



DEPARTMENT OF JUVENILE JUSTICE

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August 12, 2011

TRANSMITTAL #11-08

TO: DJJ Staff

FROM: Amy V. Howell
Commissioner

A handwritten signature in cursive script, appearing to read "A. Howell".

RE: DJJ 2.3, Grants Administration
DJJ 5.11, Sealing of Records
DJJ 11.1, Medical Intake Screening
DJJ 11.2, Nurse Health Appraisal and Physical Examination
DJJ 12.8, Clinical Supervision
DJJ 20.36, Supervision of Sexually Abusive Youth in the Community

DJJ 2.3, Grants Administration, states the Department of Juvenile Justice shall actively pursue funding sources that will facilitate the achievement of the Department's goals and objectives. This policy replaces the existing DJJ 2.3, Grants Administration. This policy does not require local operating procedures. The following changes have been made to the policy:

- The "Director of the Office of Privatization, Grants and Contracts" has been replaced with "Grants Coordinator" throughout the policy.
- The Commissioner will appoint a Grants Coordinator. (See Section III.A.)
- The Grants Coordinator will:
 - Coordinate the grant application process and review grant applications for completeness and accuracy; (See Section III.B.4)
 - Ensure the grant acceptance letter and other correspondence for the Commissioner's approval is completed. (See Section III.B.6)
- Staff seeking approval to pursue a grant will submit the Transmittal/Approval Form (Attachment A) along with the application or state plan to the Grants Coordinator. (See Section III.C.)
- Once approved, staff preparing grant applications or state plans will:
 - Consult with the Grants Coordinator to determine if assistance is needed from other agency experts. (See Section III.D.1.)
 - Submit the grant application or state plan via email, with all required information, to the Grants Coordinator at least one (1) week prior to the submission deadline. (See Section III.D.2.)

DJJ 5.11, Sealing of Records, states that the Department of Juvenile Justice shall comply with all court orders to seal a youth's juvenile court proceeding records in its possession. This is a new policy. This policy does not require local operating procedures.

DJJ 11.1, Medical Intake Screening, states that all youth shall be screened for the presence of health problems upon admission to a Department of Juvenile Justice secure facility. When Medical Services Staff is not available to conduct the screening, it shall be conducted by a certified medical screener. This policy replaces

the existing DJJ 11.1, Medical Intake Screening. This policy requires local operating procedures. The following changes were made to the policy:

- **Medical Services Staff:** Staff licensed as a Registered Nurse, Nurse Practitioner, Physician's Assistant, or Physician. (See Definitions)
- A current roster of all certified screeners will be maintained by the Designated Health Authority. (See Section III.A.)
- Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or otherwise urgently in need of medical attention will not be admitted. (See DJJ 17.1, Admission to a Secure Facility). (See Section III.B.)
- When the transporting person/officer answers "yes" response to any question, the admitting staff member will record a brief explanation of the person/officer's observations/statements. The medical services staff on duty will be immediately notified and will respond to the intake area within 10 minutes to make the determination whether the youth should be medically isolated or sent to the emergency room for medical clearance. (III.D.2.)
- When the transporting person/officer answers "yes" to any question, the admitting staff member will record a brief explanation of the person/officer's observations/statements. In the absence of the medical services staff, the on call nurse will be immediately notified to provide instructions on whether the youth should be medically isolated or sent to the emergency room for medical clearance. (III.D.3.)
- The Medical Intake Screening form will be entered into JTS by the end of the shift. (See Section III.F.)
- The Medical Intake Screening will be immediately routed to a medical services staff member. The medical services staff will review and document in JTS the Medical Intake Screening as soon as possible, but no later than 24 hours from the time of completion of the screening form. (See Section III.I.)

DJJ 11.2, Nurse Health Appraisal and Physical Examination, states that all youth admitted to a Department of Juvenile Justice secure facility shall receive a comprehensive physical assessment performed by a physician, osteopathic physician, or mid-level provider. This policy replaces the existing DJJ 11.2, Nurse Health Appraisal and Physical Examination. This policy requires local operating procedures. The following changes were made to the policy:

- All Nurse Health Appraisals will be documented in the Juvenile Tracking System (JTS) within 24 hours of the arrival of the youth. The Nurse Health Appraisals will be printed and filed in the health record in accordance with DJJ 5.5, Health Records. (See Section III.A.1.)
- If a Nurse Health Appraisal has been documented within the 30 days prior to admission, the appraisal in JTS will be reviewed and documented in JTS by the Registered Nurse at the next available shift, but always within 24 hours of the arrival of the youth. (See Section III.A.2.)
- Any significant findings during the health appraisal will be addressed by a medical services staff member. (See Section III.A.4.)
- The Tanner Stage of Development will be used. (See Section III.B.2.)
- A pelvic exam and Pap Smear will be offered to all sexually active females in accordance with current clinical guidelines. A youth's refusal of the pelvic exam and Pap Smear will be documented on the Refusal of Treatment Against Medical Advice form and filed in the health record as well as documented on the physical exam in JTS. (See DJJ 11.13, Consent Process.) (See Section III.B.5.)
- A sexually transmitted infection (STI) screening will be conducted for all youth admitted from the community regardless of the time between release and re-admission, including, at a minimum, Gonorrhea and Chlamydia. (See Section III.B.6.)
- Additional STI screening shall be required for all pregnant females and youth with high risk behaviors as determined by the medical services staff. (See Section III.B.7.)

- The medical services staff will instruct the youth to remove his/her contact lenses and place them in a lens case with the appropriate solution. The lens case will be clearly marked with the youth's name and stored in a secure location identified by the Designated Health Authority. (See Section III.C.3.)
- Youth who have extremely poor vision may be allowed to keep the contact lenses until the glasses arrive (from home or from Correctional Industries). In these cases, the contact lens management will be determined by the Designated Health Authority. (See Section III.C.7.)
- The Designated Health Authority may determine whether youth will be allowed to continue contact lens use at the facility. If so, medical services staff will be responsible for the management of the contact lenses and solutions. The process by which contact lenses and solutions will be maintained will be included in the local operating procedures. (See Section III.C.8.)
- The medical services staff will complete the Medical Screening Form for Education (Attachment F) for all youth, including youth who transfer between secure facilities, to inform the education staff of the overall physical and nutritional status of the youth. (See Section III.D.)
- If there are no changes to the youth's physical or nutritional status, the reviewing clinician will review the Medical Screening Form for Education. (No copy will be forwarded to the Education Department.) (See Section III.D.2.a.)
- The following laboratory and screening tests will be completed as a part of each physical examination within the time frames outlined in sections F. and G. of this policy:
 - Finger stick glucose, if clinically indicated;
 - Testing for sexually transmitted infections, including, at a minimum, Gonorrhea and Chlamydia for each admission from the community, regardless of the time between release and re-admission, and for transfers between secure facilities when there is no documentation that it has been previously performed or the clinician determines the need. (See Section III.E.2.)
- All physical examinations must be entered into JTS. (See Section III.F.)
- The physical examination must be completed within 3 days of admission or reviewed within 3 days of a transfer for youth who are:
 - Known to have one or more chronic conditions; and/or
 - Prescribed medications, but who have no acute problems requiring a medical encounter upon admission. (See Section III.F.2.)
- The physical examination must be completed within 7 days of admission or reviewed within 7 days of a transfer for youth who are:
 - Not known to have any chronic or acute problems/conditions; and
 - Not prescribed medications. (See Section III.F.3.)
- The comprehensive physical examination, and reviews of a prior physical examination, will be documented in such a manner that it conforms to professional standards and can be used to develop a problem list and facilitate treatment planning, if indicated.
 - Documentation will reflect a thorough baseline assessment of all body systems.
 - All health care professionals who, by employment, contract or other agreement, conduct a health appraisal or physical examination at DJJ facilities must use the forms attached to this policy.
 - Documentation will be entered into JTS within the same shift as the service is performed. (See Section III.H.)
- All chronic care treatment plans and visits will be documented in JTS by the end of the shift in which they were completed. (See Section III.I.)

DJJ 12.8, Clinical Supervision, states that the Department of Juvenile Justice shall assure that clinical supervision is provided by a qualified clinical supervisor to staff that provide mental health assessment and treatment services to youth. This is a new policy. This policy does not require local operating procedures.

DJJ 20.36, Supervision of Sexually Abusive Youth in the Community, states that each sexually abusive youth shall be provided individualized and measurably effective services directed towards his/her assessed risk and needs. This policy replaces the existing DJJ 20.36, Supervision of Sexually Abusive Youth in the Community. This policy does not require local operating procedures. The following changes were made to the policy:

- Persons selected as sex offender counselors must meet the following qualifications:
 - Hold the position of Juvenile Probation/Parole Specialist II or above, Assessment and Classification Specialist, or hold a bachelors degree in a social service-related field. (See Section III.A.2.)
- Subject to available funding, certified sex offender counselors who continue to provide sex offender services may receive a 5% supplement to their base pay. (See DJJ 3.54, Salary Administration) To be eligible to receive the supplement, the certified staff must be actively serving youth with sexually harmful behaviors in their district, to include:
 - Assisting community case managers in developing Service Plan goals; *and*
 - Reviewing and approving Safety/Supervision Plans; *and*
 - Providing group counseling or individual counseling; *and/or*
 - Providing case management of youth with sexually harmful behaviors. (See Section III.A.5.)
- Each certified counselor will be reviewed annually by the JPM to determine continued eligibility for the pay supplement. (See Section III.A.6.)
- Youth adjudicated for criminal attempt at a sexually harmful behavior will be reviewed by the Certified Sex Offender Counselor, JPM and District Director for a determination of whether the JSORRAT and Safety/Supervision Plan need to be completed. (See Section III.C.)
- If a youth has received a psychosexual evaluation that indicates treatment for sexually harmful behaviors is appropriate, which has not been successfully completed, a Safety/Supervision plan will be developed for the youth. (See Section III.D.)
- Within a total caseload, no more than 10 youth with sexually harmful behaviors will be on the caseload of a certified sex offender counselor. (See Section III.E.)
- The Relapse Prevention Plan and Safety/Supervision Plan will be signed by the youth, parent/legal guardian and community case manager prior to the youth's release. (See Section III.H.4.)
- All Safety/Supervision Plans will be reviewed by a certified sex offender counselor and will be approved through the chain of command with final approval by the Regional Administrator. (See Section III.H.5.)
- The signed Safety/Supervision Plan will be scanned into JTS. (See Section III.H.6.)

INSTRUCTIONS:

DJJ Policy Manual

Remove the following policies from the policy manual

- DJJ 2.3, Grants Administration
- DJJ 11.1, Medical Intake Screening
- DJJ 11.2, Nurse Health Appraisal and Physical Examination
- DJJ 20.36, Supervision of Sexually Abusive in the Community

Place the following policies in the policy manual

- DJJ 2.3, Grants Administration
- DJJ 5.11, Sealing of Records
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Make the proper notations