



DEPARTMENT OF JUVENILE JUSTICE

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TRANSMITTAL #11-05

TO: DJJ Staff

FROM: Amy V. Howell
Commissioner

RE: DJJ 11.3, Medical Classification
DJJ 11.40, Medical Autonomy
DJJ 11.41, Clinic Space, Equipment, and Supplies
DJJ 20.13, Informal Adjustment
DJJ 20.32, Standards of Contact

DJJ 11.3, Medical Classification, states that to ensure a safe environment for all youth, the Department of Juvenile Justice shall objectively classify youth with special medical needs. This policy replaces the existing DJJ 11.2, Medical Classification. The policy requires local operating procedures all secure facilities. The following changes were made to the policy:

- The Designated Health Authority will be a Registered Nurse. (See Definition for Designated Health Authority)
- The youth's medical diagnosis, HIV status, and sexually transmitted infection (STI) information will not be indicated in the medical alerts. (See Section B)
- The Designated Health Authority will develop local operating procedures to assure that all staff involved in the daily care of the youth (e.g., teachers, recreation staff, behavioral health staff, security staff, etc.) receives timely and accurate information about youth who have a medical alert. This information will be distributed, at a minimum, during each shift briefing. (See Section D)

DJJ 11.40, Medical Autonomy, states that the Office of Health Services shall assure that quality health care services are provided to youth housed in all DJJ secure facilities. This policy replaces the existing DJJ 11.40, Medical Autonomy. This policy requires local operating procedures for all secure facilities. The following changes were made to the policy:

- The Designated Health Authority will be a Registered Nurse. (See Definition for Designated Health Authority)
- The facility primary care physician who makes the final medical judgment regarding the care provided to youth at a specific facility. This includes reviewing the recommendations for treatment made by health providers in the community and directing the overall medical care for youth at that assigned facility. (See Definition for Responsible Physician)
- The Designated Health Authority shall be a Registered Nurse identified by the job title of Lead Nurse or Nurse Manager. At facilities that have both Lead Nurse and Nurse Manager positions, the nurse manager will be the Designated Health Authority. In the event of extended absence of the Designated Health Authority, the Regional Health Services Administrator and facility Director will jointly

designate a facility staff nurse as the Designated Health Authority on a temporary basis. (See Section A.)

- The Designated Health Authority's duties will include, but are not limited to:
 - Communicating health concerns or diagnoses to parents/guardians and/or other non-medical staff. This responsibility could be delegated to other licensed medical staff;
 - Oversight of restrictions on movement and transfers for youth with special medical needs;
 - Interviewing and hiring of all health care staff in conjunction with the facility Director;
 - Scheduling clinic coverage for all health care staff; and
 - Health services quality assurance activities. (See Section B.)
- Non-medical personnel will not make decisions on medical matters. (See Section D.3.)
- Medical decisions will not be compromised by non-medical personnel, to include interfering with offsite transports for medical care. Changes in offsite transportation will be made jointly by the Designated Health Authority and the facility Director. The facility Director may contact the Office of Classification and Transportation Services for assistance in transporting the youth. (See Section D.4.)
- For all Injury Severity Ratings of 3 and above, the Regional Health Services Administrator and DJJ Medical Director will be notified via email within 24 hours. (See Section G)
- The Designated Health Authority, with the cooperation of the facility Director, will ensure that security considerations do not compromise decisions and actions regarding necessary health care for any youth, in addition, the facility Director will provide administrative support to ensure the availability of security and transportation for the provision of necessary health services for all youth. (Section H.)
- The Regional Health Services Administrator and Designated Health Authority will have input into the annual evaluation of job performance, for clinical issues, of those staff providing health services. The responsible physician will have input into the annual evaluation of job performance, for clinical issues, of mid-level providers. The DJJ Dental Director and Designated Health Authority will have input into the annual evaluation of job performance, for clinical issues, of dental staff. (See Section J.)

DJJ 11.41, Clinic Space, Equipment, and Supplies, states that the designated health services area of each secure facility shall have sufficient space, equipment, and supplies to support the provision of health care services to the youth assigned to the facility. This policy replaces the existing DJJ 11.4, Clinic Space, Equipment, and Supplies. This policy does not require local operating procedures. The following changes were made to the policy:

- The facility Director will ensure that Security Staff will be present for all medication administrations. Security staffs proximity must allow them to adequately check the youth's mouth immediately after administration of medications. (See Section A.3.)
- The policy no longer requires a policy manual be kept in the clinic.
- Each health services unit will follow the Standard Supplies/Equipment (Attachment A) designated by the Office of Health Services. (See Section I.)
- The quantity of supplies will be as clinically indicated by the size and medical needs of the facility. (See Section J.)

DJJ 20.13, Informal Adjustment, states that subject to the court's direction or guidelines, an informal adjustment shall be sought first when it is in the best interest of the youth and the community. This policy replaces the existing DJJ 20.9, Informal Adjustment. The policy requires local operating procedures for all community services staff.

- Youth who are informally adjusted will be entered into the Juvenile Tracking System (JTS). All contacts made with or on behalf of the youth will be entered into JTS case notes within 72 hours. All services provided to the youth will be entered into JTS within 72 hours. (See Section G.)

DJJ 20.32, Standards of Contact, states that each youth shall be provided individualized and measurably effective supervision directed toward his/her assessed risk and needs, Conditions of Supervision, and Service Plan. This policy replaces the existing DJJ 20.32, Standards of Contact. This policy does not require local operating procedures. The following changes were made to the policy:

- Sexually abusive youth will be supervised at the supervision level determined by the CRN Reassessment or JSORRAT-II results, whichever is higher. (See Section C.5.c.)
- Community case managers will encourage youth under their supervision to pay restitution as ordered by the court.
 - The Conditions of Supervision will require restitution when it has been ordered by the court.
 - Community case managers will not collect any money. Restitution will be paid directly to the clerk of court.
 - The community case manager will enforce compliance with restitution by using graduated sanctions, Violation of Probation and/or administrative revocation.
 - At least once per month, the community case manager will verify with the Clerk of Court if restitution payments were made and document in the Juvenile Tracking System (JTS) case notes and the Restitution Module in JTS within 72 hours.
 - The Juvenile Program Manager will monitor compliance with court-ordered restitution when auditing case records.
 - The community case manager will contact the clerk of court to ensure that the youth has fulfilled all court-ordered restitution (monetary and/or community service) prior to the termination/expiration of the order.
 - At least 90 days prior to the expiration of a probation or commitment order, the community case manager will notify the court in writing if the restitution has not been completely fulfilled (monetary and/or community service). When there are extenuating circumstances, the Juvenile Program Manager will communicate this with the court. A copy of the letter will be scanned into the JTS. (See Section C.6.)
- Youth awaiting YDC in the RYDC will receive the same standard of contact as if they were in the YDC. (See Section C.9.)
- The use of video conferencing may count as a “face to face contact.” (Video conferencing will not replace actual visits for release reviews/transition meetings.) The community case manager will provide adequate notice to the facility case manager of the need for video conferencing. The facility case manager will ensure that the youth is available for video conferencing at the scheduled date and time. (See Section C.11.)

INSTRUCTIONS:

DJJ Policy Manual

Remove the following policies from the policy manual

- DJJ 11.2, Medical Classification
- DJJ 11.40, Medical Autonomy
- DJJ 11.4, Clinic Space, Equipment, and Supplies
- DJJ 20.9, Informal Adjustment
- DJJ 20.32, Standards of Contact

Place the following policies in the policy manual

- DJJ 11.3, Medical Classification
- DJJ 11.40, Medical Autonomy
- DJJ 11.41, Clinic Space, Equipment, and Supplies
- DJJ 20.13, Informal Adjustment
- DJJ 20.32, Standards of Contact

Make the proper notations