

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 18-4</p>	<p align="center">Policy # 18.30</p>
<p>Applicability: { } All DJJ Staff { } Administration { } Community Services {x} Secure Facilities</p>	<p>Related Standards & References: ACA Standards: 4-JCF-5A-02, 4-JCF-5C-02; 4-JCF-5C-04 through 07, 4-JCF-5I-01, 3-JDF-3A-21, 22, 3-JDF-5B-01, 04, 05,06, 3-JDF-5B-01-2 DJJ 18.5</p>	
<p>Chapter 18.30: PROGRAMS AND CASE MANAGEMENT</p>	<p>Effective Date: 3/19/18 Scheduled Review Date: 3/19/19</p>	
<p>Subject: SERVICE PLANNING</p>	<p>Replaces: 9/27/16 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  _____ 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 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 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) or Juvenile Probation Officer I or II who provides direct supervision and coordination of services

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	2 of 8

for a youth. The Community Case Manager also includes any member of an established case management team who may 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.

Facility Program Staff: In secure facilities, this may include: Institutional Program Directors, Juvenile Detention Counselors, Social Service Workers, and interns or volunteers with education, training, experience, and background adequate to perform duties as approved by the Designated Program Authority.

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.

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	3 of 8

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.

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's reentry needs. Team members will consist of: the youth, parent/guardian, Juvenile Detention Counselor (JDC), Community Case Manager and, where applicable, the Substance Abuse Counselor, Operations Support Managers, Reentry Resource Coordinators, Social Services Program Consultants, Juvenile Sex Offender Certified Counselors or other relevant staff assigned to the youth. Other members of the team may include mentors, community support members, education staff, security staff, administration, and medical staff.

YCRT Meetings: The regularly scheduled meetings at which the youth's reentry needs, Transition Plan, as well as family concerns are discussed.

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	4 of 8

III. PROCEDURES:

- A. Youth in need of further evaluation and special accommodations due to physical and/or mental impairments will be assigned to a managing team to address the problems and challenges associated with their disability. Services and programs will be developed to meet their needs. (See also DJJ 12.11, Mental Health Assessment, and DJJ 13.32, Special Education Services.)
- B. 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).
 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.
- C. 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 Programs Plans; Protocol;
 2. Service Plan/Service Plan Reviews; 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.
- D. The JDC will attempt to engage the parent or legal guardian in the youth's treatment by:
 1. Contacting the youth's parent/legal guardian by telephone within 72 hours of admission.

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	5 of 8

2. 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.
 3. The JDC will document the conversation or if there was a failed attempt to reach the parent/guardian, in JTS parental communication note.
- E. Within 72 hours of admission, the assigned JDC will determine if the youth has an existing Service Plan, and:
1. If a youth is admitted to a secure facility without an existing Service Plan, the JDC will develop the Initial Programs Protocol (IPP) (Attachment A) within 72 hours. 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 admitted to a secure facility 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) once the development of the IPP or Service Plan is in place.
 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.
- F. 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.
- G. 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.
- H. 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.)
- I. 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

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	6 of 8

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.

- J. 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;
 3. Review any alerts; and
 4. Document the above record review in the Facility Programs Service Plan Communication Note in JTS.
- K. The JDC will attempt to engage the parent or legal guardian in the youth's treatment by:
1. Contacting the youth's parent/legal guardian by telephone within 72 hours of admission if youth is at a YDC.
 - a) 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.
 2. The JDC will mail the Initial Parent Letter (Attachment B) within 72 hours of admission once the development of the Service Plan is in place.
- L. 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;

Chapter	Subject	Policy #	Page
PROGRAMS AND CASE MANAGEMENT	SERVICE PLANNING	18.30	7 of 8

- 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.

M. 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 Sexually Harmful Behavior Intervention Treatment 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.

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

6. JDCs will provide youth with information concerning reasons for deferral of release. Communication will be recorded in JTS facility programs progress notes.

N. 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.

- O. The youth, parent/legal guardian, if possible, and the Community Case Manager will be involved in the development of the Service Plan.

- P. 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. A copy of the service plan will be filed in the youth's institution file.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO