I. POLICY:

The Department of Juvenile Justice shall utilize community residential programs as alternatives to detention or residential placement when it is in the best interest of the youth and the community.

II. DEFINITIONS:

Child Caring Institute (CCI): Any child-welfare facility which either primarily or incidentally provides full-time room, board and watchful oversight to six or more children through 18 years of age outside of their own homes.

Child Placing Agency (CPA): Any child welfare agency which places children in foster homes for temporary care or in prospective adoptive homes for adoption. Agencies that arrange for children to receive care in foster homes or in prospective adoptive homes must make arrangements to assess the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster or adoptive person or family will provide.

Community Residential Programs: Group homes, emergency shelters, and other placements that provide 24-hour care in a community based residential setting.

Office of Inspector General-Residential Child Care (OIGRCC): Monitors, inspects, and licenses Child Caring Institutions, Child Placing Agencies, Outdoor Child Caring Programs, Children’s Transitional Care Centers, and Maternity Homes.
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**Psychiatric Residential Treatment Facility (PRTF):** A short-term psychiatric facility (non-hospital) with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21.

**Human Services Professional (HSP):** The designated residential program employee, with case management responsibilities for a youth, who shares joint service planning responsibilities with the Community Case Manager.

**Room, Board and Watchful Oversight (RBWO):** The level of residential services needed including the need for supervision of the youth by the residential provider. The categories of RBWO are base, additional, or maximum.

**Utilization Review (UR):** The review of the necessity, quality, effectiveness, and efficiency of services and procedures. It will include appropriateness of admission, services ordered and provided, length of stay, and discharge practices.

**Child welfare agency:** any child-caring institution, child-placing agency, children’s transition care center, or maternity home. O.C.G.A. § 49-5-41 (a) (2).

**Child Welfare Public Scorecard:** a public scorecard for a child welfare agency that is based on “established published formula with weight appropriately given for each agency’s compliance or noncompliance with applicable laws; rules; contracts; court orders; measures of treatment; behavioral, vocational, and educational outcomes for persons receiving services; and other pertinent information, based on empirical evidence to the greatest extent possible.” O.C.G.A. § 49-5-41 (d).

**III. PROCEDURES:**

A. Youth will only be placed at approved Child Caring Institutes (CCI), Child Placing Agencies (CPA), Drug Abuse Treatment and Education Programs (DATEP), Independent Living Programs (ILP), Transitional Living Programs (TLP) and Psychiatric Residential Treatment Facilities (PRTF) that are obtained through DJJ.

B. All community residential programs serving DJJ youth will maintain compliance with the Department of Human Services (DHS) Office of Inspector General Residential Child Care’s (OIGRCC) rules and regulations for the appropriate facility type as well as any rules and regulations of the Department of Community Health (DCH), whichever is applicable. Community residential programs whose services are contracted or purchased on a per diem basis will maintain licensure by OIGRCC. If OIGRCC or DCH places limitations or restrictions on the program’s license, the Deputy Commissioner of Community Services or designee will receive immediate notification from the representative of the appropriate licensing agency.

C. The Regional Treatment Services Specialist (RTSS) will coordinate a minimum of 3 site visits during a calendar year to all contracted Room Board and Watchful Oversight
vendors. There will be a minimum of 1 Announced and 2 Un-Announced site visits per calendar year.

1. The purpose of each visit is to audit and monitor the contracted RBWO vendor for compliance with Office of Inspector General Residential Child Care Licensing Standards, DCH, and the state of Georgia RBWO Standards developed by the DHS and DJJ.

2. All non-compliant areas will be noted on RBWO Program Deficiencies Template (Attachment A). The assigned RTSS will provide the completed Deficiency Report to the identified RBWO vendor within 30 days after the site visit.

3. The RBWO vendor must submit a Corrective Action Plan (Attachment B) to their assigned RTSS within 10 business days after receiving the Deficiency Report.

4. A public scorecard will be assessed based on the audits and the formula established by DJJ. (Attachment J)

5. Appeal Process:
   a) If the vendor wishes to appeal the Deficiency Report, they must do so in writing within 5 business days from receipt of the RBWO Audit Outcome Letter and the Deficiency Report.
   b) The Appeal letter must contain:
      (1) Deficiencies they disagree with and the reasons; and
      (2) Describe the actions\resolution being requested
   c) The Appeal Letter must be sent to the Operations Manager for Residential and After-Care Services.
   d) Upon review of the Appeal Letter and the supporting documentations, the Operations Manager II for Residential and After-Care Services will:
      (1) Enter on the DJJ website that the vendor is appealing the public scorecard and the Deficiency Report.
      (2) Determine to either uphold the stated findings of the audit or request corrections\changes by the assigned RTSS that meet the request of the vendor.
e) The Operations Manager II will respond back to vendor with results within 10-15 business days of receipt of the Appeal Letter.

f) If the audit is upheld as originally sent to the vendor, this is sent to the vendor in writing.

g) If the vendor still disagrees with the findings, then an office conference will be held with the DJJ auditor, the Operations Manager 2, and the Assistant Deputy Commissioner of Community Services for further review.

h) Additional reviews, if needed, can be held with the Deputy Commissioner Community Services, the Assistant Commissioner, and up to the Commissioner.

i) Once finalized by all parties, the status of the scorecard will be updated on the website.

j) If the vendor earned a score of 75% or less and remains unsatisfied with the outcome of the internal appeal process outlined above, they may follow the procedures set forth in the Administrative Appeal Procedures (Attachment I).

6. The RTSS will monitor residential programs using the following tools:

a) RBWO Safety Review Audit Tool-CCI (Attachment C) to be used for audits at Residential Group Homes;

b) RBWO Safety Review Audit Tool-CPA (Attachment D)—to be used for audits at Therapeutic Foster Homes; and

c) Youth’s Residential File Audit (Attachment E)

d) RBWO Provider Personnel File Audit Form (Attachment F)

e) The RBWO Joint Comprehensive Audit Tool.

7. The RTSS will upload all completed auditing forms to the shared drive.

8. As needed, the RBWO vendor’s assigned RTSS will provide technical assistance as needed to address the areas of: policy and procedures, staffing, programming, training, etc.

D. Before a youth is considered for out of home residential placement, the CCM will ensure that all community programs and/or resources have been exhausted.
E. For placement and supervision standards of youth who have been adjudicated for sexually harmful behaviors (see DJJ 20.36, Supervision of Sexually Harmful Youth in the Community).

F. In accordance with OIGRCC and DCH regulations, community residential programs will be provided the following information about youth being considered for placement:

1. Court order, if applicable;
2. Screening assessment packet, if applicable;
3. Social data not in JTS;
4. Psychological evaluation completed within 12 months of the referral;
5. Physical exam completed within 12 months prior to admission;
6. Tuberculosis skin test or negative chest x-ray completed within 12 months of the referral;
7. Hearing and vision testing, urinalysis and Complete Blood Count completed within 12 months of the referral;
8. Dental exam completed within 6 months of the referral;
9. Immunization record;
10. School records from the last school attended;
11. Medicaid or other health insurance card;
12. Copy of birth certificate;
13. Copy of Social Security Card; and

G. The Placement Services Plan of Care will be completed by the Assessment Classification Specialist (ACS) in accordance with DJJ 20.22, Placement of Youth.

H. In addition to the documents listed in Section F, emergency shelters will receive:

1. Written authorization/Court Order for a detention alternative;
2. Copy of all pending offenses; and
3. Conditions of Non-Secure Detention.

I. The CCM will complete and submit a Medicaid application for committed youth in accordance with DJJ 24.1, Medicaid Application/IV-E for Youth in Non-Secure Residential Programs.

1. The CCM through his or her immediate chain of command, shall be authorized to provide consent for mental health and medical-related services of youth committed to the Department of Juvenile Justice where the provider/placement is unable to contact a youth’s parent/legal guardian to obtain parental consent.

2. During the screening process, and prior to the placement of a youth in a non-secure residential facility, the CCM will ensure that the youth’s parent/legal guardian sign and complete the Community Medical Permission Form (Attachment G) granting the CCM permission to authorize mental health and medical-related services as necessary in accordance with the provisions below. The Medical Permission Form will be uploaded in JTS.

3. In the event the provider/placement is unable to contact the youth’s parent or legal guardian to obtain consent for mental health and medical related service of the youth, the CCM will be contacted. The CCM will make every effort to contact the parent/legal guardian to obtain consent for treatment. After documented efforts to contact the parent/legal guardian have been unsuccessful, the CCM will staff the need for consent with his/her JPM before signing the consent for treatment.

J. When a committed youth who has been prescribed medication is being released from RYDC/YDC, the CCM will check with facility medical staff at least a week prior to a youth’s scheduled release date, to ensure that youth is being released with the remaining quantity of the medication (at least a 30-day supply) or an equivalent prescription, to complete treatment. If the youth does not have sufficient medication or an equivalent prescription, the CCM will notify his/her Juvenile Program Manager who will e-mail the Manager of Residential Programs and Aftercare Services requesting assistance in obtaining the youth’s required medication(s).

1. The CCM will assist youth under DJJ supervision (e.g. intake, probation, and committed) with identified medical needs. In the event of any medical necessity not covered by insurance (e.g.; durable medical equipment, blood work, prescription glasses, etc.), the CCM will notify his/her JPM who will e-mail the Augusta University Department of Correctional Health-Juvenile Healthcare (GCHC-JH) Senior Director or designee requesting assistance to cover the medical necessity as recommended by youth’s physician.

K. All records disclosed outside of the Department of Juvenile Justice, including to contractors, will be disclosed in accordance with DJJ 5.2, Case Records, DJJ 5.5, Health Records, and DJJ 5.4, Education Records.
L. The RPS will provide the residential program with a copy of a completed funding letter prior to youth’s admission to the program.

M. Prior to any youth (detention alternative, probated, or committed) being placed, as part of the admission packet, the Community Case Manager (or Case Expeditor for detention alternative youth) will provide the Human Service Professional (HSP) at the residential placement with the Residential Emergency Phone List (DJJ 20.22, Placement of Youth, Attachment B). The Emergency Phone List must include cell phone numbers and be updated as needed.

1. In the event of an emergency, the placement staff will contact CCM and placing Residential Placement Specialist (RPS) immediately, but no later than 1 hour, on all runaways, new legal charges, emergency situations, etc. For detention alternative youth, the placement staff will contact the Case Expeditor.

2. If the placement staff does not receive a “live person” from their contact with the CCM/RPS or Case Expeditor, if applicable, they will leave a detailed message and move to the next person on the contact list until they speak to a DJJ representative.

N. Transition planning during admission process:

1. Prior to youth entering RBWO Placement, the CCM will develop a transition plan (TP) in JTS.

2. The TP shall be reviewed and approved by the JPM and Operations Support Manager (OSM) for final review.

3. Once a youth has been approved for RBWO Placement, and an admission date has been scheduled, the RPS will include the TP in the RBWO placement package.

4. The RPS and the RBWO’s assigned Regional Treatment Services Specialist (RTSS) will ensure the RBWO placement provider integrates the youth’s service plan and the TP in the RBWO placement’s service plan.

5. For critical cases (e.g., homeless or potentially homeless youth, youth with extreme medical needs, Commercial Sexual Exploitation of Children (CSEC) cases, possible DFCS referral cases, sexually harmful youth, and youth with high mental health needs) in RBWO placements, the CCM shall always seek assistance from the OSM.

O. For committed youth, the CCM will be present at the residential program during the youth’s admission and initial orientation to the program.

P. As soon as the youth is placed, the CCM will email the RPS to notify them of the youth’s placement and a case note will be completed in JTS within 72 hours.
Q. As soon as possible, but no later than 24 hours from the time of the youth’s placement, the RPS will ensure that the youth’s exact placement date is entered into the JTS Placement module.

R. The CCM will confirm with the intake/admissions coordinator all items needed for residential placement to include paperwork, clothing, and personal hygiene items. They will ensure that those items are provided to the vendor on or before the date of placement.

S. Youth placed in a community residential program will have a DJJ Service Plan completed in accordance with DJJ 20.31, Needs Assessment and Service Planning.

T. The CCM will maintain contact with the youth and parent/guardian in accordance with DJJ 20.32, Standards of Contacts. The assigned CCM will be the person who visits the youth at the residential placement every 90 days.

1. If the assigned CCM is unavailable to visit the youth, the JPM will make the visit.

2. Visits with youth will be documented in JTS case notes within 72 hours.

U. Youth placed in third party placements (e.g., DFACS places the youth) will have the same contact, communication, and documentation requirements as all other youth.

V. The CCM and placing RPS will request progress reports from the placement every 30 days. The CCM will upload the progress reports into the JTS Correspondence module within 72 hours of receipt.

W. For youth in a PRTF, the CCM will coordinate with the Amerigroup Care Coordinator and will request copies of progress reports to be included in transitional/discharge planning. The CCM will document all efforts and contacts in JTS case notes.

1. For Committed youth in PRTF, the RTSS will participate in any staffing of youth via conference calls or in person.

2. For youth within 30 days or less of discharge from PRTF, the OSM will participate in the youth’s staffing via conference call or in person.

X. RBWO providers are responsible for arranging all clinical services. If an RBWO provider requests an assessment that DJJ does not provide the CCM will ensure the assessment is completed.

Y. The RTSS will schedule Utilization Reviews (UR) at their assigned RBWO vendor locations at least twice per year to ensure that the appropriate RBWO and clinical services are provided in a cost-efficient manner.
1. The RTSS will provide JPM, JPPS, OSM, and the DJJ Office of Federal Programs advance notification of the scheduled UR.
   
a) The CCM will attend, in person, the scheduled UR for youth on his/her caseload. If the assigned case manager cannot attend the UR, the JPM will attend the review. The case manager/JPM will document his/her attendance at the UR in JTS case notes within 72 hours.
   
b) The assigned OSM will attend URs in person when possible. Otherwise, they will participate by conference call. They will participate to address any needs as they relate to the TP and address any community resource barriers to a successful return to the community.
   
c) The CCM and JPM will ensure that the RBWO provider reviews the most updated TP at a minimum of 7 business days before the scheduled utilization review meeting.

Z. Off-site Overnight passes from Residential Programs:

1. Sexually Harmful Youth will not be allowed overnight passes. For pass information regarding youth who have been adjudicated for Sexually Harmful Behavior (see DJJ 20.36, Supervision of Sexually Harmful Youth in the Community).

2. Residential Programs must seek approval for off-site overnight passes a minimum of 10 business days prior to the date of the overnight pass. DJJ staff can address emergency pass request on a case-by-case basis.

3. Residential Programs must the Pass Request and Supervision Plan for Youth in Residential Programs (Attachment H).
   
a) Regardless of which pass form is used, all passes must be signed by all required parties prior to the pass occurring.
   
b) All signed pass request forms will be uploaded into the JTS Correspondence prior to the pass occurring.

4. Youth may not receive any overnight passes during the first 30 days of placement.

5. Youth will not be allowed passes that include out of state travel without approval from the Deputy Commissioner of Community Services or the Assistant Deputy Commissioner as the designee.

6. Overnight passes for youth will not exceed 3 nights (per RBWO Residential provider contracts).
AA.  At least 30 days prior to the youth’s anticipated completion of a community residential program, the CCM will revise the final Transition Plan for aftercare services. All discharges from residential program and victim reunification for youth who have been adjudicated for sexually harmful behaviors will be completed in accordance with DJJ 20.36, Supervision of Sexually Harmful Youth in the Community.

BB. The CCM will attend any discharge meetings that the residential program schedules to discuss the transition plan for the youth.

1. In addition, the youth’s assigned Operations Support Manager will attend discharge meetings for critical cases to assist with the youth’s transition to the community.

2. Within 90 days prior to youth’s scheduled release from a residential program or YDC, the CCM will complete a Home Study Report (DJJ 20.20, Attachment A). The completed Home Study Report will be uploaded into the Correspondence Module of JTS and considered when developing the transition plan for the youth.

CC. The CCM will be present, in person, for all planned discharges of committed youth from residential programs. The RPS may participate in all planned discharge meetings via conference call.

DD. The Residential Provider will provide the discharge plan at the time of planned discharges.

EE. Prior to the youth leaving the residential program, new Conditions of Placement must be signed by the youth and CCM.

FF. The CCM will update the youth’s placement in JTS and send an e-mail to the RPS as soon as possible but no later than 24 hours after the youth’s release from a residential program.

GG. Youth in a work program will be provided a letter by their employer documenting their work experience.

HH. CCM will not handle a youth’s check(s) or money.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO