes for group and individual counseling sessions in SOAP format (subjective, objective, assessment, and plan).
2. Facility Program Module notes will reflect the actual service being provided and should be linked to the Initial Programs Protocol (Attachment A), or Service Plan objectives.

IV. LOCAL OPERATING PROCEDURES REQUIRED: YES