



DEPARTMENT OF JUVENILE JUSTICE

3408 Covington Highway, Decatur, Georgia 30032
404-508-6500 FAX: 404-508-7340

September 22, 2011

TRANSMITTAL #11-09

TO: DJJ Staff

FROM: Amy V. Howell
Commissioner

RE: DJJ 1.7, Citizen and Volunteer Involvement
DJJ 11.10, Medical Treatment Planning
DJJ 11.15, Emergency Medical Services
DJJ 12.3, Behavioral Health Autonomy
DJJ 12.4, Staffing and On-Call Mental Health Services
DJJ 12.5, Behavioral Health Quality Assurance
DJJ 20.7, Community Services Key Control

****Special Note:**

There is no longer an SCM Chapter on the DJJ policy site. All policies that were in the SCM chapter have been moved into the numerical chapters. There is now an "Non-SCM" only policy chapter on-line. This chapter contains the policies that pertain only to the Non-SCM facilities and offices and should not be used by any SCM facility or office. Non-SCM facilities/offices are still subject to all other applicable DJJ policies outside of the Non-SCM chapter.

DJJ 1.7, Citizen and Volunteer Involvement, states the Department The Department of Juvenile Justice shall encourage voluntary citizen involvement in its facilities/programs for the purpose of increasing personal contacts for juveniles, broadening community support and resources for facilities and programs, and increasing public awareness of the juvenile justice system. This policy replaces the existing DJJ 1.7, Citizen and Volunteer Involvement and DJJ 1.10, Advisory Councils. This policy requires local operating procedures. The following changes have been made to the policy:

- DJJ 1.10, Advisory Councils was merged into this policy.
- Advisory Council members were added to the definition of volunteer.
- The Volunteer Coordinator will recruit volunteers and contributors for the facility/program. (See Section III.B.1)
- Recruitment efforts will be directed to all cultural and socio-economic segments of the community and should include civic organizations, churches, educational institutions, business and industry professionals, and individuals. (See Section III.B.3.)
- Each volunteer and intern, regardless of the frequency with which they provide a service, will undergo a criminal background investigation, including finger printing, in accordance with DJJ 3.52, Background Investigations. A volunteer/intern's background investigation will be considered valid for sixty (60) days. If the volunteer/intern has not volunteered within sixty (60) days of the completed background investigation, another background investigation must be

completed. The Deputy Commissioner of Youth Services in consultation with the Deputy Commissioner of Support Services may grant an exception on a case-by-case basis (i.e. currently serving law enforcement officers, etc.). The facility Director will forward any exception requests to the Deputy Commissioner, through the chain of command. (See Section III.D.3)

- Volunteers and interns must notify their supervisor or the facility Director and the local human resources representative of any arrest(s) no later than the next business day following the arrest, using the Disclosure of Criminal or Traffic Offense Information (DJJ 3.18, Attachment C). Failure to do so may result in disciplinary action up to and including dismissal. (The Office of Human Resources will act as the local human resources representative for Central Office.) (See Section III.D.4)
- All volunteers and interns, regardless of the frequency with which they provide a service, will sign the Visitor Search Consent Form (Attachment B). Volunteers and interns will only be required to sign the Visitor Search Consent Form once, not with every visit. (See Section III.D.5)
- Volunteers will have their orientation documented on Attachment D. (See Section III.E.1)
- Interns will have their orientation documented on the OJT checklist appropriate for their assigned work area. (See Section III.E.1)
- Volunteers/interns who will have network access will complete the Information Security Online training in accordance with DJJ 5.5, Health Records. (See Section III.E.6)
- When a group of more than five (5) people visits the facility to present a program, no more than four (4) times per year, the facility Director or designee will approve the visit. (See Section III.H.1)
- Criminal background investigations will not be required. The group members will not have any unsupervised contact with the youth. (See Section III.H.2)
- The advisory council will be composed of no fewer than six (6) and no more than twelve (12) members, exclusive of the facility Director or other facility staff. (See Section III.I.2)
- The term of advisory council membership will be for a period of two (2) calendar years. (See Section III.I.8)

DJJ 11.10, Medical Treatment Planning, states that the Department of Juvenile Justice shall identify youth who have special needs because of significant medical problems, developmental disabilities, chronic disorders, and other special health care problems. This policy replaces DJJ 11.15, Medical Treatment Planning. This policy requires local operating procedures.

- “Special medical needs” has been replaced with chronic and convalescent needs throughout the policy.
- A physician or mid-level provider will develop the medical treatment plan in the Juvenile Tracking System (JTS) for each youth identified as having chronic or convalescent care needs within 72 hours. (See Section III.C.)
- Each youth identified with a need for chronic or convalescent care will be scheduled to see the physician or a mid-level provider at least monthly. The mid-level provider will consult with or refer the youth to the facility physician if the youth’s medical condition is not stable or needs further assessments or evaluations. (See Section III.E.)
- The facility physician must review all chronic or convalescent care cases at least annually. Each review will be documented in a JTS progress note. (See Section III.F.)

DJJ 11.15, Emergency Medical Services, states that Department of Juvenile Justice secure facilities shall provide emergency medical and dental care for youth twenty-four hours per day, seven days per week. This policy replaces the existing DJJ 11.19, Emergency Medical Services. This policy requires local operating procedures. The following changes were made to the policy:

- Emergency medical drills will be conducted in accordance with DJJ 8.40, Emergency Management. (See Section III.A.)

- Agreements will be sought with local hospitals, emergency departments, and other authorized medical providers to provide emergency off-site care. (See Section III.C.1.)
- The Designated Health Authority will maintain a current list of all outside medical providers to include the name, address, phone number, and contact person. (See Section III.C.2.)
- The identified hospital or other approved facility shall be requested to provide sexual assault evaluations. (See Section III.C.3)
- All staff responsible for the supervision of youth will respond to health-related situations immediately. The facility Director in coordination with the facility training officer will ensure that such staff have training. (See Section III.D.)
- Medical services staff may have the youth transported to the health services unit as circumstances dictate. Emergency medical services will be provided within the licensure capabilities of the medical services staff and facility. (See Section III.E.3.)
- Upon arrival to the scene, the medical services staff will be in charge of the coordination of all emergency care. (See Section III.E.4.)
- Each facility will have an Automated External Defibrillator that will be used in accordance with DJJ 8.43 Automated External Defibrillators. (See Section III.G.)
- The Designated Health Authority in consultation with the facility Director or designee will determine and approve the locations of first aid kits placed within the facility. (See Section III.H.1.)

DJJ 12.3, Behavioral Health Autonomy, states that The Office of Behavioral Health Services shall assure that quality behavioral health services are provided to youth housed in all DJJ secure facilities. This policy replaces the existing DJJ 12.3, Behavioral Health Autonomy. This policy does not require local operating procedures. The following changes were made to the policy:

- Each facility Director will identify a Designated Responsible Clinician (DRC) and a Designated Mental Health Authority (DMHA) in the facility's local operating procedure for DJJ 12.1, Behavioral Health Service Delivery System. (See Section III.A.)
- Youth who require Level 3 (constant) observation or have high mental health needs should not be considered for transfer except upon advice of the DRC. (See Section III.C.)

DJJ 12.4, Staffing and On-Call Mental Health Services, states that Department of Juvenile Justice secure facilities shall provide mental health care staffing patterns sufficient to meet the needs of youth assigned to the facilities. This policy replaces the existing DJJ 12.4, Staffing and On-Call Mental Health Services. This policy does not require local operating procedures.

- Each facility will schedule on-site staffing coverage to provide for the mental health needs of the youth, to include regular evening and weekend coverage except in those facilities with only one social service provider. (See Section III.C.)
- If there are no calls during a 24 hour period, the on-call clinician will document that there were no calls for that time period. This documentation will be the first item documented at the start of the next 24 hour period. (See Section III.G.3.3)

DJJ 12.5, Behavioral Health Quality Assurance, states that the Office of Behavioral Health Services shall recognize and promote adherence to professional standards pertaining to the delivery of mental health services in all DJJ facilities. This policy replaces the existing DJJ 12.5, Behavioral Health Quality Assurance. This policy requires local operating procedures. The following changes were made to the policy:

- Clinical reviews will be conducted by a licensed mental health professional every other month, beginning in January of each year. (See Section III.B.)

- The results of each clinical review will be discussed with the individual clinician during clinical supervision, in accordance with DJJ 12.8, Clinical Supervision. Overall findings and program trends will be presented during the Behavioral Health Continuous Quality Improvement Meeting. (See Section III.B.2.)
- The Corrective Action Plan and any significant issues discussed in the meeting will be entered into the OBHS Facility Quality Assurance Log in the Juvenile Tracking System (JTS) by the 5th of the following month. (See Section III.C.1.)
- The DMHA or designee will maintain attendance rosters for each meeting. (See Section III.C.2.)
- The scheduled day and time of the meeting, and identified participants, will be included in the facility program plan in accordance with DJJ 12.2, Scope of Behavioral Health Services. (See Section III.C.3.)
- The Director of OBHS may grant specific extensions for report deadlines. (See Section III.F.)

DJJ 20.7, Community Services Key Control, states that all community services offices shall maintain an accountability system for keys that ensures constant control of each key. This is a new policy. This policy requires local operating procedures.

INSTRUCTIONS:

DJJ Policy Manual

Remove the following policies from the policy manual

- DJJ 1.7, Citizen and Volunteer Involvement
- DJJ 1.10, Advisory Councils
- DJJ 11.15, Medical Treatment Planning
- DJJ 11.19, Emergency Medical Services
- DJJ 12.3, Behavioral Health Autonomy
- DJJ 12.4, Staffing and On-Call Mental Health Services
- DJJ 12.5, Behavioral Health Quality Assurance

Place the following policies in the policy manual

- DJJ 1.7, Citizen and Volunteer Involvement
- DJJ 11.10, Medical Treatment Planning
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- DJJ 12.3, Behavioral Health Autonomy
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Make the proper notations