

DEPARTMENT OF HUMAN SERVICES
DIVISION OF JUVENILE JUSTICE SERVICES
POLICY AND PROCEDURES

Policy No.: 05-17	Effective Date: 05/07/09	Revision Date: 04-22-15
Subject: Specialized Intervention		

I. Policy Statement

The Division shall ensure that appropriate care is provided to all juveniles in Division custody who require specialized medical, mental health or behavioral interventions. An intervention team will coordinate the management of juveniles with special conditions, and when appropriate develop and implement a Specialized Intervention plan.

II. Rationale

Juveniles with medical, mental health or behavioral conditions requiring special attention are being served in the juvenile justice system and placed in Division custody. Policy and procedure is needed to direct staff and ensure sufficient resources to deal with the special conditions of such juveniles.

III. Definitions

- A. “Qualified Mental Health Professional” (QMHP”), for purposes of this Policy, is a licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.
- B. “Intervention Team” is a group made up of the facility Assistant Program Director (APD) or a designee, facility medical staff and QMHP, charged to determine the best course of action for a juvenile with medical, mental health, or behavioral conditions requiring a Specialized Intervention. The makeup of a team for any given case shall be determined by the facility APD or designee consistent with the preceding requirements. The facility APD shall utilize Division clinicians for consultation.
- C. “Specialized Intervention Plan” is a documented plan of the behaviors and the interventions to be used when addressing the special medical, mental health, or behavioral conditions of an individual juvenile.
- D. “Special Conditions” are primarily medical, mental health, or behavioral conditions that require resources or interventions that are different from the general population in a Division facility.
- E. “Safety Garment”, as defined in Policy 05-06, is “a type of restraint device which is a suicide-preventive garment used to help protect a juvenile from self-harming behaviors.”

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- F. “Protective Headgear”, as defined in Policy 05-06, is “type of restraint device used to safeguard against head trauma when a juvenile is banging his/her head against a wall or other dangerous object.”
- G. “Mechanical Restraint”, as defined in Policy 05-06, is “a type of restraint device, such as handcuffs, shackles or plastic zip-ties, used to secure a juvenile’s arms or legs either during transport or when they present a threat of physical injury to self or others.”

IV. Procedures

- A. Staff shall notify the facility APD or a designee when a juvenile in Division custody exhibits a pattern of behavior or condition that may require Specialized Intervention.
- B. The following are examples of behaviors or conditions that may require a Specialized Intervention assessment and lead to the establishment of a Specialized Intervention plan:
 - 1. Medical conditions including but not limited to;
 - a. chronic or terminal illness
 - b. physical impairment
 - c. pregnancy
 - d. detoxification
 - 2. Mental health conditions including but not limited to:
 - a. DSM 5 diagnosis
 - b. low functioning/IQ
 - c. suicide ideation (refer to Policy 05-03, Suicide Prevention)
 - d. self-harming behaviors
 - e. violent behaviors
 - 3. Social Factors including but not limited to:
 - a. gender
 - b. age
 - c. non-English speaking
 - d. cultural
 - e. maturity level
- C. The designated intervention team shall assess the juvenile’s characteristics and determine whether or not a Specialized Intervention plan is appropriate under the circumstances. If it is determined that such a plan is appropriate, the team shall

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develop a written Specialized Intervention plan (using the attached form 05-17-A) to identify problems and create strategies to guide staff in the management of the juvenile and help them be successful in programming.

- D. Under exigent circumstances, a Specialized Intervention Plan may be authorized orally by the facility APD or designee and documented in the facility/program's critical message or shift log. A written plan shall be completed within 72 hours.
- E. If all members of the intervention team are not present to participate in the development of the initial plan, the APD or designee shall make the written plan available for their review.
- F. Staff shall provide a copy of the written plan to the case manager upon completion of the plan.
- F. The written Specialized Intervention plan will be placed in the facility shift log and monitored daily by the QMHP, APD or designee. Copies of the plan shall also be placed in the juvenile's file.
- G. Specialized Intervention plans shall be reviewed at least weekly by the intervention team or an individual member designated by the APD.
- H. Specialized Intervention plans may include the use of restraint devices for the safety and protection of the juvenile. Staff shall complete the Division's current crisis intervention training before utilizing restraint devices, and all use of restraint devices shall be in compliance with policy 05-06, Use of Restraint Devices. As described in that Policy, the following are approved restraint devices:
 - 1. protective head gear
 - 2. safety garments
 - 3. handcuffs
 - 4. shackles
 - 5. zip ties (as alternative to handcuffs/shackles)
- I. A Specialized Intervention plan may be needed as the result of a particular incident, or as the result of ongoing problematic behaviors or conditions. When a Specialized Intervention plan is needed based on a particular incident, staff shall write, distribute, and file an Incident Report in accordance with Policy 05-15.
- J. The facility APD shall authorize additional staff when necessary to carry out Specialized Intervention activities.

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V. Continuous Renewal

This policy shall be reviewed three (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Board of Juvenile Justice Services, and is approved upon the signature of the Director.



Russell K. Van Vleet, Chair
Board of Juvenile Justice Services

04-22-15

Signature Date



Susan V. Burke, Director
Division of Juvenile Justice Services

04-22-15

Signature Date