



DEPARTMENT OF JUVENILE JUSTICE

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March 2, 2010

DJJ Transmittal # 10-06
Effective April 1, 2010

MEMORANDUM

TO: DJJ Staff

FROM: Albert Murray
Commissioner

A handwritten signature in cursive script that reads 'Albert Murray'.

RE: DJJ 18.11, Requests for Services
DJJ 20.1, Case Management Monitoring
DJJ 20.20, Screening of Committed Youth
DJJ 20.22, Placement of Committed Youth
DJJ 20.37, High Intensity Team Supervision

DJJ 18.11, Requests for Services, states that youth shall have the opportunity to request medical, dental, behavioral health, and counseling services daily. This policy replaces DJJ 18.2, Request for Services. This policy does not require local operating procedures. The following changes were made to the policy:

- Secure collections boxes will be located in each dining hall and housing unit, at a minimum. Help Request forms will be available at the location of each collection box. (See Sections III.B. and C.)
- When someone other than DJJ staff or youth submits a verbal request, the staff receiving the request will immediately complete a Help Request form and place it in the collection box. For urgent issues, a service provider will be contacted in person or via the on-call system. (See Section IV.C.)
- The behaviors suggesting the need for a referral to behavioral health staff are listed in Section IV.D.
- Help Request forms will be retrieved from the secure collection boxes daily by a health care staff member prior to the end of the evening shift 7 days per week. (See Section V.A.)
- Section V. outlines the process for the initial triage of help requests.
- Section VI. outlines the process by which medical and dental complaints will be handled, including segregation visits.
- When a youth who is being seen for a Help Request voices another complaint, the health care provider will address the youth's complaint at that time without an additional Help Request form. (See Section VI.E.)
- All youth encounters will be logged on the Medical Encounter Log (using JTS or via Attachment E) by the end of the shift within which the encounter occurred. (See Section VI.L.)
- The Registered Nurse will bring the Medical Encounter Log/JTS Report to the SIR management team reviews for the purpose of cross-checking and ensuring that SIRs have been completed as required. When a required SIR was not completed, the facility Director will ensure that it is completed by the appropriate staff. (See Section VI.M.)
- Section VII. outlines the process by which requests to see behavioral health staff will be handled, including segregation visits.
- Section VIII. outlines the process by which requests to see counseling staff will be handled, including segregation visits.

DJJ 20.1, Case Management Monitoring states that the Department of Juvenile Justice shall objectively and systematically monitor the quality and appropriateness of the case management services provided to youth. This policy replaces the existing DJJ 20.1, Case Management Monitoring. This policy requires local operating procedures for all community services offices. The following changes were made to the policy:

- The Assistant District Director (ADD) or District Director will complete an operational audit at least every 6 months using the Operational Audit Form. (See Section B.)
- The Case Record Audit Corrective Action Plan form (Attachment D) will be used to document a plan to correct each deficiency identified. The reviewer will document his/her comments on the Corrective Action Plan, with a timeframe for correcting each deficiency identified. (See Section C.2.)
- Through a review of the quality assurance activities of the district, the DD will identify any training needs, policy/procedure issues, employee discipline, employee commendations, etc. The DD will be responsible for correcting any needs identified in this review. (See Section E.)

DJJ 20.20, Screening of Committed Youth, states that the Department of Juvenile Justice shall conduct a multi-disciplinary screening of all youth committed to the Department to determine the most appropriate, least restrictive placement that will meet the needs of the youth and public safety. This policy replaces DJJ 20.10, Screening and Placement. This policy does not require local operating procedures. The following changes were made to the policy:

- The court that issued the regular commitment may extend its original order for up to two years, upon motion of the Attorney General's Office on behalf of the Department. (See Section A.)
- The case manager will make a home visit within 5 working days of disposition to complete the Home Study Report (Attachment A). The Home Study Report will be forwarded to the Assessment and Classification Specialist (ACS) within 5 working days of disposition. (See Section B.1.)
- The case manager must enter the social summary prior to the screening meeting. (See Section B.3.)
- Prior to screening, the ACS will complete the CRN, Community Mental Health Screening (as applicable), and JSORRAT II (as applicable). (See Section C.)
- The screening committee meeting must be held within 10 working days of the commitment order, Short Term Program and commitment order, or the revocation final decision. The 10 working days will begin on the date of disposition. (See Section D.2.)
- The youth's facility case manager will bring the youth's Positive Behavior Strategies to the screening committee meeting for the committee's review. (See Section D.5.a.)
- The SSPII will provide the listed mental health records to the ACS at the screening committee meeting, if available. The screening committee chairperson will ensure that the mental health records listed above are scanned into JTS as restricted information by the following business day after the screening committee meeting. (See Section D.6.)
- For loss of life cases with regular 2-year commitments, the screening committee chairperson will notify the Victims Services Unit prior to the screening committee meeting. (See Section D.7.)
- Section E. lists some factors that should be considered when determining the best placement for the youth.
- The community case manager will provide the youth and parent/guardian notice of the right to appear, in writing, via the Screening Notification Letter. (See Section F.1.)
- Youth will be involved in the screening committee meeting. (See Section F.3.)
- A formal screening committee meeting will not be required for designated felons with restrictive custody. (See Section G.)
- Superior Court and SB440 youth will be transferred to the Department of Corrections through the Office of Classification and Transportation Services. (See Section H.)
- The screening committee will recommend the top three least restrictive placements that are appropriate to the needs of the youth and public safety. (See Section I.)
- Section L. provides the guidelines for screening when the youth's commitment is continued.
- Youth who are administratively revoked will be screened. The CRN Reassessment will be completed. (See Section M.)

- Youth whose commitment order is extended, through motion filed by the Attorney General's Office, will not be re-screened. (See Section N.)
- Committed youth and their parents/legal guardians will be notified, in writing, of the placement recommendations and their right to appeal the placement recommendations of the screening committee, as well as the appeal process. (See Section O.)
- Section P. outlines the appeals process.
- The screening committee chairperson will enter the committee's recommendations into JTS within 2 business days of the screening committee meeting. (See Section Q.)

DJJ 20.22, Placement of Committed Youth, states that the Department of Juvenile Justice shall place committed youth in the most appropriate, least restrictive placement that will meet the needs of the youth and public safety. This policy replaces DJJ 20.10, Screening and Placement. This policy does not require local operating procedures. The following changes were made to the policy:

- The screening committee may determine that the youth's home is the least restrictive appropriate placement, or that the youth may remain at home pending being placed in the least restrictive appropriate placement. (See Section B.1.)
- When the youth remains at home pending being placed in the least restrictive appropriate placement, the case manager will maintain contact with the youth and submit extensions every 15 working days. The screening date will be the first working day. (See Section B.2.)
- If the youth is placed in a residential setting prior to obtaining required examinations, the Room, Board, and Watchful Oversight (RBWO) provider may coordinate the assessments with local core providers for mental health services or medical services. (See Section C.1.)
- The Assessment and Classification Specialist (ACS) will review the screening packet, complete an assessment, and determine a category of Room, Board, and Watchful Oversight (RBWO) service need. (See Section C.2.)
- The RPS will monitor the provision of services at the residential placement at least twice per year to ensure that RBWO and clinical services are provided as appropriate. (See Section C.6.)
- The RPS will schedule utilization reviews at least twice per year to ensure that the appropriate services are provided in a cost efficient manner. (See Section C.7.)
- Section E.2. lists the criteria for YDC placement.
- Section E.3. lists the process for recommending YDC placement.
- Section I. provides the guidelines by which youth may be placed or visit a non-parental home.

DJJ 20.37, High Intensity Team Supervision, states that the High Intensity Team (HIT) shall provide individualized and measurably effective restrictive services that reduce delinquent behavior and improve personal behavior, family functioning, and academic achievement. This policy replaces the existing DJJ 20.37, High Intensity Team Supervision. This policy requires local operating procedures for all community services offices. The following changes were made to the policy:

- The HIT Handbook will serve as the local operating procedures. (See Section A.)
- The Safety/Supervision Plan must be approved by all managers prior to the youth's release from detention or within 24 hours of release by the court. (See Section B.6.)
- Youth placed in Housebound Detention will sign the Conditions of Non-Secure Detention generated from the Juvenile Tracking System prior to the release from secure detention or on the day of placement. (See Section B.8.)
- Probated youth may be placed in the HITs program when they have an assessment score in the low level with extenuating circumstances (e.g., felony adjudications, sexually abusive youth with the victim in the home, noncompliance with regular supervision, etc.), upon approval of the District Director. (See Section D.1.)
- Committed youth may be placed in the HITs program when they are in need of a low supervision level with extenuating circumstances (e.g., felony adjudications, sexually abusive youth with the victim in the home, noncompliance with regular supervision, etc.), upon approval of the District Director. (See Section D.2.)

- The Safety/Supervision Plan for sexually abusive youth in the HIT program must be approved by all managers up to and including the Regional Administrator prior to the youth's release from detention or within 24 hours of release by the court. (See Section D.4.)
- The referral form will be submitted to the HIT primary case manager. When a youth is not accepted for placement, the community case manager may appeal the refusal to the Juvenile Program Manager within 2 business days, who will make the final decision within 2 business days. (See Section E.)
- The Juvenile Program Manager will audit the youth's case record prior to his/her assignment to the HIT program. (See Section F.1.)
- When a probated youth is referred, HIT staff will meet with the probated youth, parent/guardian, and community case manager within 3 business days of the referral. (See Section F.2.)
- When the committed youth is referred by a screening committee, HIT staff will meet with the youth, parent/guardian (if possible), and community case manager on the day of screening to discuss HIT services and the Conditions of Placement for HIT, and conduct the program orientation. (See Section F.3.)
- The Conditions of Aftercare and HIT Level 1 Requirements will be signed by the youth prior to leaving the facility/residential placement. The HIT services will begin immediately upon release for youth released from YDC/residential placement. The first face-to-face contact must be within 24 hours of release from YDC/residential placement, and the Conditions and Level 1 Requirements must be reviewed at this time. (See Section F.4.c.)

DJJ 20.14, Multi-Service Centers, has been removed from the policy manual.

INSTRUCTIONS:

DJJ Policy Manual

Remove the following policies from the policy manual

- DJJ 18.2, Request for Services
- DJJ 20.1, Case Management Monitoring
- DJJ 20.10, Screening and Placement
- DJJ 20.14, Multi-Service Centers
- DJJ 20.37, High Intensity Team Supervision.

Place the following new policies in the policy manual

- DJJ 18.11, Requests for Services
- DJJ 20.1, Case Management Monitoring
- DJJ 20.20, Screening of Committed Youth
- DJJ 20.22, Placement of Committed Youth
- DJJ 20.37, High Intensity Team Supervision

Make the proper notations