



DEPARTMENT OF JUVENILE JUSTICE

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DJJ Directive # 15- 01

Subject: DJJ 16.6 SERVICES IN CONFINEMENT

Effective Date: 2/2/15

A handwritten signature in black ink, appearing to read "Avery D. Niles".

Approved: _____

Avery D. Niles, Commissioner

APPLICABILITY:

Secure Facilities (RYDCs & YDCs)

DIRECTIVE:

The purpose of this directive is to address the need to provide actual services to youth in confinement rather than just rounds.

Section A.1 from DJJ 16.6 Services in Confinement, currently states the following:

- A. The facility Director will ensure that youth receive services in confinement comparable to those youth in the general population.
 - 1. All services in confinement will be documented using the Confinement Checks Form (Attachment A), which will be filed with the Disciplinary Report.

This directive seeks to replace procedure listed in section (A.1) with the following modifications:

- 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 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.

This directive seeks to modify the following section's titles.

Section D currently titled Behavioral Health Services will now be titled Behavioral Health Confinement Rounds.

Section E currently titled Counseling Services will now be titled Counseling Confinement Rounds.

Section F currently titled Medical Services will now be titled Medical Confinement Rounds.

Section H currently titled Leisure Services will now be titled Leisure Confinement Rounds.

**INSTRUCTIONS:
DJJ Policy Manual**

Place this directive behind DJJ 16.6 Services in Confinement